

the AMERICAN PSYCHOANALYST

WINTER/SPRING 2012
Volume 46, No. 1

Quarterly Magazine of The American
Psychoanalytic Association



THE PSYCHOANALYST AS ARTIST:

FOURTH ANNUAL
Psychoanalytic
Art Show

Jon K. Meyer

On January 13, the fourth annual art exhibit was held at the APsaA 2012 National Meeting. Each year the show has gotten better in terms of artistic richness, depth, and scope. The important fact is that the exhibit represents the work of members, candidate members, and associates of APsaA as well as members of the International Psychoanalytical Association (IPA) and the International Psychoanalytical Studies Organization (IPSO). We are professional psychoanalysts and psychotherapists, and perhaps only amateur artists, but the quality of the work can be awesome.

This year we had some firsts: our first glass artist, audiovisual display, and art doll. This year again we had fine jewelry and woodworking. Last year we had an artist from China; this year from Croatia.

Jon K. Meyer, M.D., is past-president of APsaA, a previous Erik Erikson Scholar at the Austen Riggs Center, professor of psychiatry and psychoanalysis emeritus, Medical College of Wisconsin, and a training and supervising analyst at the Washington Center for Psychoanalysis.

The paintings and photography get better every year and this show was no exception. Themes from the show included an art glass rendering of the significance of ocean depths, a theme not far from the psychoanalytic appreciation of psychic depths. There were photographic portfolios representing the colors and life of Italy, the fundamental elements of earth, air, fire, and water; the soft hues of Nantucket, and portraits of well-known analysts. Southwestern jewelry in gold and silver, often with turquoise, was once again a striking part of the exhibit. The themes and artistic efforts were so diverse that the brief space of this article will not allow me to cover them all or do them justice.



James Blair, National Geographic photographer

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THE AMERICAN PSYCHOANALYST

*Magazine of the
American Psychoanalytic Association*

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

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ISSN 1052-7958

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A Silver Lining and Some Sunshine Amid the Many Clouds

Warren R. Procci

Maybe it was never easy for psychoanalysis. Maybe all the talk of the “golden years” is just that, talk. Maybe we always struggled against the current. If so, and I believe it is, we can take some solace from the fact that we have weathered prior challenges.

We have recently finished our 2012 National Meeting in New York and I am pleased to report on very positive events for our field occurring within the context of some of the most combative times for our profession. What is hard to know is whether we are doing these things because we actually sense the scope of the current forces allied against us and we are taking charge, a true example of reform, or whether we do it more from an effort just to react to all of these daily stresses we face and to which we must respond. I am an optimist and I will opt for the former. Indeed, reform has been a major theme in APsaA for several years now and our Strategic Plan is a major step towards addressing the challenges confronting us both internally and externally in a proactive manner.



Warren R. Procci

about \$160,000, a figure that does not compare favorably with those of many other very specialized highly trained professionals. A closer look, however, suggests major income disparities within APsaA. A full quarter of respondents earned below \$100,000, while the top quarter earned over \$234,000, which is more competitive with other similar, trained professionals. Looking further, we see that physicians averaged \$219,000 and that training analysts averaged over \$239,000. This is a cautionary sign for us, pointing to the possibilities of fault lines and morale problems, and a definite need to take steps to deal with this. A commitment to serious reform means a commitment to acknowledging and grappling with these disparities. Members of an

“approved institute.” For many of us, this is the culmination of more than a decade’s worth of effort. It is particularly a landmark since the White’s standards are not identical to APsaA’s and this demonstrates APsaA’s newly found willingness to entertain the concept of “substantial equivalence” rather than “identical.” This is historic. There are still a few potential potholes and wrinkles, so don’t break out the champagne yet. And the William Alanson White must vote on whether or not to accept our offer.

The second event is that BOPS made a recommendation to investigate the externalization of the process of certification. While I had long been among those who believed that it was to our organizational advantage to include educational/evaluation components as well as membership concerns within APsaA, I have found myself in recent years increasingly disturbed and upset by these ever-intensifying fault lines and the contentiousness that are absolutely corroding the possibilities for amity and comity within APsaA. I think the only way we can continue to serve these dual and conflicting functions is to place the certifying component outside of APsaA. Our recent involvement with the Accreditation Council for Psychoanalytic Education (ACPE) may offer us a way to manage this.

A third event is that the Pyles-Perlman-Procci proposal (P-P-P) for a major shift towards strictly objective criteria for selecting TA’s took an official step forward. The framers, I among them, had suggested that BOPS take charge of this proposal. Although initially not on its agenda for the January meeting, BOPS did consider this during the new business portion of its meeting. The BOPS leadership requested formal submission of the P-P-P proposal to them by Robert Pyles. At the Executive Council meeting the following day, the Council approved a small task force, to be chaired by Pyles, to present the proposal to the Board on Professional Standards for consideration at the June 2012 meeting.

These are salutary signs of an organization actively seeking to find new ways and solutions to deal with issues that are weights around our necks—issues that are leading to

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An astonishing 97 percent of our respondents answered that they were either satisfied or very satisfied with their professional work with patients.

PRACTICE SURVEY: LOOKING AT INCOME

Before discussing the meeting, I would like to highlight a few of the findings of our practice survey. For the first time, we included in this version detailed questions about income. The results are very informative, albeit disappointing in some ways and disturbing in others. Median income for psychoanalysts is

organization with these kinds of divisions in income may not be able to effectively work together to solve our many other challenges. Fortunately, there is also a proverbial silver lining in the practice survey data that I will save for my closing comments.

WELCOMING THE WHITE, ADDRESSING CERTIFICATION AND THE TA SYSTEM

Turning to the events of our recent meeting, the most exciting in my view is the invitation, approved by BOPS, to the William Alanson White Institute to join APsaA as an

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

A Silver Lining

Continued from page 3

our decline in membership and enrollment and to problems with making our professional income match the complexity and sophistication of our training. We are taking the reins in dealing with these problems. We are showing the courage to embrace the new and to surrender some old, outdated "certainties."

I will close my comments on an uplifting tone. The practice survey also asks about the level of satisfaction with one's professional work. An astonishing 97 percent of our respondents answered that they were either satisfied or very satisfied with their professional work with patients. I cannot imagine many other occupations that would yield similar results or results even close. Despite all of our current obstacles, we have a great and very satisfying professional pursuit. Let's continue working together to keep it that way.

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APSA

elections

2012 National Meeting



President-elect
Mark D. Smaller

PRESIDENT-ELECT

Eric J. Nuetzel—553

Mark D. Smaller—842—Elected

COUNCILORS-AT-LARGE-ELECT

Hilli Dagony-Clark

David Falk

Ellen Helman

Paul Holinger

Kerry Kelly Novick—Elected

Jeffrey Seitelman



Councilor-at-large-elect
Kerry Kelly Novick

A second councilor-at-large candidate did not achieve a majority of the votes cast. A run-off election between Hilli Dagony-Clark and Jeffrey Seitelman, the candidates who received the largest and second largest number of votes cast in the original balloting for the second councilor-at-large position, will be held during a Special Meeting of Members on Saturday, April 7, at 10:00 a.m., in the offices of the American Psychoanalytic Association. All members should have received their proxy ballot materials in the mail on or about February 28, 2012.

Certification on the Move

Colleen L. Carney, Lee I. Ascherman and Harvey Schwartz

At the January 2012 meeting of the APsaA Board on Professional Standards, the fellows to the Board voted unanimously to externalize certification. This significant action is a critical first step in rectifying a long-standing problem within APsaA, one that has been at the epicenter of controversy for close to 60 years. By now we are all painfully aware of the perils of having professional regulatory functions embedded within a membership organization. Numerous recommendations have focused on rectifying this situation.

The BOPS leadership will immediately appoint a task force to recommend the most professionally and economically feasible plan to externalize the function of certifying psychoanalysts. This challenging task will be made easier by the thoughtful and carefully detailed 2008 Report on Externalization produced by a Council appointed joint task force. Since that time, the Accreditation Council for Psychoanalytic Education (ACPE) has evolved to become a recognized independent accrediting body for all psychoanalytic institutes, not just our own. To date, six of our institutes have applied for ACPE accreditation and BOPS is encouraging all our training facilities to eventually do the same. The benefits of ACPE accreditation have been outlined in previous TAP articles and will continue to be a focus for many years to come. The important point for our current task force is that now we have only to think through the many

complexities of externalizing certification, a more manageable task.

A much greater challenge will be to restructure the meaning and place of certification in the mindset of our members. Some of our newer members may not know that at one time certification was a requirement for full membership in APsaA. More recently, it has been linked to training and supervising

certification will help bring us into alignment with other professions and turn our attention to the outside world and our place in it.

To this end, we have asked Harvey Schwartz, the chair of the Certification Examination Committee (CEC), to share his thoughts about certification, particularly his findings regarding our certification process compared to those of other health care professions. His comments below also include comments from recently certified APsaA members.



Meeting of the Board on Professional Standards

CERTIFICATION 2012
While some physicians may think of board certification as just another complicated hoop they have to jump through in order to practice their craft, it can also be seen as a valuable way to demonstrate your commitment to the highest quality care, and to receive recognition for the many long years of work

you have put into achieving expertise.

American Board of Orthopedic Surgery

analyst appointments. In this context, some experience it as a status symbol, and others as another annoying hoop to jump through. These characterizations and experiences have to do with our relationships with each other; this kind of internal preoccupation has crippled our organization and distanced us from other professional organizations.

We believe that certification is essentially about our professional relationship to the public and to other health care professions. From this perspective we believe that virtually all our graduates can and should be certified in psychoanalysis, especially those who plan to develop a clinical practice in psychoanalysis. For other professions becoming certified is a necessary step in one's professional development and a reliable credential for the public when choosing a professional. We hope that the anticipated changes in

Evaluation by one's peers is an aspect of all professions. All professions involve completing an educational program and then being evaluated by a national body of colleagues. Accountants, architects, engineers, and, as the above quote indicates, orthopedic surgeons, like all medical specialties, have a board certification process. Psychoanalysts do too, though we tend to talk more about it. Being board certified in any specialty does not conflict with, compete with, or diminish one's prior educational training. It is a final capstone to one's identity as a professional. One need not be a physician, of course, to appreciate the essential professionalism of being a psychoanalyst.

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

Harvey Schwartz, M.D., is chair of APsaA's Certification Examination Committee.

2012 National Meeting Highlights

Photos by Mervin Stewart and Geryl Lederman

2011 APsaA Awards

Distinguished Service Award

Jerome A. Winer, M.D., in recognition of his dedication to the development of standardized Psychoanalyst Assistance Committees, his tireless work in making his vision a reality, and his commitment to preserving and protecting the profession of psychoanalysis.

Karl A. Menninger Memorial Award

Richard Munich, former chief of staff at the Menninger Clinic, presented the Menninger Memorial Award to **Susan Scheftel, Ph.D.**, for her paper "Why Aren't We Curious about Nannies?."

CORST Essay Prize in Psychoanalysis and Culture

The Committee on Research and Special Training (CORST) presented the award to **Marcelo Zigarán** for his essay "Music as an Expression of a Drive."

Edith Sabshin Teaching Awards

Anna Yusim, chair of the Edith Sabshin Teaching Award Selection Committee, presented the Edith Sabshin Teaching Awards to:

- Salomon Alfie, M.D.**—Greater Kansas City Psychoanalytic Institute
- Lewis A. Kirshner, M.D.**—Boston Psychoanalytic Society and Institute
- Barry J. Landau, M.D.**—Baltimore Washington Center for Psychoanalysis
- Linda C. Mayes, M.D.**—Western New England Institute for Psychoanalysis
- Charles E. Parks, Ph.D.**—Baltimore Washington Center for Psychoanalysis
- Judith Pitlick, M.A., L.P.C.C.**—Cleveland Psychoanalytic Center
- Walter F. Ricci, M.D.**—Greater Kansas City Psychoanalytic Institute
- Samuel E. Rubin, M.D.**—New Orleans/Birmingham Psychoanalytic Center
- Mark F. Sorensen, M.D.**—Columbia University Center for Psychoanalytic Training and Research

Helen Meyers Traveling Psychoanalytic Scholar Award

Ruth Fischer presented the award to **Brenda Solomon, M.D.**

Award for Excellence in Journalism

Warren Procci presented the award to **Rachel Aviv** for her article titled "Which Way Madness Lies: Can Psychosis Be Prevented?," which appeared in the December 2010 issue of *Harper's Magazine*.

Educational Achievement Award

Stuart W. Twemlow, M.D., for exemplary work in the application of psychoanalytic theory to education.

Scientific Paper Prize

Manfred Beutel, M.D.—"Changes in Brain Activation Pre-post Short-term Psychodynamic Psychotherapy" (*Psychiatry Research: Neuroimaging* 2010; 184:96-104).

Undergraduate Paper Prize

Arthur Schechter for his paper "Wagnerian Volkideologie, Narcissism, and Aesthetics: A Study in the Totalitarian Imaginary."

Second prize: **Trevor James** for his paper "The Living Dying Text."



Brenda Solomon



Diane Fagelman and Barbara Young



Bob Michels and Harriet Wolfe

2012 National Meeting Highlights

Photos by Mervin Stewart and Geralyn Lederman



Marcelo Zigaran



Susan Scheftel and Warren Procci



Brian Canty



(L-R) Lewis Kirshner, Linda Mayes, Mark Sorensen, Anna Yusim (committee chair), Judith Pitlick, Samuel Rubin, Barry Landau, Walter Ricci, and Charles Parks (not pictured, Salomon Alfie)

2012 National Meeting Highlights

Photos by Mervin Stewart and GERALYN LEDERMAN

Education Achievement Award: A Note of Hope

John Samuel Tieman

Stuart Twemlow is the recipient of the 2012 Educational Achievement Award. The award is given annually by the Schools Committee to those who further psychoanalytically informed work with pre-K through 12th grade educators, schools, and students.

For two decades, Twemlow's work has focused on the control of aggression and violent behavior, including bullying, in schools. He has done studies in the United States, Australia, New Zealand, Jamaica, Finland, and Hungary. These studies produced statistically robust and structurally useful results, which today are used in schools in Chicago, North Carolina, and Kansas.

Twemlow sees bullying as tripartite. He focuses not simply on the victim and victimizer but incorporates them and the school, and, indeed, the community as a whole. Thus does the vision include the bystander, who, on the most apparent level, is not obviously involved in the bully/victim interaction. Twemlow's work highlights the simple fact that the bystander is an active participant in the bullying dynamic. For most in-service educators, this tripartite vision is a revelation. It also provides the educator with a functional focus upon which to build.

Twemlow's studies further focus on two structural components, which, when applied together, can bring peace to a school. The first is to improve mentalizing in the whole school community. The second is to improve children's grasp of individual power dynamics that can cause power struggles, including bullying within the school system. There is a clear relationship between mentalizing and power dynamics. A school in which power dynamics are managed in a friendly and helpful

John Samuel Tieman, Ph.D., is an educator associate of APsAA. He serves on the Schools Committee and chairs the Subcommittee for the Educational Achievement Award. He is a published poet and essayist who teaches in the St. Louis Public Schools.



Prudy Gourguechon, Stewart Twemlow, and John Tieman

way, rather than acted out in power struggles, is a school in which mentalization can occur. That school will be nonviolent.

The Educational Achievement Award is co-sponsored by the American Psychoanalytic Association, the *International Journal of Applied Psychoanalytic Studies*, and the educational journal, *Schools: Studies in Education*. The award goes to work that is aligned with all of the following three criteria. First, the work is psychoanalytically informed; second, it fosters psychoanalysts and educators working together and learning from each other; third, the work includes ongoing systematic learning, research, and/or program planning.



*Tillie Garfinkel,
Chair of the Schools Committee*

Highlights of the Executive Council Meeting

The Executive Council deliberated and approved a number of governance-related issues, several important position statements, and organizational issues affecting APsaA internally and externally at its recent January meeting in New York.

Among the governance issues, a confidentiality policy governing Executive Council members, officers, committee members, and staff members was approved. The APsaA auditors were authorized to complete the fiscal year 2011 audit. A policy concerning consultants who serve on Executive Council committees was approved. And the Executive Council voted to reappoint APsaA's three directors to the Psychoanalytic Electronic Publishing (PEP) Board of Directors—Nadine Levinson, Paul Mosher, and Alice Brand Bartlett.

New Position Statements Approved

The following organizational position statements were approved: a Position Statement on Immigration drafted by the Social Issues Department focusing on the impact of immigration policy on children, individuals, and families; a Position Statement on Psychoanalysts Commenting on Public Figures put forward by the Social Issues Department; and a Position Statement on Anti-Bullying drafted by the Lesbian, Gay, Bisexual, and Transgender (LGBT) Committee. In addition to endorsing this position statement, the Executive Committee discussed the need for a more general anti-bullying statement in addition to the one drafted by the LGBT Committee. It was decided that the Social Issues Department would be asked to draft such a statement to propose to the Executive Council.

New Expanded Membership Pathway Continues

As at the June 2011 Executive Council meeting, there was a historic moment when the Executive Council approved seven new APsaA members who were joining the Association through the new alternative pathway membership process. The membership had approved this change in the bylaws a year ago. At this meeting, a second set of applications from analysts who were not trained at either an APsaA institute or an IPA institute were considered and seven new APsaA members were approved.

The Executive Council also considered a number of other topics. The Council approved the formation of a task force to work with Robert Pyles to develop the Perlman-Pyles-Procci proposal regarding the training analyst system into a more formal proposal for BOPS to consider in June 2012. The Council also approved a motion that noted that the Board of Professional Standards, at its meeting, went on record indicating that the William Alanson White Institute training model is "substantially equivalent" to the APsaA and/or IPA training under the Eitingon model and that the Membership Requirements and Review Committee was instructed to develop procedures by which graduates of the William Alanson White Training Program could apply for and be admitted to membership in APsaA with no need for individual vetting.

Finally, the Executive Council approved a recommendation to develop a statement regarding the Association's opposition to *DSM-V*. In *DSM-V* the personality disorders (Axis II) will be dramatically changed. A system of traits will replace the current syndromal model. The new diagnostic system is felt to be less clinically relevant.

Importance of APsaA Position Statements

Prudy Gourguechon

The report on the work of the Executive Council cites approval of three formal policy statements: one on the impact of immigration enforcement on children and families, one on bullying as it affects LGBT youth, and a third on psychoanalysts' commenting in public on public figures.

Why so many, why position statements at all? Position statements, once approved by the Executive Council (our board of directors) are the *official* policy of the organization. This means that any member, lobbyist, or staff person can speak to the press, to Congress, or to other organizations and say with authority, "The American Psychoanalytic Association believes...." You cannot do that without a position statement that has been formally approved.

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Inaugural Student/Resident Event

Elizabeth Auchincloss

The Student/Resident Associates Committee (S/RA) of APsaA hosted the first full-day student/resident event as part of the 2012 National Meeting. On Saturday, January 14, more than 100 undergraduates, medical students, psychiatry residents, psychology graduate students, and social work trainees interested in learning more about psychoanalysis gathered to hear a terrific program.

Speakers included Andrew Gerber from Columbia University on the subject of research in psychoanalytic psychotherapy; Felix L. Garcia from Columbia University on the interface between psychoanalysis and research, as well as on cognitive and social psychological studies of prejudice; Beatrice Beebe from Columbia University on the microanalysis of attachment styles using movies of mother-infant interaction; and Phillip Freeman from Harvard University on the subject of humor in psychoanalysis and the other professions. The speakers had no trouble engaging the curious audience in lively discussion.

Elizabeth Auchincloss is a member of the Students and Residents Associates Committee.



The students also participated in small breakout group discussions led by members of the S/RA Committee: Anna Yusim, Joanna Bettmann Schaefer, (co-chairs), Lisa Madsen, Adam Brenner, Stephen Sonnenberg, Richard Weiss, and me. Everyone who attended agreed that the day had been a huge success.

Importance of APsaA Position Statements

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So position statements are extremely important tools for outreach—for communicating to the public that psychoanalysis is a vital and relevant system of thought for understanding human problems, charting solutions, even defining public policy direction. The principle is that only if we are active as public intellectuals, will we be remembered when the time comes for people to seek out clinical help. Additionally, the non-clinical contributions of psychoanalysis are potentially enormous, especially in today's culture, which trends towards over-stimulation and under-thinking.

It is APsaA's Social Issues Department that takes responsibility for formulating position statements or for shepherding them through the approval process when they originate elsewhere. We have a loose formula for a statement. It must include a clear, concise statement of purpose, a rationale, research to back up the position, and a good potential quote or two. The more well-crafted

and wide-ranging statements we have the better. They will give us solid representation in the public world of ideas.

APsaA is a non-political organization, and all statements are considered and designed with this in mind. We try to say something uniquely and inherently *psychoanalytic* about each issue, rather than venturing away from the realm of psychoanalytic expertise.

To read the full text of the three statements just approved, and to view all of APsaA's recent and historic position statements, go to http://apsa.org/About_APsaA/Position_Statements.aspx. When you have a few moments, be sure to click on the historic statements link at the bottom of the page. They provide a fascinating glimpse into the social and political concerns of our colleagues in decades past.

Prudy Gourguechon, M.D., is past-president of APsaA and currently chairs the Social Issues Department.

Clinic Patient Commits Murder: Who Is Legally Responsible?

John C. West

Jeremy Pompeneo was a recovering methamphetamine addict who sought counseling from the Verde Valley Guidance Clinic (VVGC) on a sporadic basis in 2005 and 2006. He was diagnosed with psychosis, psychotic disorder, attention deficit hyperactivity disorder, and borderline personality disorder. He had also sought inpatient care at the Mingus Clinic for psychotic episodes induced by amphetamines that had been prescribed by personnel at VVGC.

On October 17, 2006, six days after being prescribed a form of amphetamine, Pompeneo told the case manager at VVGC that he did not have any acute homicidal or suicidal ideations, plans, or intent, but that he “gets great pleasure out of thinking of killing or hurting his [significant other] and her ex-boyfriend.” Later that day, Pompeneo stabbed his girlfriend to death. He then unsuccessfully attempted suicide by ingesting a large quantity of medication. Pompeneo was indicted for first degree murder. He pled guilty to the charge. Pursuant to a plea agreement, he was sentenced to life imprisonment.

PATIENT AND HIS PARENTS SUE VVGC

Pompeneo filed a medical malpractice suit against VVGC, alleging that it had failed to (1) prescribe appropriate medication for him; (2) obtain his prior medical records; (3) admit him to the hospital for treatment; and (4) warn others about his mental state.

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



John C. West

Pompeneo sought damages for lost wages, loss of personal freedom, loss of civil rights, pain and suffering, severe emotional distress, and mental anguish. The case was

consolidated with a separate action by the victim’s parents filed against VVGC, but the victim’s parents dismissed their claim prior to trial. The trial court granted summary judgment for VVGC and this appeal was taken.

The Arizona Court of Appeals held that the claim for damages for the suicide claim was properly dismissed, largely because Pompeneo had failed to prove his case. He presented no facts to show that his suicide attempt was other than a volitional or intentional act on his part.

PREMEDITATION VS. DRUG-INDUCED IMPULSIVITY

The court of appeals also held that the claim for damages for the homicidal act was also properly dismissed. The court held that VVGC had prescribed the medication for Pompeneo, but that he presented no evidence to show that he was under the influence of the medication at the time he killed his girlfriend. Rather, the record showed that, when he pled guilty, he told the court that he and his girlfriend had gotten into an argument and he stabbed her. When asked if he did this with premeditation, he replied, “Yes, sir.” Because he admitted that he acted intentionally, the claim was properly dismissed. It is not clear whether this case

could have been successful had it been prosecuted more effectively. The case was thrown out largely because Pompeneo failed to prove his case, many aspects of which would have been easy to establish (e.g., he could have proven through affidavit or deposition that he had taken the medication and was under its influence when he killed his girlfriend). It was also thrown out because the court considered that Pompeneo’s intentional conduct interrupted the chain of causation allegedly started by VVGC’s actions. Pompeneo’s actions superseded any possible negligence on the part of VVGC. It may have been more difficult to prove whether VVGC was negligent, and it was not clear from this decision whether Pompeneo offered any expert proof on this issue. Expert testimony is normally required in a medical malpractice action to prove the breach of duty, causation, injury, and damages.

Many states have enacted “slayer statutes” to prevent people from profiting from their crimes. It is not clear whether these laws would apply to this case. Additionally, claims based on behavioral issues are frowned upon in the law. This is one reason why a plea of “not guilty by reason of insanity” is often a last ditch effort—they are notoriously difficult to win.

PREVENTING LIABILITY BY SHOWING DUE DILIGENCE

Even though it ended favorably for the defense, this case underscores the caution that must be taken with patients with serious mental illness. The best defense for cases like this is to be able to show due diligence: A good and thorough assessment was done, all conclusions were carefully reached, appropriate interventions were implemented, and all aspects of the care and treatment plan were carefully and completely documented. While it is difficult to prevent suicidal or homicidal behavior or predict it with absolute certainty, it may be possible to prevent liability through the exercise of due care in each and every case.

Pompeneo v. Verde Valley Guidance Clinic, 249 P.3d 1112 (Ct. App. Ariz. 2011)

The **Psychoanalyst** As Artist



Psychoanalytic Art Show

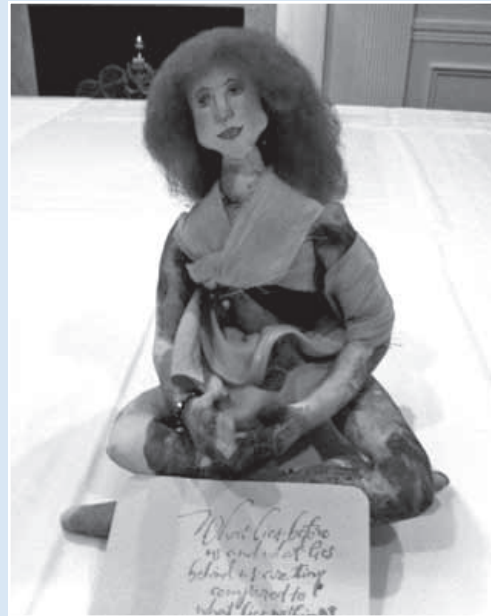
Continued from page 1

Having been part of the show for the last four years, I could appreciate the artistic efforts of those exhibiting for the first time as well as the development of those who enter year after year. For all of us, the experience of taking part in a show and seeing what other talented artists are doing, leads to an improvement in our own work. In addition, and in no small measure, that improvement is attributable to the friendly yet discerning commentary of James Blair, a renowned *National Geographic* photographer who has the artistic scope to discuss the diverse efforts and themes in the exhibit.

There is always an effort to expand and broaden the scope of the show so that more members can have exposure for their art. This year for the first time, images from the show and the work of artists were put online for those who either missed the show or wanted to remember it. Now that we have had a trial run of the audiovisual and have seen how successful it was, I hope to have more opportunities for it next year. We have already had members who, as part of the show and within its confines, hope to read their poetry. We will be thinking about whether that is feasible and/or in the spirit of the show.

Just as development as a psychoanalyst never stands still, neither does the art of members so there is always an effort to find new and improved means of featuring our artists and their work.

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Nancy Warren
"What Lies Within"



Gilbert Kliman
"Multimedia Piece"



Karyne Messina
"Pelagic Play"

The *Psychoanalyst* As Artist



Christie Platt
"Afternoon in Narlai, India"



Jon K. Meyer
"Tuscan Farmhouse, Siena, Italy"



Wynn K. Jackson
"Serenity"



Graciela Abelin-Sas Ros
"Dawn in Central Park"

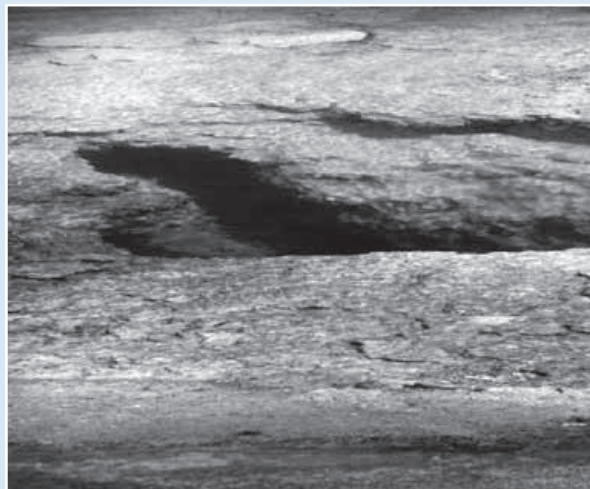


Elizabeth Danze
"Ronchamps"

The *Psychoanalyst* As Artist



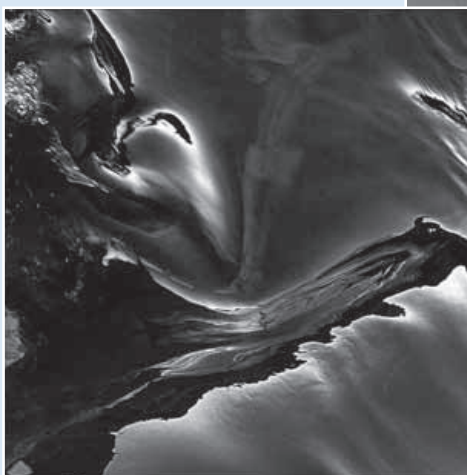
Elise Blair
"Poppies in the Loire Valley, France 2011"



Robert Welker
"Elements: Mineral Pool, Yellowstone National Park"



Valerie Laabs-Siemon
"Day Dreaming"



Vlasta Štalekar
"A Dialogue of the Elements: Water"



Aurelio Zerla
"View of Bardolino on Lake Garda, Italy"

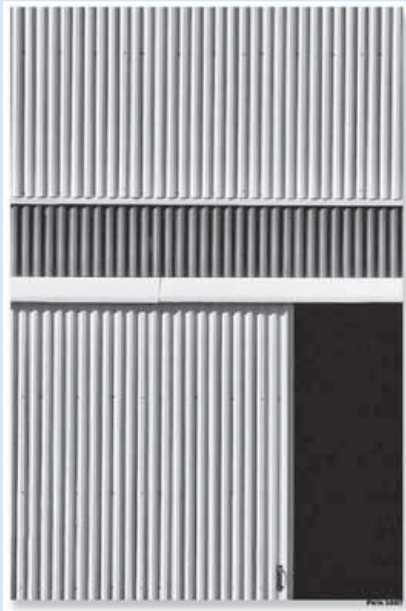
The *Psychoanalyst* As Artist



Arnold Richards
"New Suzhou Museum"



Lauri R. Robertson
"The Black Sheep in the Family"



Paul Mosher
"Shed Door"



Mali Mann
"San Francisco Bay, Sunset"

Beginning to Think Psychologically

John W. Schott



John W. Schott

The reason I began *The Schott Letter* almost 26 years ago was to help investors for whom the investment process was foreign and anxiety provoking. It has been a gratifying

journey when readers and others write me or call to say that I have been a genuine help to them. Most realized that they were not behaving rationally, but they could not find any writings to validate their thinking and experience.

For most people the investment process is not an ordinary part of their life experience. As children they were taught little about it. In fact, in the preponderance of cases children were systematically excluded from any knowledge of parents' investments and from their financial life totally. This is not a surprise considering the tremendous amount of affect surrounding money.

From a psychoanalytic viewpoint, these early and often primitive attachments relate to the anal period of development and are therefore often highly conflictual. More recent psychoanalytic theories related to the psychology of the self take the genesis of the feelings about money to even earlier stages of development. This theory means that the adult awareness of conflicts over money occurs almost exclusively in the non-verbal mode of affect and not through thought. Thus when an adult makes a major investment mistake, his or her experience is a sense of lost self-esteem and the resultant depression is far

greater than the real extent of the loss of money or property.

Every drive associated with money gets played out in investing—the longing for security, the guilt associated with greed, the search for love, the desire for greater self-esteem, the quest for power, and the fantasy of omnipotence. In truth, for all but the extremely rare investor, emotions are the entire ball game. It is safe to say that every published investment system has as its main goal the elimination of emotions from the investment process.

PANIC

When our emotions gain sway, we are very likely to lose money even in a bull market. Peter Lynch managed the Fidelity Magellan Fund from 1978 through 1992. During his tenure, the Magellan Fund compounded its NAV (Net Asset Value) at 30.1 percent a year. That means that an investor in Magellan saw her or his money double at the rate of every two years and four months. If you had invested \$25,000 in 1978, it would have grown to \$1,200,000 by 1992. (Of course this would have been diminished by taxes so the actual after-tax amount would have been about \$775,000.) Yet, the average investor in Magellan during that period lost 12 percent! This occurred because many Magellan

investors bought their shares after hearing about the fund's fabulous performance only to experience an air pocket when the fund took a temporary drop. Panic set in and the average investor sold after being a shareholder less than six months.

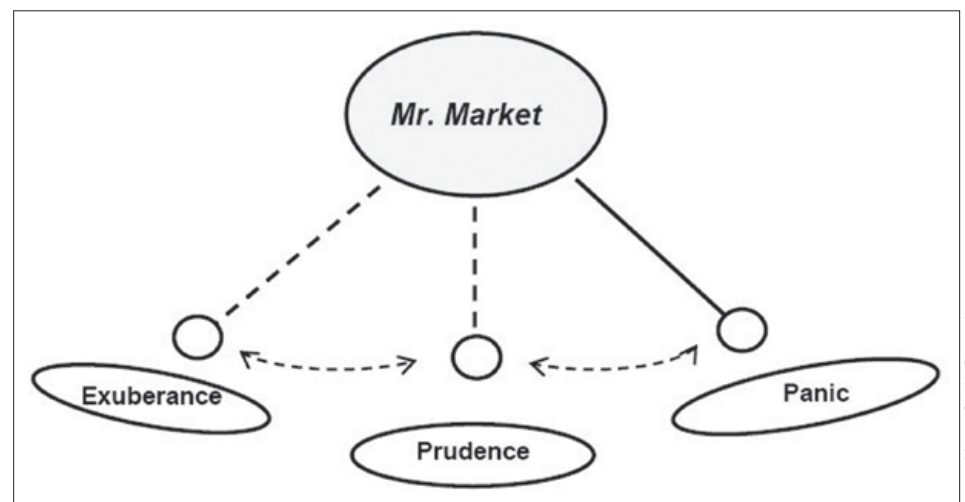
Investing can and should be a rewarding endeavor. Good investing is not only financially rewarding but psychologically rewarding as well. In a free market in a growing country, as the U.S. has been throughout its existence, the odds are overwhelmingly in favor of the long-term investor making solid profits.

Going back to 1893, there have been two times when a long-term investor would have done poorly. The first of those times was for people starting their investment program in 1928 or '29; the second was for people starting in 1972 or '73. (If I am still writing in 2030, I might be forced to add a third bad starting point which would be 2000 and 2001.)

The critical aspect of this is for an individual to act as an adult, investing based on knowledge of the investment process and knowledge of the companies in which she or he invests. If you lack the necessary knowledge, the best starting place is to read Benjamin Graham's great book *The Intelligent Investor*. Step one in your reading is to learn the difference between investment and speculation. A high percentage of individual investors speculate rather than invest. They buy on rumors not facts and chase high fliers rather than seeking to buy low and sell high.

Continued on page 17

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



Mr. Market's mood swing—from exuberance to semi-panic

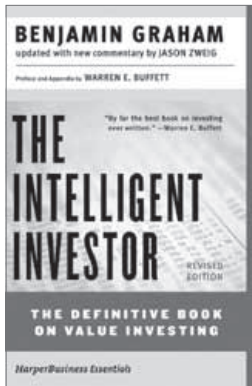
Source: Morgan Stanley Research

MR. MARKET,
A MANIC
DEPRESSIVE

Graham's chapter entitled "Mr. Market" will give you additional insight into the psychological nature of the stock market. In that chapter, Graham describes a situation in which you have partnered with a friend in a very ordinary business, let's say a hardware store. The store becomes locally popular and you and your friend are delighted with its prospects. You know from first-hand knowledge that the store is worth about \$2 million. It turns out that your friend, whom Graham named Mr. Market, is given to mood swings that can be severe. So one day he arrives at the store almost euphoric and makes you a \$2.5 million offer for your half of the business. Although you love owning the store, you sell it to him because you know your half is really worth only \$1 million. On another day he comes in almost morose and declares he wants out and offers to sell you his share for only \$200,000. Immediately you whip out your checkbook and buy his share.

Graham says this is the way the whole market is, the way a given sector may be, and how a particular company might be. In other words, the market has an essentially manic-depressive quality. This should not surprise any of us because the market is an expression of a collection of individuals who are psychologically driven.

The only surprise in all of this comes from the fact that since the 1950s, the world's leading economists have subscribed to a different theory called the efficient market hypothesis (EMH) in which it is believed that in a free market a security will always reflect all that is known about that security. In spite of overwhelming research data to the contrary published in the last 20 years, the economics departments still teach the EMH. This simple error provides individual investors with a ready opportunity to outperform the markets.



From the Unconscious

Sheri Butler Hunt



Mali Mann is a training and supervising analyst at the San Francisco Center for Psychoanalysis (SFCP). She is also an associate supervisor in child and adolescent psychoanalysis at SFCP and is an adjunct professor in psychiatry and behavioral science at Stanford University Medical Center. She recently wrote this poem, titled "Mazandaran, Over the Ocean, Over the Mountain." Mann has experience in sharing her poetry both through writing in her native language, Farsi, and in English. She is a member of Pegasus Physician at Stanford University, a forum for sharing poetry with other physician poets.

She is the author of poems and papers, including articles on identity formation, shame, and the management of aggression in children.

This very intimate piece captures a beautiful time, place, and mood in words and rhythm. It is a poem of scents, sounds, light, and longing.

Mazandaran, Over the Ocean, Over the Mountain

A land blue, green and golden
My mother watering red geranium pots
My father spotting ripened melons in the garden
He fed me sweet, juicy, butter colored slices
The sun bathing in the Caspian Sea
Blinking at me and into the dusk that lingered

A province so vast, so rich and fertile
My Mazandaran how I left you behind
And yet everything I tell you is true
The man with the wide eyed girl riding the horse
The little girl who spoke the pony tongue
Kept her mother in her mind's eye
Felt the bond that keeps its innocence

—Mali Mann

Sheri Butler Hunt, M.D., is a certified analyst in the adult and child divisions at the Seattle Psychoanalytic Society and Institute. A published poet and member of TAP's editorial board, she welcomes readers' comments and suggestions at annseattle1@gmail.com.

Psychoanalytic Treatment of Psychosis

Part Two of a Three-Part Series

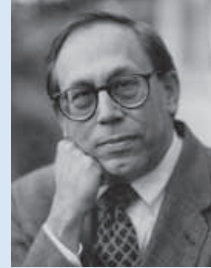
Introduction

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.

In the last issue of *TAP*, three authors discussed the research supporting the use of psychoanalytically informed treatment for patients with psychosis. In this issue, four authors discuss their clinical work.

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Michael Slevin



Eric R. Marcus

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*.

Establishing Empathy by Analyzing Psychosis

Michael Stone

Today, we are more inclined to use psychoanalysis not as a treatment method but as a way to understand the conflictual forces—the *psychodynamics*—that underlie both the outburst of the psychotic episode and the continual roiling within the patient's unconscious that keeps the psychosis “alive”—for brief periods, if the patient is fortunate; for many months or years in less fortunate situations. The ameliorative steps may vary.

Michael Stone, M.D., trained at New York Psychiatric Institute and obtained his certificate in psychoanalysis at Columbia Psychoanalytic Institute. He is currently a professor of clinical psychiatry at Columbia, specializing in borderline and other personality disorders, and in forensic psychiatry.

Here are a few clinical examples.

In my work at a forensic psychiatric hospital, I was asked to treat a man in his thirties. He suffered from a paranoid schizophrenic psychosis, which appeared to be a genuine example of the hereditary type. He had his first breakdown while in graduate school for one of the professions. He took a leave of absence; supportive and psychopharmacological treatment alleviated his psychosis and he was able to complete his studies.

At that point he began to date a woman, to whom he eventually became engaged. His fiancée became pregnant. After she told him, he again lapsed into a psychotic state. He believed powerful forces from a foreign government held him in their power,

commanding him to do away with his fiancée for reasons the voices did not make clear. His best guess was that killing her was his only way to prove his complete devotion to this exotic power, from which he dared not “walk away.” A man of high intelligence and wide reading, he could converse with me in a most rational way on any number of unrelated topics: Egyptian history, prime-number theory, Elizabethan drama...but whenever I broached the subject of the murder; trying to understand the dynamics behind it, he would smile, shrug his shoulders, and once again speak of himself as the unfortunate plaything of mysterious forces.



Michael Stone

Continued on page 19

After a year of twice weekly sessions (he was also taking hefty doses of antipsychotic medications), his grasp of what had led him to this terrible act remained unchanged. But I felt more and more convinced that the “mysterious forces” were nothing more exotic than the prospect of husbandhood and fatherhood, along with the necessity to function well professionally so as to provide adequate monetary and emotional support for his family. Sensing (correctly, in my view) that he was not up to this demanding task, he was left only with the options of abortion (which the fiancée had adamantly opposed), abandonment (too shameful a choice for him), or murder (under the guise of bowing to the implacable “force”). His reaction, in the form of a persecutory delusion, allowed him to save face.

Having worked with a number of prospective fathers who have killed their mates, I feel convinced my assessment of the psychodynamics was on the right track. Looking back, I can appreciate that it was better that I had not succeeded in getting through to my patient, a man of high moral standards, since to do so would subject him to the agony of realizing he killed her because he was too weak emotionally to succeed with marriage and fatherhood. That would be the path to suicide.

ROOTS OF A DELUSION

Some years ago, I had occasion to treat a single woman in her early thirties who had been hospitalized many times for suicide gestures. She suffered from a schizoaffective psychosis, the affective component of which was predominantly depressive. Accompanying her psychosis was an obsessive-compulsive disorder that focused on “germs.” She sent her bed sheets, pillows, dresses, undergarments, overcoats—everything—to the cleaners on a daily basis, incurring staggering expenses, which her family’s wealth allowed them to overlook. She was also morbidly fearful of becoming pregnant, which in her unmarried state, she equated with sinfulness. To be fat or to be pregnant were the same to her, and she would become frightened if a fat woman walked past her in the street, as though by some eerie magic, she too might become fat/pregnant. In a car, with a



boyfriend, she feared his sperm could leap from his trousers onto the steering wheel, thence into her, making her pregnant.

Fortunately, this woman, highly intelligent, cultured, and remarkably sweet in disposition, was less engulfed in psychosis than was the man of the first example. The psychodynamics, as they were revealed in her conversation and her dreams, related to the sternness of her upbringing: Her mother used to beat her severely if she caught her daughter masturbating or even appearing to have done so.

With highly paranoid patients the psychodynamics become transparent, but improvement does not occur.

If, when she was six or seven, she played with another girl behind closed doors, her mother understood this as a prelude to some unmentionable sexual play—and again, the beatings. She grew up as a result with an oppressively heavy sense of sinfulness and dirtiness.

For a long time in our work, she feared discussing the beatings, lest her mother “hear” what she said. But as she became more courageous in speaking about her traumatic early life, her fears and preoccupation with dirtiness and sinfulness diminished. She was able to benefit from an exploration of the psychodynamic issues. Because she was fragile and potentially suicidal, she came four times a week during the first year. Eventually, she recovered sufficiently to meet a suitable man, marry, and have a child. When I saw her again, 10 years later, she was still fastidious, dressed with the

utmost care, but cheerful, contented as a mother, and free of the signs of psychosis.

In general the psychodynamics are easier to unearth and easier for the patient to grasp, when the psychosis is in the affective domain (depression or bipolar disorder), and much more difficult when in the cognitive domain (as schizophrenia or “delusional disorder”). With highly paranoid patients the psychodynamics become transparent, but improvement does not occur. I think in this regard of a man in his twenties from a prominent family of which he was the only dysfunctional member. He had been humiliated severely by both parents early on, especially by his father, who mocked him for his academic slowness and imprecision of speech. As compensation, he became grandiose with paranoid delusions. If the phone rang but the other party hung up (having misdialed, for example), he would assume the call had come from a “super model” he had chanced to meet at some gathering and who had said “Hi” to him. He could not prove it was the super model and I could not prove his idea was most unlikely.

I felt sure, though, that his misinterpretation could best be understood as a psychotic defense by which he attempted constantly to overcome his crushing sense of inferiority and ineptitude.

I took the tack of encouraging him to study and excel in some area where he had the capacity to do something effective and thence feel justifiably proud, no longer the hopeless loser. I put my psychodynamic understanding to work in this indirect way in hopes of helping this man whose reflective capacity was meager and whose paranoid distortions were too great to attack frontally.

Once we understand the psychodynamics we can grasp the purposefulness of the psychotic elaborations. What before appeared to us as “crazy” and alien becomes meaningful and human. In the place of estrangement we experience compassion.

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Psychoanalysis and the Severely Mentally Ill

Michael Garrett

In the last century psychoanalysis has produced a small number of clinicians with a gift for working with psychotic patients but never a treatment that can be implemented in community clinics, where most chronically psychotic individuals are seen. Said another way, psychoanalysis has produced a limited number of Maseratis but never a family sedan the average well-trained clinician can drive.

Garrett and Turkington, 2011

Why is this so? It is not because psychoanalytic concepts are irrelevant to the treatment of psychosis. Quite the contrary. The ideas of Freud, Klein, and Bion are of enormous value in understanding psychotic states. In my view, psychodynamic treatments of psychosis have seen limited application because psychoanalysis has paid too much attention to the *unconscious* meaning of symptoms and too little attention to the patient's *conscious* experience of the psychotic symptom perceived as an event in the outside world. In psychosis, psychological processes occurring within the mind are experienced as altered perceptions of things and events in the outside world, a phenomenon Eric Marcus has called "thing presentations" of mental life. All hallucinations and most delusions are constructions of this kind. For example, rather than feeling guilty, a man may see indications on the street that FBI agents have him under surveillance. Or, instead of thinking he is a failure, a man might hear voices telling him he is a failure.

Michael Garrett, M.D., is currently vice chairman of psychiatry and professor of clinical psychiatry at SUNY Downstate Medical Center in Brooklyn, N.Y. He is also a faculty member of the Psychoanalytic Institute at NYU Medical Center.

MODIFYING PSYCHODYNAMIC TECHNIQUE

If the therapist were to interpret these psychotic symptoms as manifestations of unconscious guilt or poor self-esteem, the patient would likely feel terribly misunderstood. From the patient's viewpoint, "My problem isn't in my mind. It's in the lobby of my apartment building, where the FBI has set up surveillance cameras." Because thing presentations are experienced like perceptions rather than thoughts or feelings, they are subject to the cognitive processes, which ordinarily govern perceptions and memories of perceptions. For the most part, what we perceive we believe to be real. As long as thing presentations are located in the patient's mental representation of the outside world, they are not amenable to interpretation of their unconscious meaning.

Classical psychoanalytic technique has no effective way of dealing with thing presentations. A modification of technique is required. Thing presentations must first be brought back within the boundary of the self where psychodynamic technique can be effectively applied. Cognitive behavioral therapy for psychosis (CBTp) as developed in the last two decades in Great Britain and elsewhere provides the technical means to do this. The optimal approach to the psychotherapy of psychosis involves an initial phase of

CBTp, followed by a second phase guided by psychodynamic technique. CBTp allows the therapist to slowly chip away at thing presentations, casting doubt that the patient is perceiving events outside the self.



Michael Garrett

Consider the example of a 58-year-old woman who heard voices many hours each day telling her that someone was going to die. The voices dropped vague hints as to who was in danger. Convinced the voices were omniscient, she spent endless hours trying to decode their messages. Voices are thing presentations of mental life. When treatment began she did not recognize the voices as part of her mind. The CBTp phase of her treatment included four months of weekly 45-minute sessions. Jumping ahead to the end of the CBTp phase, when the meaning of the voices could be interpreted, the predictions of death proved to be a psychodynamic expression of her fear of loss of loved ones and her anxiety about her own mortality. In effect, the answer to the question, "Who is next to die?" proved to be, "You are."

Over the course of treatment her anxiety about death was linked to the loss of her mother and father; anticipation of her dog's death, a saying in her family, "Women in this family die young," and her experience of her psychiatric illness as a harbinger of her aging, physical illness, and eventual death. Even if the psychological meaning of such a psychotic symptom is vividly apparent early in treatment, it is generally of no avail to interpret its psychological meaning because the patient experiences the "voice" as a perception rather than a thought or feeling. Preparatory CBTp work is first required to undermine the patient's belief that the voice lies outside the self. This opens the way for the therapist to eventually interpret the voice as an expression of the patient's thoughts and feelings.

Continued on page 22

Treating Patients Vulnerable to Psychotic Regression

Marlene Kocan

There is a group of patients who are overtly functional but who are chronically limited in certain specific aspects of their functioning due to characterological rigidities



Marlene Kocan

that cover an underlying propensity to experience psychotic thinking and/or decompensation of varying duration. Many of these patients find their way to our analytic practices where their initial presentations suggest that their difficulties are in the neurotic range. Such a patient presents the analyst with a daunting challenge and an exceptional opportunity for her own growth as well as the patient's.

If the patient is not immediately responsive in some expectable way to the analyst's initial interventions, the analyst begins to sense that the ground beneath the patient's presenting symptoms is less solid and more treacherous than anticipated. As the analyst begins, often gradually, to sense (consciously and/or unconsciously) the extent, seriousness, and pervasiveness of the problem, she has to come to terms with her willingness and capacity to form an attachment to the patient, which will determine whether she can accompany the patient where the patient needs to go emotionally. The analyst's openness to seeking and discovering meaning in the patient's experiences is predicated upon this attachment.

Marlene Kocan, Ph.D., is a clinical psychologist and psychoanalyst in Columbus, Ohio. A graduate of the Post-doctoral Fellowship at The Menninger Foundation and the Cincinnati Psychoanalytic Institute, she was director of psychology at a private psychiatric hospital for 19 years.

THE HOLDING ENVIRONMENT

This attachment allows the analyst to develop, maintain, and modify the holding environment (as described by Winnicott) that is crucial for the treatment to proceed. The traditional aspects of the holding environment, i.e., frequency of meetings, tolerance of regression in the content and form of the patient's communications, provision of safety, dependent gratifications, and the attendant development of trust, are necessary. While the provision of interpretations is a typical part of classical psychoanalysis, in analyses of these patients it is equally important what the analyst does *not* interpret. Some of what the analyst comes to understand about the patient is not interpreted, but is utilized by the analyst in dealing with the patient. Responding to a patient's needs

about which analysts make implicit judgments all the time.

These patients often have irrational and/or unrealistic wishes and hopes for rescue, succor, and resolution of problems. For these patients the need for a powerful "other" who can save and protect them is strong, especially during the early phase of the analysis. Often the view of the analyst is excessively idealized and, as Kohut cautioned, the analyst may feel uncomfortable with such idealization. The idealization is often a defense against a fear of abandonment or the expectation of the intentional infliction of pain by the analyst. Such idealizations must be allowed to persist without being endorsed by the analyst until the patient has a sufficiently strengthened ego and self-structure that will allow him to tolerate acknowledging the analyst's failures to meet his needs. The structure of psychoanalysis is ideal for allowing the patient the time and psychological space to develop the capacity to deal with these disappointments.

Responding to a patient's needs without interpretation is "holding" the patient and his needs.

without interpretation is "holding" the patient and his needs. This often helps the patient to maintain some self-cohesion in the face of disruptive affects, especially shame, and distressing life experiences.

With some seriously disturbed patients a portion of the content will never be interpreted but will simply form the shape and the nature of the holding environment. As such, it will provide a sense of what the patient comes to count on from the analyst, his expectable analytic environment that "holds" him by its very predictability. Another way to think about this is that it may constitute a parameter in Kurt Eissler's sense; it may or may not eventually be understood and addressed by the patient in the analysis. Analysts make these choices unconsciously, pre-consciously, and consciously at different times and in a variety of ways. They fall under the rubric of issues of tact, dosage, and timing,

EARLY TRAUMA

My understanding of the development of psychotic adjustment started with Winnicott and has been enriched and elaborated by attachment theory. I understand these patients as having experienced neglect, trauma, or multiple traumata during the first years of life to such an extent that their psychic structure has been seriously compromised.

Because the nidus of development of the self is in the first year of life, when these patients have experienced trauma, their difficulties are best understood as occurring in their self-structure. The core difficulty is with their compromised ability to maintain and sustain a cohesive self-structure in the face of the ordinary buffeting of life. This difficulty may manifest itself as problems with affect regulation including self-esteem regulation,

Continued on page 22

Severely Mentally Ill

Continued from page 20

THE CBTp PHASE

In the CBTp phase of this patient's treatment the therapist enlisted the patient in a collaborative investigation of the "voice hearing experience." The phenomenology of voices was reviewed at length, allowing the patient to compare her experience with the experiences of others. The patient was surprised to learn that other people heard voices. The psychological and brain processes that generate hallucinations were discussed. At the midpoint of treatment the patient announced that when she heard a voice, she now said to herself, "You are not hearing this. You are thinking this." With this understanding the thing presentation of the voice began to return within the boundary of the self, where it could be psychologically interpreted. The therapist was now able to say, "Your voices predicting deaths give voice to your grief and fear of more painful losses in the future."

The therapist-patient relationship in CBTp is more familiar, informal, and self-disclosing than would traditionally be the case. It casts the patient and therapist as co-investigators examining the patient's conscious distressing experiences (psychotic symptoms). CBTp utilizes a special "tool box" of interventions which achieves a skillfully orchestrated massive reinforcement of the patient's observing ego. It is anchored in three concepts. First, psychosis is seen as lying along a continuum with ordinary mental life. The therapist seeks to "normalize" psychotic symptoms by relating them to everyday mental processes. Second, psychosis is explained by the stress/vulnerability model, i.e., that people may have a biological, psychological, or social vulnerability, which when combined with significant stressors may lead to psychosis. Third, patients are taught to understand that their distress over psychotic symptoms is significantly mediated by their beliefs about the meaning



of their experiences. In the case above, when the patient's belief in the omniscience of the voices changed, her fear of the voices abated.

When combined with an initial phase of CBTp, psychoanalysts have much to contribute to the treatment of the severely mentally ill. The time is right for psychoanalysis to take a renewed interest in psychosis, to revise technique, and to step up and get busy. The severely mentally ill are waiting for our help to arrive.

APSA

Psychotic Regression

Continued from page 21

intentionality, identity, and relationships with self and others. Affect regulation problems may give rise to psychosomatic symptoms; an approach that focuses on the emotional aspects of these symptoms helps the patient begin to acknowledge his emotional self.

Development during the first year of life is marked by a mixture of hallucination, memory, sensation, perception, and fantasy in the mind of the infant. If the infant is lucky enough to experience optimal frustration, he is able to begin to discriminate between wish-fulfilling hallucination and reality. These patients have to be able to regress in psychoanalysis to a state in which reality and fantasy can coexist unchallenged before they begin to be sorted out. In order to do this, the distinction between memory, fantasy, and hallucination must be left unmade during the prolonged process of the analysis, when they are held in the transitional space of the analytic relationship. During the time these distinctions are not being

made, the analyst focuses on clarifying the emotional aspects of these "experiences" rather than on their truth value. An elaboration of these aspects allows the patient to deepen his sense of his own experiencing self and of his continuity in time and space. The growing ability to make the necessary distinctions must and will be made on the patient's timetable.

Because my practice is completely outpatient, the issue of maintaining the occupational role for these patients must be addressed. In my experience, for these patients their occupational role is a central factor in the maintenance of self-cohesion. Some of these patients function adequately or even well in their occupational roles and ensuring their capacity to continue to do so is crucial for their psychological well-being as well as (often) for their ability to continue the treatment. Frequently, issues about occupational functioning consume a large portion of the time in analytic hours. To view this time as spent in the service of maintenance of self-cohesion leads to a very different approach from what one

might choose if such a preoccupation were viewed as a neurotic obsessional manifestation. The more useful approach with these patients is to focus on the affects that arise, particularly the wounds to self-esteem and self-cohesion (the approach here is very much in concert with Kohut). The analyst's attachment to the patient with its attendant understanding of the source of the occupational preoccupation is necessary in maintaining the analyst's capacity to attend to the details of the patient's occupational functioning.

This brings to the fore the issue of countertransference, which must be managed throughout the treatment. An understanding of the nature and consequences of trauma during early development can allow the analyst to tolerate and understand the patient's difficult-to-tolerate responses, including the defenses of omnipotence and grandiosity that the patient brings to the analytic setting.

The development of our capacity to engage and hold these patients may allow for an expansion of the range of efficacy for psychoanalysis.

APSA

Community Mental Health, Psychosis, and Psychodynamics: The Perfect Combination?

Lauren Scott Janssen

This morning, I entered my office at the community mental health center in Baltimore city where I have practiced for six years. I was greeted by 12 voice mails,



Lauren Scott Janssen

four marked "urgent" by the caller. I returned the calls in between sessions with seven patients; all have major mental illnesses with diagnoses ranging from paranoid schizophrenia to major depressive disorder. One of these patients needed to be assessed for safety and possible hospitalization. I also did three telephone intakes, ran a group, provided clinical supervision to other staff, and completed over 20 pages of state-required paperwork. This is a typical day for a therapist at a mental health clinic.

I have an average of one hour to evaluate a new patient, and during that time there are 15 forms that need to be reviewed and signed by the patient, a 49-question survey to be completed for insurance authorization, and a mandated clinic evaluation that covers a lot of information in a limited amount of time. As the minutes tick away, I interview the patient in the midst of these competing demands. There is little incentive to get information on childhood experience and family history, and limited time for the

Lauren Scott Janssen, M.S.W., is a graduate of the Adult Psychotherapy Training Program at the Baltimore Washington Center for Psychoanalysis. She is coordinator of Special Services at the Harford-Belair Community Mental Health Center and has a private practice in Baltimore.

patient to share his or her story in a free-flowing manner. However, because of my own analysis, as well as working with an analytically trained supervisor, I became convinced that understanding defenses and the dynamics driving behavior are key components of the therapeutic process. As I went on to complete further psychotherapy training at an analytic institute, I found that working in-depth was not only possible with the chronically mentally ill, but that it made the work more meaningful for the patients, and for me.

There are challenges to being a psychodynamic therapist at a mental health clinic. It can be difficult to maintain the framework for treatment in what can be a chaotic

environment. I cannot predict when the overhead pager will ring out with my name or when another patient's crisis will prevent a timely start to a session. However, my thinking about those interruptions as important opportunities to understand something about the patient infuses the work with a richness that it would not have otherwise.

DEEPENING THE TREATMENT

A vast majority of the patient population at the clinic is diagnosed with a psychotic disorder. There is a strong emphasis on biology with medication often being the first step in treatment. I have seen patients make dramatic turnarounds with the right medication for their conditions. Often, the thinking stops there. Measurable improvements can be seen in the daily functioning of the



individual and treatment goals are considered obtained. However, it is often after the right medication has been administered that deepening the work becomes possible. For patients who have enough ego strength, time in therapy can then be devoted to issues of personality and character, leading to even greater improvement and more meaningful relationships.

...working in-depth was not only possible with the chronically mentally ill, but that it made the work more meaningful for the patients, and for me.

In this setting, I have been able to incorporate a psychodynamic understanding of my patients' illnesses to provide analytically informed treatment. This is illustrated in the case of Sherry, a 65-year-old Caucasian woman who receives services at the clinic. While she is unique in many ways, she is a typical patient of this setting, once describing herself by saying, "I'm single, uneducated, unemployed, and living off the state." Sherry has a chaotic life, paired with few external resources. Struggling for years with bipolar I disorder with psychotic features, Sherry struggles in her treatment with a tendency to act impulsively. Her treatment is riddled with lateness, noncompliance with medication, and inconsistency with attendance.

Continued on page 24

The Perfect Combination?

Continued from page 23

ACTIONS VS. ACTING OUT

In his 1995 paper, "Do Actions Speak Louder Than Words? A Query into an Enigma in Analytic Theory and Technique," Fred Busch notes that, as clinicians, many of us have "mistakenly judged actions as entirely antagonistic to the psychoanalytic process. This is most succinctly captured in the pejorative term 'acting out.'" Busch further reminds us that "thought is under the domination of action for a much longer period of time than has generally been recognized... Piaget believes it is not until a child is around age seven that one can talk of his having a relatively integrated cognitive system with which he can organize the world relatively free from action referents." Thus, instead of lapsing into thinking of action as interference to treatment, there is a reminder that actions in treatment often represent regressions to preverbal stages of development. With this in mind, I approached Sherry's action as an important part of our work and tried to incorporate it into the treatment as a tool to help us learn more about her internal world.

Sherry did not shy away from telling me that she did not plan to take medication

forever. Although she was prescribed antipsychotic medication to address paranoia, she would stop taking it at times and then quickly decompensate. While I can remind Sherry of this pattern, she still clings to the fantasy that, "if I can get my life in a better place, I won't need it [psychiatric medication] anymore." Due to the potentially severe nature of psychotic illness, it is very tempting to take a dictatorial approach with patients regarding medication compliance. However, by not taking a superego, authoritarian position insisting she take medication and instead approaching it from a neutral, curious standpoint, I worked with Sherry to understand the shame, stigma, and fear that emerged as we discussed what taking medication meant to her. This allowed us to dig deeper into her delusional thinking regarding medication, a process that would not have taken place otherwise.

Sherry also had a pattern of noncompliance with appointments. The following excerpt is from a session that took place after three missed visits. Sherry arrived 15 minutes late. She said, "I'm here because I said I was going to be here."

I noted, "You're here, but you seem hesitant."

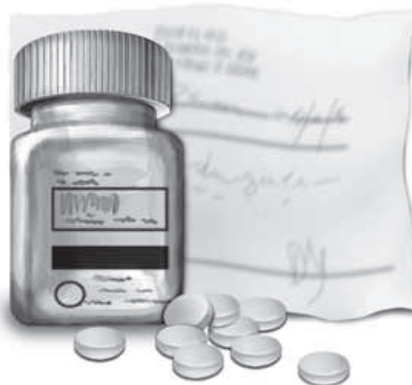
Sherry responded, "Yeah, I mean, what's the point? Everything's all messed up. And what are you going to do about it? I got a bill from the doctor's office. They called and said, 'If you don't keep your appointments, I can't help you or treat you effectively.' Well then, don't treat me. I don't care."

I replied, "You're talking about your doctor, but I wonder if any of what you are saying reminds you of coming here?"



Sherry said, "I have to come back here. You're the only person I can trust. Isn't that messed up? You're the only person I can trust, and I don't even know you."

By suggesting to Sherry that perhaps the feelings she was experiencing about her doctor applied to me as well, we are able to reach the heart of the matter; Sherry's conflicted feelings about being close with me. While many paranoid patients have difficulty with trust, my appreciation of the importance of the



transference as the therapeutic vessel allowed us access to feelings that would otherwise have remained obstructed.

So, while Sherry is not the typical candidate for an analytically informed psychotherapy, the utility of such an approach is clear in her treatment. Uncovering and identifying underlying psychodynamics help clarify what is motivating her so that she can have a choice about whether, or how, to act. Sherry's case clearly demonstrates the broad-reaching impact of creative use of psychodynamic techniques. The clinic setting along with the psychotic presentation could have been considered a barrier to this type of work. Instead, by meeting Sherry where she was, I was able to use my understanding of these principles and techniques to enrich the work, and her life as well.

APSA





COPE

Child and Adolescent Analysis Study Group Publishes Examination of Ethics

Anita Schmukler and Paula Atkeson

The COPE Study Group on Supervision in Child and Adolescent Analysis has met at each APsaA meeting for several years. Our group includes supervisors in child analysis from a number of institutes throughout the country. Initially, we discussed our supervisory experiences, and members of the group were very helpful in teaching one another, as challenging situations were presented in the supervision of work with children, adolescents, and their parents. Examples from supervision of children of various ages provided us with an opportunity to study the role of development on the manifestations of transference and countertransference and the attendant pressures upon the analyst or therapist with respect to ethical practices.

FROM STUDY GROUP TO WORKSHOP

After several meetings, our group decided to add a workshop, in which we still present "live" supervisory sessions with candidates in child analysis. Lively discussions stimulate many thought-provoking questions. These

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Paula Atkeson, Ph.D., is a training and supervising analyst, and supervisor of child analysis, at the Baltimore Washington Institute for Psychoanalysis. Atkeson is one of the founders and governing board members of the Jenny Waelder Hall Center for Children.

meetings are attended by supervisors, candidates, and persons interested in the process of supervision. Examining this material from the perspective of transference and countertransference in the supervisory situation has enriched our work and our contributions to the field.

During both study group and workshop sessions, questions emerge with respect to ethical practice. Searching the literature, we found little written on the subject of ethics in the treatment of children and consultation with their parents. While courses and seminars on ethics exist, hardly any present, in detail, the particular problems of work with children and parents. The paucity of this

While most studies of ethics are compendia of injunctions and prohibitions, we study both conscious and unconscious factors that contribute to the establishment of guidelines for behavior in clinical work with children.

material struck us as remarkable, especially since questions arise regularly about how ethical lapses might be avoided. From our discussions, it has become clear that the notion of ethical problems that focus on boundary violations is too restrictive. Ethical practice with children and adolescents involves multiple decisions in their treatment and also in consultation with parents, teachers, clergy, divorce attorneys, and the like. Ethical decisions abound in our choice of intervention, our respect for privacy, and in the supervisory experience.

In our view the crucial questions are: What limits our view of what represents an



Anita Schmukler



Paula Atkeson

ethical issue? To what degree do unconscious conflicts and defenses interfere with our work and open the way to the potential for ethical lapses? How do unconscious conflicts and defenses affect our practicing in an ethical manner with respect to our work with our child patients, their parents, and other involved persons, as well as with our supervisees? How might we work to identify such issues and prevent ethical lapses?

REACHING A WIDER AUDIENCE

The articulation of these questions and our discussions of them led to the decision to work on a book dedicated to the subject. The result is a Jason Aronson published book (released in 2011) entitled *Ethical Practice in Child and Adolescent Analysis and Therapy*.

We examine ethics from the perspective of unconscious processes and the ways in which they serve to interfere with ethical practice. While most studies of ethics are compendia of injunctions and prohibitions, we study both conscious and unconscious factors that contribute to the establishment of guidelines for behavior in clinical work with children. We expand the definition of ethical behavior and examine reasons for this. We explore issues related to clinical theoretical models, transference, countertransference, the supervisory process, working with parents, pitfalls for the therapist, forensics, and writing for journals.

Continued on page 30

Chicago Will Be in Full Bloom For APsaA's 101st Annual Meeting

June 12–17, 2012

Neal Spira



Neal Spira

Come to Chicago in June and you'll discover one of the most beautiful cities in the world. Chicago is an architectural jewel that shines brightest at this time of year;

when the Midwest is in full bloom.

With miles of sandy beaches and the brilliant blue waters of Lake Michigan at its front door, Chicago will have you at hello, providing the perfect setting for this year's APsaA Annual Meeting.

A HISTORIC HOTEL, A MILLENNIAL PARK

Home base for our meeting will be the historic Palmer House Hotel, Chicago's version of the Waldorf. There actually have been three Palmer House Hotels at the corner of State and Monroe Streets in Chicago. The first was built as a wedding present from retail magnate Potter Palmer to his bride Bertha Honoré—more about them later. The Palmer House is within easy walking distance of the best that Chicago has to offer (including our Chicago Institute for Psychoanalysis). And there is so much to see, do, and experience here that any attempt to be comprehensive would put me in the ranks of yet another impossible profession.

So here is a brief walking tour of your meeting neighborhood, as an appetizer: Turn right out of the Palmer House entrance

Neal Spira, M.D., is current president of the Chicago Psychoanalytic Society. He serves on the faculty of the Chicago Institute for Psychoanalysis and Northwestern University Medical School. Spira blogs at <http://www.chicagonow.com/a-deeper-look>.

and walk a few short blocks to Millennium Park. First planned in 1997 as a way to create new parkland in Grant Park and transform unsightly railroad tracks and parking lots, the 24.5-acre park is an unpre-

cedented center for world-class art, music, architecture, and landscape design. Here you can experience everything from interactive public art (see the sky reflected off of *Cloud Gate*, also known as the "Chicago Bean") to al fresco dining to free classical music presentations by the Grant Park Orchestra and Chorus. Among the park's prominent features is the dazzling Jay Pritzker Pavilion, the most sophisticated outdoor concert venue of its kind in the United States, designed by Frank Gehry, one of the world's greatest living architects. And opening night for the season is Wednesday June 13, during our conference week.

As part of your Millennium Park experience, cross the Serpentine Bridge over Columbus Drive to Grant Park, and walk



Millennium Park

Photo: J. Crocker



Buckingham Fountain in Grant Park

south to Buckingham Fountain. The design of the fountain is based on the Bassin de Latone at Versailles. The fountain rises more than 23 feet and consists of three layers of basins surrounded by four pairs of bronze sea horses. Each sea horse symbolizes a state bordering Lake Michigan (Illinois, Indiana, Michigan, and Wisconsin) while the fountain represents the lake itself.

WORLD-CLASS MUSEUM

From Millennium Park you can cross a footbridge to the Chicago Art Institute, and lose yourself in one of the world's great collections displayed in one of the world's most beautiful and inviting art museums. Don't miss our exhibit of French Impressionists, including the famous *A Sunday on the Grande Jatte*, by Seurat. Many of these paintings come from the collection of Bertha Honoré Potter, who "discovered" Renoir and Monet before the rest of the world caught on (she also posed for Rodin). This June the museum will be holding a major exhibition of the works of pop art icon Roy Lichtenstein, sure to be worth seeing.

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Panoramic view of the great lawn, trellis, and bandshell at Jay Pritzker Pavilion

Annual Meeting in Chicago



A Sunday on La Grande Jatte, Georges Seurat

Across Michigan Avenue from Millennium Park, the Chicago Symphony Center is home to the Chicago Symphony Orchestra (CSO), led by renowned Italian conductor Riccardo Muti. The CSO (and Muti) will be performing Beethoven's Fifth the week of our meetings. If you can get tickets, grab them!

Walk north along Michigan Avenue. You will pass the People's Gas Building, a classic example of Chicago architecture, at 122 South Michigan. Once the biggest kid on the block, the People's Gas Building retains its stature even though the city of Chicago has grown up around it. The entrance floor is covered with marble quarried from the same source near Athens where the stone for the Parthenon was quarried. Today its occupants include the Chicago Institute for Psychoanalysis, headquartered on the 13th floor. Come up and say hello.

Continue your walk north up Michigan Avenue. Along the way you will pass the old Chicago Public Library, now the Chicago Cultural Center, the nation's first and most comprehensive free municipal cultural venue. Every year, the Chicago Cultural Center presents hundreds of free international, national, regional, and local artists, musicians, and performers, providing a showcase where the public can enjoy and learn about the arts. Step

inside for the view of its glorious Tiffany glass dome. It also serves as an information center.

BAUM'S EMERALD CITY

As you approach the corner of Wacker Drive and Michigan note the plaque commemorating Fort Dearborn. Fort Dearborn was a United States fort built in 1803 beside the Chicago River, which is just up ahead. The original fort was destroyed by neighboring Potawatomi Indians following the Battle of Fort Dearborn in 1812, and a new fort was constructed on the same site in 1816. The fort was decommissioned by 1837, and parts of the fort were lost to the widening of the Chicago River in 1855 and a fire in 1857; the last vestiges being destroyed in the Great Chicago Fire of 1871. Now follow Michigan Avenue as it traverses the Chicago River, and pause by the bust of Jean Baptiste Point DuSable. About 1779, DuSable, who came from Haiti, picked out a piece of real estate near this spot and made it home to his fur-trading operation.

Take a good look around. Look east, at the big lake, with the sun rising over it. Look down at the river (our Seine) as it carries water taxis into an Oz-like panorama of skyscrapers that define the Chicago skyline. To the southwest, the Willis (formerly Sears) Tower, tallest building in the United States. Directly across from you, the Wrigley Building, looking like a giant white wedding cake, posing in front of its new much bigger brother, the Trump International Hotel and Tower, gleaming in the sun, second tallest building in the country. To your immediate north is the Tribune Tower. And at the far north end of Michigan Avenue, the John Hancock Center, a Chicago favorite, with its distinctive X bracing and twin antennae. (By the way, Oz was a creation of Chicago resident L. Frank Baum,

who was inspired by the "White City" built for Chicago's Columbian Exposition.)

CHICAGO'S SEINE

Walk down the grand staircase at Michigan and Wacker and explore our riverwalks, with their pleasant sidewalk cafes and opportunities to explore Chicago by water. The Chicago Architecture Foundation (<http://www.architecture.org/tours>) offers a terrific river tour that provides another perspective on the great architecture all around (highly recommended). Or, if you're in the mood for something more active, rent a kayak and do it yourself.

On the return trip, make a stop at the Hot Tix booth on Randolph and Wabash (across from the Cultural Center). Here you can pick up highly discounted tickets to any number of events in the Chicago area. Then continue on to State Street and back to the hotel. Along the way be sure to visit Marshall Field's—I mean Macy's. The Marshall Field's Building on State Street, which is now Macy's, covers an entire city block and features four clocks on the outside of the building. The current building was built before the Columbian Exposition in 1893 by department store magnate Marshall Field, who entered the business as a partner with none other than Potter Palmer, the man who developed much of the street that leads full circle back to your hotel. (By the way, after the Great Fire, an earlier version of Marshall Field's sat on the site of the Art Institute).

For more information about shopping, restaurants, and entertainment, check out our wonderful Chicago website: <http://www.explorechicago.org/city/en.html>. For those of you who are interested in touring Chicago by bicycle, contact me at nspira@comcast.net.

APSA



Certification on the Move

Continued from page 5

I felt that the interviewers' questions were thoughtful and constructive. I felt that in our ongoing discussion of the analysis of the adolescent youngster, we came to an agreed-upon understanding of what was achieved in the analysis and what was not. It was done in the spirit of collegiality. It was quite validating to have that experience.

Anonymous
post-interview comments from
a recent certification applicant

Some 15 of 24 medical specialties include oral examinations as part of their board certification procedures. Many of their examinations are quite similar to our own—applicants are asked to bring in their cases and discuss them with volunteer colleagues. Like us, the applicants have been given a set of guidelines and are expected to demonstrate core competencies in their specialty. Like us, subjectivity is an aspect of the evaluation. We on the CEC now involve researchers in our examination procedures in order to minimize the idiosyncratic aspects of our subjectivity. Experienced researchers sit in on our deliberations and on the interviews themselves. Soon, their research will assist us in better focusing our evaluations on the essential psychoanalytic skill sets.

I actually enjoyed the chance to speak at length about my two cases with both of my interviewers. I was surprised that the format was very open, giving me the opportunity to highlight what I thought was important. The interviewers were really facilitators. It was surprisingly pleasant.

Respectful interactions between applicant and interviewer are essential both to honor our professionalism and collegiality and to conduct an in-depth interview. This essential requirement has not always been met in past years. The CEC is committed to monitoring and evaluating the interview process to ensure that despite being stressful these encounters reflect our regard for our colleagues.

I found both interviews to be conducted with the utmost respect. There was genuine interest in my cases and my development as an analytic thinker. Through both interviews this was a constant experience. Though I was disappointed in June, being able to return six months later and present the progression in both cases and my analytic development seemed more valuable than had I just been passed first round. Being "continued" and having been asked to think about the analyzability of my patients, provided me with an opportunity to think deeply about the import of my analytic work, to conceptualize it, and to believe in its value deeply... I would like to say

that I found the process of writing up my cases, presenting and studying process notes in depth prior to the interview to be an excellent learning experience and of great value to me both times.

The pass rate of the American Psychoanalytic Association's Board Certification Examination is comparable to other specialties and professional certifying examinations; it is higher than CPAs' and lower than cardiac electrophysiologists'. The rigor with which we maintain the anonymity of our applicants during the evaluation process is something other boards can learn from us. That their boards are external to their membership organizations is something we can learn from them.

APSA

Certified in Psychoanalysis By the Board on Professional Standards

January 11, 2012

Adult

Monisha C. Akhtar, Ph.D.

Psychoanalytic Center of Philadelphia

Lori Pellegrino, M.D.

New York Psychoanalytic Society and Institute

M. Carmela Pérez, Ph.D.

Institute for Psychoanalytic Education

Affiliated with NYU School of Medicine

Steven S. Rolfe, M.D.

Psychoanalytic Center of Philadelphia

Child and Adolescent

Susan L. Donner, M.D.

New Center for Psychoanalysis

Erika S. Schmidt, M.S.W.

Chicago Institute for Psychoanalysis

CONTRIBUTE
to the
Sigmund Freud
Archives

Haroldpblum@cs.com

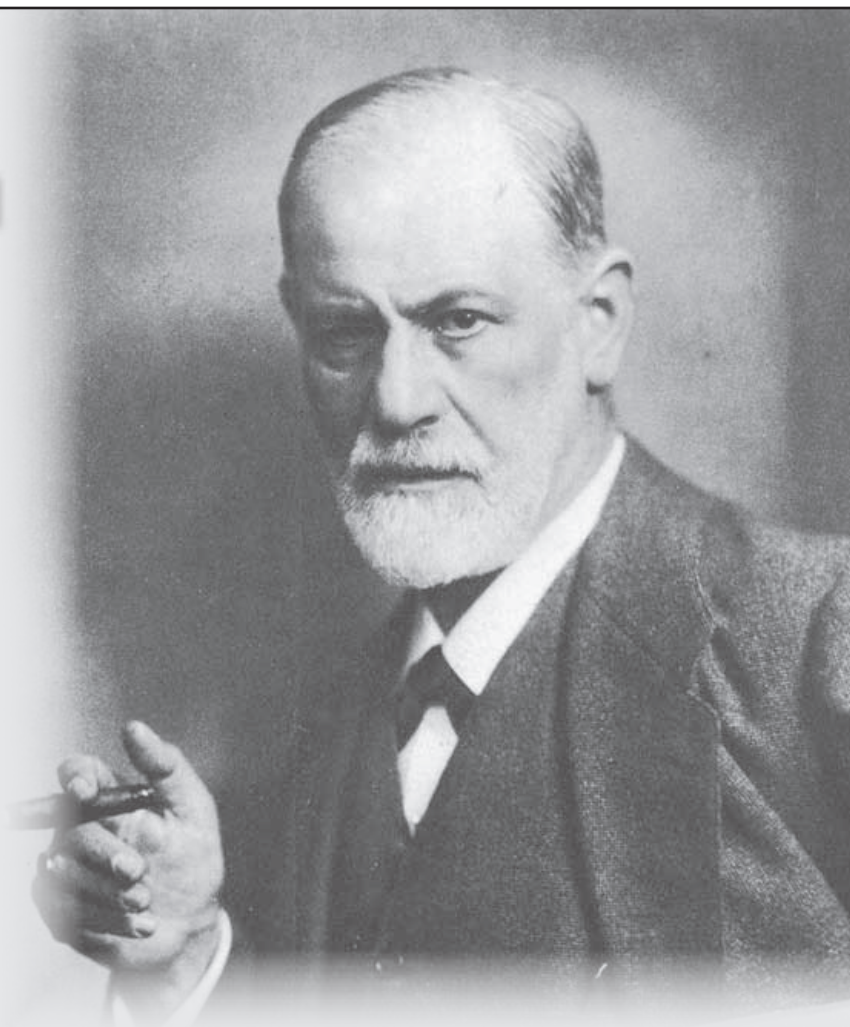
THE SIGMUND FREUD ARCHIVES, Inc. has the important mission of promoting psychoanalytic research, scholarship, publication, and education. The documents, videotapes, and memorabilia, maintained at the Library of Congress, are of vast importance for tracing the evolution of psychoanalytic thought, as well as for biographical and historical research. The collection includes approximately 40,000 documents. SFA also organizes museum and media exhibits about Freud and his fundamental discoveries, and requires financing to expand its educational functions to include lectures and symposia.

THE SIGMUND FREUD ARCHIVES has an urgent need for funds in order to continue to protect, preserve, expand, and fully utilize the most comprehensive collection of Freud documents and memorabilia in the world. It is essential that the documents be transcribed and digitized in this age of computerized information, a costly process. This will not only preserve the documents but open a new door to their scholarly utilization. At present, scholars must go to the Library of Congress to read most of the documents; once digitized, however, most documents would be available on the Internet and computer technology could be applied to their textual analysis. (De-restriction of access to documents has essentially been completed; only one percent remains restricted, for legal and ethical reasons only.)

THE SIGMUND FREUD ARCHIVES has functioned entirely independently for the last sixty years, but now calls upon psychoanalysts and those interested in the dissemination of Freud's living legacy to support its work. All contributions, 100% tax deductible, should be sent to John M. Ross, Ph.D., Secretary-Treasurer, at 443 East 87th St., New York, NY 10128. All donors will be listed as supporters.

Harold P. Blum, M.D., *Executive Director*

Deanna Holtzman, Ph.D., *President*



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2012 National Meeting Waldorf-Astoria Hotel, New York

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Rita Ataviado, M.D.
Isabelle Babcock, Ph.D.
Michele Baker, M.D.
Lauren A. Berg, Psy.A.
Lisa Bialkin, L.C.S.W., J.D.
Franco Borgogno, Ph.D.
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Bret R. Rutherford, M.D.
Carlos Alberto Sanchez, M.D.
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Vaia Tsolas, Ph.D.
T. Hilda White, M.D.
Molly Romer Witten, Ph.D.

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ACADEMIC ASSOCIATE MEMBER

Bruno Boccara, Ph.D.

Examination of Ethics

Continued from page 25

We decided this material would be relevant for a wider audience and therefore we addressed issues for both analysts and therapists. Members of the study group contributed many examples that illustrate the multitude of probing questions. Given the depth and complexity of this material and the fact that there are no simple or single answers

to many of these dilemmas, we organized the text in the form of a workbook. In the preface we offer a review of the literature and provide a historical perspective for the study of ethics that also refers to Web sites where the interested reader may pursue various aspects of this topic. In addition, our appendix includes suggestions for a course or seminar on ethical practice in treating children and their parents, along with study questions for a variety of subjects.

This book is the result of our COPE study group's commitment to investigating fundamental issues in the supervision of child and adolescent analysis. We look forward to identifying further issues of critical importance and making educational contributions based on our group's discussions. If you have a particular interest in child and adolescent analysis that you feel deserves attention, we hope you will be in touch with us.

APSA

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

January 11, 2012

Waldorf-Astoria Hotel, New York

Training and Supervising Analysts

Howard Benensohn, M.D.
Florida Psychoanalytic Institute
Rebecca Chaplan, M.D.
Columbia University Center for
Psychoanalytic Training and Research
Sally D. Clement, Ph.D.
New York Psychoanalytic Society and Institute
Gail Eisenberg, M.D.
Florida Psychoanalytic Institute
Jean Goodwin, M.D.
Center for Psychoanalytic Studies (Houston)
Judit Gordon-Lendvay, M.D.
Columbia University Center for
Psychoanalytic Training and Research

Christian Maetzener, M.D.
New York Psychoanalytic Society and Institute
Elizabeth O. Trawick, M.D.
New Orleans-Birmingham Psychoanalytic Center

Child and Adolescent Supervising Analyst

Edward Kohn, M.D.
Cincinnati Psychoanalytic Institute

**Geographic Rule Child and
Adolescent Supervising Analysts**

June E. Greenspan-Margolis, M.D.
San Diego Psychoanalytic Society and Institute
Jack Novick, Ph.D.
St. Louis Psychoanalytic Institute

In Memoriam

Melvin J. Alexanderwicz, M.D.
August 1, 2011

Samuel Bojar, M.D.
April 21, 2011

Elsie R. Broussard, M.D.,
DR.P.H.
September 12, 2011

Paul Chodoff, M.D.
August 21, 2011

David Coffey, M.D.
January 17, 2012

Herbert Cohen, M.D.
February 14, 2011

Max Cohen, M.D.
October 3, 2011

Leonard J. Comess, M.D.
December 12, 2010

Paul A. Dewald, M.D.
November 3, 2011

Richard G. Druss, M.D.
October 4, 2010

Fedor Hagenauer, M.D.
July 25, 2011

Bernard S. Hellinger, M.D.
January 5, 2012

Ilse Jawetz, M.D.
January 9, 2012

Mary Jane Jensen, M.D.
August 30, 2011

Joseph M. Jones, M.D.
July 30, 2011

I. Charles Kaufman, M.D.
October 22, 2011

George P. Kochis, M.D.
September 5, 2011

William E. Lebeau, M.D.
February 11, 2011

Edgar L. Lipton, M.D.
October 14, 2011

John Gordon Maguire, M.D.
October 6, 2011

Frances K. Millican, M.D.
March 4, 2011

John A. Ordway, M.D.
November 12, 2011

Morris F. Oxman, M.D.
October 23, 2011

William Pollin, M.D.
January 25, 2008

Leo Rangell, M.D.
May 25, 2011

Leon Salzman, M.D.
February 21, 2009

Robert Seidenberg, M.D.
July 4, 2010

Melvin Stanger, M.D.
November 22, 2011

Arthur Schwartz, M.D.
December 1, 2011

Arthur F. Valenstein, M.D.
January 17, 2012

Lionelle D. Wells, M.D.
June 11, 2011

Howard Weintraub, M.D.
May 11, 2011

Abraham Zaleznik, D.C.S.
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