

the **AMERICAN**
PSYCHOANALYST

SPRING/SUMMER 2012
 Volume 46, No. 2

Quarterly Magazine of The American
 Psychoanalytic Association

P O L I T I C S a n d
 P U B L I C P O L I C Y

Fiducia, SCOTUS, and the Therapeutic Dyad

Graham L. Spruiell

It did not matter if Dr. Harold Eist was right or wrong: The Supreme Court of the United States (SCOTUS) declined to consider his appeal. It was a blow to patient confidentiality. Consequently, in Maryland if there is a complaint by a third party to the medical board, the board can legally demand personal health information (PHI) from individual patients' medical records, without obtaining consent, even if the patient objects.

In the Eist case, the Maryland Board of Physicians investigated psychoanalyst and child psychiatrist Harold Eist after receiving a frivolous complaint from the estranged husband of his patient. Board investigators demanded that Eist disclose confidential records without his patient's knowledge or consent, information that could be used against the complainant's wife in a divorce proceeding.

Besides affecting patients, the Eist case also has implications for clinicians. Traditionally, if a third party requests or demands confidential

information, with rare exception, clinicians would decline. This decision would be based upon professional ethics, the patient's right to confidential treatment and physician-patient privilege. The same privilege would exist if a third party requested or demanded protected information about a lawyer's client or a priest's penitent, although the legitimacy of such designations may be on the decline.

The board's demand was in conflict with everything Eist understood about his ethical obligations to his patient. It also contradicted recommendations by his legal counsel, advice tendered despite a Maryland statute permitting board access to medical

records during an investigation. Eist conceded and eventually complied with the board's subpoena after informing his patient that he would do so unless she objected.

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THE AMERICAN PSYCHOANALYST

Magazine of the
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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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Farewell after 10 Years of APsaA Leadership

Warren R. Procci



Warren R. Procci

This is my last opportunity to write to you as president of APsaA. A role I have much enjoyed. It has not been without its tribulations, but it has always been an honor

to be a leader of an organization that supports so noble an endeavor as psychoanalysis. I will use my valedictory to describe some of what I have learned during my tenure and provide some strong recommendations that I have for all of you, as well as for my successors.

to be a most powerful method, albeit in the right hands and most certainly with the right patients. Most of us who have been doing this work for any length of time have seen analysts who make spectacular life changes, so our first and overwhelming concern is still to do what we have not been able to do in our hundred-year-plus history, and that is to make the “unconscious conscious,” make the public aware that we are a powerful tool for a distinct group of patients.

A second task necessitated by my first point is also something we have not done, at least during my tenure. My services as an APsaA leader began with six years as your treasurer (2002-2008), a job that delighted me. It is always said that if you look at an organization’s budget, you will understand its

... it has always been an honor to be a leader of an organization that supports so noble an endeavor as psychoanalysis.

PUBLIC AWARENESS AND STRATEGIC PLANNING

First of all, we are still a very well kept secret. I was recently a discussant for the USC Residents’ Movie Night, remarking on David Cronenberg’s film “A Dangerous Method.” There is a powerful scene where Ferenczi, Freud, and Jung are on the deck of the George Washington, the steamer that brought them to the United States for their famous 1909 visit. As they look at the Statue of Liberty, Jung enthusiastically comments that here is the future. Freud, ever the realist, even the pessimist, comments that they are bringing the plague. A hundred years later, this ambivalence remains. I consider analysis

purpose and priorities. Unfortunately, this was not so clearly the case with APsaA. I will recall my first Budget and Finance Committee meeting. We considered requests for funding from our melting pot of committees. It seemed to me almost a “first come, first serve” process in our consideration for funding. There was little or no overall planning on how best to utilize our limited funds in the service of an overarching APsaA purpose.

This cannot continue. This is in large measure why I have devoted much of my energy to bringing the concept of strategic planning to APsaA. We must, as an organization, together develop our priority activities and those must be the functions that we fund, and we must make certain that they succeed. We are facing the risk of becoming an irrelevancy in the health care world and our tool is far too valuable to go unused.

TIME TO RECONSIDER OUR LEADERSHIP MODEL

A third point is that we will need mechanisms in place to assure that we can succeed in advancing our profession. With some personal misgivings, I think APsaA needs more than a “volunteer” president and officers. Yes, I am paid a stipend, but it is not at all commensurate with the task, and certainly the nominal salaries of the other officers do not at all match their efforts. The world our organization faces has changed. Once upon a time volunteer leaders could devote a few hours a week to APsaA and enough new candidates and patients came our way so that we continued to grow and develop. That time is not now. Just as we decided, and in retrospect quite wisely so, to move from an administrative director to an executive director several years ago, I believe it is now time to have officers who do not attempt to fit the work of APsaA into busy clinical and teaching schedules. This is our equivalent of “the kindness of strangers.” We can no longer rely on the “tired energies of tired men” and that of tired women as well.

I’ll make one addendum to the above point. We need a board of directors that can be the appropriate balance and catalyst for our officers. We need a board that can meet more than twice a year and whose meetings allow time for ample opportunity to consider some critical issues in detail. We also need opportunities for board members to bond with each other and build relationships. This can help undermine the kind of fractiousness and minority group efforts that have hampered board function in recent years. Our Council has been hampered by its current structure, rather than any lack of good will. As a result, it has not been able to do those things so necessary for an optimally functioning board.

We also need major changes in our TA system, which is why I joined in support of the Pyles-Perlman-Procci Proposal to help achieve that. And we need to move the evaluation of individual members outside of our Association if we intend to maintain the function. The divisiveness that this has caused is corrosive and should not continue.

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

Farewell

Continued from page 3

A FINAL POINT

Here is my final point for this note. In order to accomplish these goals, our current resources, especially our financial resources, are simply not adequate. We desperately need a program of development. Several times during my various campaigns, I have spoken about this to members. In many cases, many of them did not have the slightest idea what is meant by "a program of development." This too must end.

While my term is over, my devotion to our profession and to APsaA remains intact as does my interest and my vigor. I assume that I will find ways to continue to serve our Association and, despite having an avowed Freudian orientation, I hope to see your new visions for psychoanalysis in America far surpass that of Freud's.



APSA

elections

Run-Off Election Results



Councilor-at-Large-Elect
Jeffrey K. Seitelman

COUNCILOR-AT-LARGE-ELECT

Hilli Dagony-Clark—592

Jeffrey K. Seitelman—620 Elected

The balloting was as follows:

Of the 1,224 valid proxies received, 1,212 ballots were valid to count towards the run-off election for the office of councilor-at-large.

Associating with APsaA

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

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

EDUCATOR ASSOCIATE—available for educators interested in the integration of psychoanalytic principles and ideas into their teaching and scholarship. Full-time academics—teachers, administrators, professors, faculty members, deans, directors, and school counselors at all levels of education, preschool through university—are eligible.

PSYCHOTHERAPIST ASSOCIATE—available for psychoanalytic psychotherapists with a minimum of a master's level degree and licensed and/or certified by the state in which they practice. Individual Psychotherapist Associates are listed in a National Directory of Psychotherapist Associates, prepared annually.

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

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

Standard benefits provided to Associates in all the above categories include reduced APsaA meeting registration fees, advance notification of meetings, and subscriptions to this publication. Reduced subscription rates to the *Journal of the American Psychoanalytic Association (JAPA)* are also available. Please note: Individuals who qualify for full APsaA membership are not eligible to join as Associates.

Enrollment forms are available online at: www.apsa.org/Associates
or contact APsaA's National Office for more information: 212-752-0450 ext. 26. E-mail: membership@apsa.org.



Historic Invitation to William Alanson White Institute

Colleen L. Carney and Beth Seelig

At the January 2012 APsaA National Meeting at the Waldorf Astoria, the Board on Professional Standards voted unanimously to extend an invitation to the William Alanson White Institute (WAWI) to become an approved institute of the American Psychoanalytic Association. This is a historic decision for APsaA and one that has the overwhelming support of the members of the Committee on Free Standing Institutes (CAFI), the Coordinating Committee, and the Executive Council. As we await the response from WAWI, it might be helpful for our members to know how we got here, what it would mean for our organization, and what it could mean for the profession of psychoanalysis.

For more than 10 years, CAFI, a committee of BOPS, has met at least yearly with representatives of WAWI at our national meeting to explore the possibility of a formal affiliation between the two organizations. During that time, there have been representatives from WAWI serving as non-voting members on both the Board on Professional Standards and the Executive Council of APsaA; members of our Association have been invited speakers at WAWI and many of their analysts have been featured speakers and presenters in our educational programs.

In 2008, a Task Force on Training Models (TFTM), made up of members of WAWI and members of APsaA was created to study the similarities and differences of the education and training in psychoanalysis. The TFTM made its report to BOPS in January 2009. The TFTM concluded, and BOPS has agreed, that WAWI, though different in

Colleen L. Carney, Ph.D., is chair of the Board on Professional Standards, and Beth Seelig, M.D., is secretary of APsaA, a member of CAFI, and was co-chair of the TFTM.



some significant ways, is an equivalent model of psychoanalytic education and training, a variation of the Eitington model. Most importantly, through these shared experiences the participating analysts have developed collegial relationships based on mutual respect and a deep commitment to psychoanalysis.

SIMILARITIES AND DIFFERENCES

We are aware that while many of our members are excited about the opportunity that this invitation holds, others are puzzled: How could WAWI become an approved institute of APsaA when they

have training standards that are different from our own? It is important to clarify that some of their standards differ from ours but others are strikingly similar and even identical to APsaA's. For example, the admission criteria, the requirement of a training analysis, experience with at least three different supervisors as well as experience with analysts of both genders are all identical requirements in both APsaA and WAWI. However, the training models do differ in some significant ways.

APsaA's didactic curriculum involves roughly 450 hours of class time, spread over four to five years, while WAWI's curriculum includes 540 hours of class time distributed over four to six years. WAWI requires at least

four supervised cases while APsaA requires three cases. While they both require a training analysis which is concurrent with the course work and supervised clinical work, APsaA's TAs are required to be certified in psychoanalysis, having been immersed for 3600 hours with four non-psychotic cases for five years post graduation. WAWI training analysts are appointed after a minimum of seven years post graduation, and go through an internal vetting process comparable to our combined certification and training analyst evaluation process, not unlike our new developmental pathway process to certification/TA appointment.

In APsaA, supervising analysts have historically been appointed using the same criteria and process as the TA appointment. However, in our new standards we have separated these functions and are beginning to think about and develop specific criteria for supervising analysts that take into account the central educative and synthesizing role of the supervising analyst. At WAWI, analysts are qualified to be appointed as supervising analysts five years post graduation and through a separate interview/examination process.

There is no question that the most controversial and confusing difference between these two training models has to do with required frequency of analytic sessions and the use of the couch.

FREQUENCY

There is no question that the most controversial and confusing difference between these two training models has to do with required frequency of analytic sessions and the use of the couch. It is probably well known that the WAWI model requires their candidates, as well as the control cases that they see, to be in analysis a minimum of three to five times per week; these analyses are conducted with the patient on the couch or face-to-face, contingent on diagnostic impressions, treatment strategy, and the clinical judgment of the SA and the candidate.

WAWI also permits the inclusion of borderline and psychotic cases as training cases.

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2012 Annual Meeting Highlights

June 12–17

Christine C. Kieffer



Christine C. Kieffer

Chicago, Chicago: It could be your kind of town, too. The 101st Annual Meeting of APsA has much to offer its members, as well as our colleagues and students from other organizations. In addition to a stimulating program to deepen our understanding of psychoanalysis, there will be valuable opportunities to reconnect with colleagues and to make new friends, to network and to collaborate. Opportunities for learning and earning continuing education credits will be offered in large panels, symposia, and the more intimate clinical workshops and discussion groups. The workshops and discussion groups will allow participants to enhance clinical skills and share work experiences with one another across a broad spectrum of colleagues, including allied mental health professionals, candidates, students, educators, and scholars.

CONFERENCE-WITHIN-A-CONFERENCE: IMMIGRATION

At this conference, the Program Committee is experimenting with a mini-theme that will highlight aspects of immigration—theoretical, clinical, and sociocultural—in panels, workshops, and symposia throughout the meeting. We are pleased that the world-renowned scholar, Homi Bhabha, will present his work in the University Forum: “Immigration: Collision, Assimilation or Integration?”

Christine C. Kieffer, Ph.D., is on the faculty of the Chicago Institute for Psychoanalysis, where she teaches and supervises. She also is a member of the APsA Program Committee as well as a member of the editorial board of JAPA.

In addition to a lecture by Bhabha, there will be a presentation by the cultural anthropologist, Richard Sweder, as well as commentaries by Adrienne Harris, Robert Paul, and Carmela Perez. This University Forum will challenge participants to confront their biases toward foreign customs, as well as examine how the dominant group manages cultural practices of outsiders (immigrants), and will also discuss how minorities resist and adapt to pressures for assimilation.

There will be a panel that focuses on aspects of analyzing the children of immigrants featuring Stanley Coen, Aisha Abbasi, Shahrzad Siassi, Peggy Hutson, and Salman

Akhtar. Their presentations will examine how similarities and differences between patient and analyst aid, hinder, or defend against the analytic work. A special panel on child and adolescent psychoanalysis will take place Saturday morning entitled, “Mothers, Children, and Immigration: Psychoanalytic Perspectives on Immigration.” which will feature Monisha Akhtar, Mali Mann, Benjamin Garber, Bhaskar Sripada, and Kerry Kelly Novick. These presenters will offer theoretical speculations on the structure of immigrant parenting and the dynamic of parent-child interaction. The presenters will assert that the challenges faced by an immigrant family may induce the clinician to make modifications and adjustments to clinical technique.



PANELS AND CLINICAL WORKSHOPS

The large panels that delve into current theoretical controversies and offer a variety of clinical perspectives are enduring features of our conferences. This June, five offerings will highlight some of the cutting-edge issues of contemporary psychoanalysis. Friday afternoon's controversial panel on “Sexual Aberrations: Do We Still Need the Concept?”

In addition to a stimulating program to deepen our understanding of psychoanalysis, there will be valuable opportunities to reconnect with colleagues and to make new friends, to network and to collaborate.

If So, Then When and Why? If Not, Why Not?”, will feature Donald Moss, Sydney Phillips, Richard Simpson, and Avgi Saketopoulou. Each will present position statements, and then examine specific issues in a series of clinical vignettes.

Panel II will examine “Gay Male Desires and Sexualities: Clinical Encounters in the 21st Century” and will feature Gary Grossman, Paul Lynch, Gilbert Cole, and Lynne Zeavin, who will discuss the varied experiences and complaints of gay male patients. This panel will consider the psychological impact of contemporary culture on gay male identity, desires, and sexuality in the context of emotionally challenging analytic encounters.

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Annual Meeting in Chicago

As described above, the third large panel will address various technical aspects of analyzing the children of immigrants, with special consideration given to realistic problems of immigration, the need to aid the integration of the patients' origins with that of their new homeland, as well as examine how similarities and differences between patient and analyst may facilitate or interfere with therapeutic action.

Since the third panel takes up a specific class of issues that may even lead to a clinical impasse, perhaps it will prepare us for the fourth panel: "How to Help Get Stuck Analyzes Unstuck," a program that will feature the clinical work and wisdom of Rosemary Balsam, Dionne Powell, Francis Arnold, Stanley Coen, and Mitchell Wilson. The panelists will first focus upon three clinical vignettes of analyses that seem to have reached impasses and will demonstrate the process by which the analyst struggled to get the analytic couple unstuck and moving once again. The panelists will provide frank discussions of what they had to manage in themselves and in their patients in order to move the treatment forward. The fifth panel, also described above, explores the triadic relationship of mother, child, and immigration.

In each of these panels, there will be ample opportunity for discussion with panelists, with the formal presentations serving as a springboard for spontaneous dialogue among the panelists as well as engagement with the audience.

The Two-Day Clinical Workshops continue to be among the meeting's most popular and well-attended events. This June, we will feature three clinical workshops that are part of a "Series in Analytic Process and Technique" and one workshop on "Psychotherapeutic Technique and Process." The first workshop will be chaired by Irene Cairo; the presenter will be Alison Philips and the discussant will be Danielle Quinodoz. The second workshop will be chaired by Sharon Blum; the presenter and discussant are yet to be determined as *TAP* goes to press. The remaining workshop in the analytic series will be chaired by Richard Zimmer, and the discussant will be Steven Cooper (the presenter is yet to be determined). The clinical workshop on "Psychotherapy Technique and Process" will be

chaired by Alan Pollack; Dale Gody will present clinical material and the discussant will be Jose Saporta.

I will chair the Child and Adolescent Two-Day Clinical Workshop. Daniel Prezant will present case material and Phyllis Tyson will serve as the discussant.

PLENARIES, SYMPOSIA, MEET-THE-AUTHOR, AND MORE

This June, Warren Procci will chair the Presidential Symposium that features Congressman Patrick J. Kennedy and the "One Mind for Research Campaign." The project's current mission is to improve treatment of traumatic brain injury and post-traumatic stress disorder among veterans. To learn more about this effort see the box below and visit <http://1mind4research.org>.

We are proud to present as this year's plenarist, Stuart Twemlow, who will give an address on "Community-Based Psychoanalysis." Twemlow will discuss the history of

community-based psychoanalysis and will examine the commonalities and differences between clinical psychoanalysis and community-based interventions. He will make a case for the utility and relevance for this subspecialty of psychoanalysis.

Jonathan Lear, a distinguished philosopher and psychoanalyst, will discuss his recent book, *A Case For Irony*. He will consider how humans unconsciously pursue life plans that are of essential importance to them but which are often at odds with their conscious understanding of what matters. Lear also will explore the concept of irony and how it can be clinically useful.

A special Candidates Forum, "Developing a Psychoanalytic Mind and Identity" will offer reflections by Carlos Almeida, Deisy Boscan, Robin Deutsch, Ilene Dyller, Navah Kaplan, and Vanessa Sinclair. The panelists will describe personal and clinical experiences that were central in shaping their identity as analysts.

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Presidential Symposium: Patrick J. Kennedy and the "One Mind for Research" Project



Chair: Warren R. Procci, President

*Presenter: Patrick J. Kennedy,
Former Congressman from Rhode Island*

Patrick Kennedy will discuss the One Mind for Research project, which is based on the challenge his uncle President John F. Kennedy made to put a man on the moon within 10 years. The One Mind for Research project challenges the U.S. to be the first nation in the next 10 years to unlock the mysteries of the brain—rather than going to outer space, go to inner space. One Mind's vision is "to realize preventions and cures of brain disorders by the end of this decade." The project's goal is to reduce duplication and increase the investment in brain research by \$1.5 billion each year for the next 10 years while achieving a minimum 10 percent reduction in the cost of brain disease per year. The project is focusing its early efforts on the treatment of traumatic brain injury and post-traumatic stress disorder among veterans. We recommend that you view the video at <http://1mind4research.org/about-us>. Kennedy, along with James Ramstad, former congressman from Minnesota, was responsible for getting the Mental Health Parity Act approved by the House of Representatives.

University Forum on Immigration

Stanley Coen

The University Forum, Friday, June 15, from 2:00-5:00 p.m., "Immigration: Collision, Assimilation, or Integration?" complements the adult and child/adolescent panels on immigration, the theme for this part of our meeting. We are delighted that Homi Bhabha and Richard Shweder will participate. Bhabha is the Anne F. Rothenberg Professor of the Humanities in the Department of English, director of the Humanities Center, and senior advisor on the humanities to the president and provost of Harvard University.

He is one of the world's most influential writers and speakers on immigration,

Stanley Coen M.D., is a training and supervising analyst and senior associate director for academic affairs at Columbia University.

Adrienne Harris, Ph.D., and Robert Paul, Ph.D., contributed to this article. Nancy Chodorow, Ph.D., and Jeffrey Prager, Ph.D., helped select speakers.


especially as it is expressed in literature. His 1994 book, *The Location of Culture*, is the bible of immigration studies. He is wonderful at describing "walking the streets of Bombay" or commenting on the writings of Salman Rushdie, Toni Morrison, or Derek Walcott. How does the dominant group manage the cultural practices of outsider immigrants? How do the outsiders resist and adapt to pressures for assimilation?

Richard Shweder is the William Claude Reavis Distinguished Service Professor of Human Development in the Department of Comparative Human Development at the University of Chicago. He is an astute, psychologically minded cultural anthropologist who challenges us to confront our biases



Stanley Coen

against foreign customs that feel repugnant to the dominant majority when they are imported into our liberal democracies. He has described Norway wanting to place young children in foster care because their South Asian Indian parents slept in the same bed with them and fed them hand to mouth. Or he dares us not to immediately regard female circumcision as genital mutilation when sought by young women in the United States from, say, Sierra Leone, Sudan, or Somalia.

Adrienne Harris, psychoanalytic writer and cultural commentator, will be the discussant. She has taught and written about the work of Homi Bhabha. Harris is affiliated with the New York University Postdoctoral Program in Psychoanalysis and Psychotherapy. Her presentations at APsaA have been outstanding. Robert Paul will moderate and comment. He is Charles Howard Candler Professor of Anthropology and Interdisciplinary Studies at the Graduate Institute of the Liberal Arts at Emory University and a practicing psychoanalyst. Carmela Perez, the reporter, from the Institute for Psychoanalytic Education affiliated with the New York University School of Medicine, has commented on issues related to immigration for public media. 

Meeting Highlights

Continued from page 7

We are pleased to feature a film workshop that examines the Ingmar Bergman film, *Persona*, and includes a discussion by Kenneth Newman and Bruce Sklarew. The presenters will look at the variety of defenses against merger and homoeroticism.

We also will offer a symposium on psychoanalysis and neuroscience, "How a Comprehensive Psychoanalytic Theory Can Integrate Clinical Observations and Neuroscience Experiments in the Investigation of Unconscious Processes and Primary Process Thinking." This symposium, chaired by George Fishman, will feature a presentation by Howard Shevrin that will demonstrate how two basic assumptions—the existence of the unconscious and that unconscious processes follow different rules of thought

from conscious processes—are supported by experimental evidence.

In addition, there will be a workshop, "Website Marketing to Grow Your Practice," with Mark Smaller, William Braun, Gail Saltz, and Greer Van Dyck. This workshop will offer participants a basic understanding of website marketing and how to make use of it.

The Committee on Lesbian, Gay, Bisexual, and Transgender Issues will present a workshop, "Gender Shock: Do Not Believe What You Think," co-chaired by Susan McNamara and Patrick Haggard. The presenters will be Robert Galatzer-Levy and Heidi Nast.


TICHO MEMORIAL LECTURE

Nathan Szajnberg has been chosen to give this year's Ticho Memorial Lecture. His talk is entitled "Mimesis: Representations of Inner Life in Western Literature and Their

Contributions to Psychoanalytic Views of Humankind."

And, of course, there will be 48 discussion groups available, where participants can explore a wide array of topics relevant to practice, theory, and applied psychoanalysis. These will take place during Wednesday and Thursday of the meeting, throughout the day and evening.

TO LEARN MORE

The Annual Meeting includes much more than these highlights and we urge you to examine the entire meeting brochure which is available online, through the APsaA website. Please note that pre-registration closes on May 21. If this will be your first time at an APsaA meeting, we recommend that you visit http://apsa.org/Meetings/Making_the_Most_of_Scientific_Meetings.aspx, which offers a useful guide for new attendees. 

Come to Chicago 101st APsAA Annual Meeting

June 12–17

Caryle Perlman

There is such a variety of wonderful things to see and do in Chicago. At the risk of luring you away from the meetings and out into the city, I will share a few of my favorite things that may be new for you.

One block west of State Street is Dearborn Street, which has several incredible outdoor art pieces. Going north from Jackson Boulevard, you will come upon *Flamingo*, a Calder stabile, *Four Seasons*, a Chagall mosaic, and a monumental sculpture of a horse by Picasso. Across Washington Street, near the Picasso is a smaller sculpture by Miró. Walk a



Four Seasons, a Chagall mosaic

block west to Clark Street and another block north, and you will find *Monument with Standing Beast*, by Dubuffet. The Dubuffet stands in front of the Thompson Center, a state office building designed by Helmut Jahn. All these sculptures may be seen at any time of day or night. Although children occasionally climb on the Picasso and hide inside the Dubuffet, it fills me with pleasure and pride that these sculptures are never vandalized.

Caryle Perlman, M.S., a training and supervising analyst, is chairman of the Local Arrangements Committee for the 101st Annual Meeting in Chicago.

The Art Institute, in the Loop, is open until 8:00 p.m. on Thursday night. Terzo Piano, the beautifully situated restaurant in the Modern Wing, is open for lunch every day and for drinks and dinner on Thursday. There are two gardens on Michigan Avenue, one on each side of the museum entrance, for sitting, reading, and talking. These are quiet, replenishing oases.

Going south from the Art Institute is the Chicago Architecture Foundation, on the corner of Jackson and Michigan. Here you can browse for gifts and books about Chicago architecture and buy tickets for walking tours and the highly recommended architectural boat tour. The Segway rental store is next door. I have not tried it yet, but if you're brave you can take a tour around the Loop on a Segway.

In Grant Park there are more outdoor sculptures, including a bust of Sir Georg Solti and a statue of Lincoln by Saint-Gaudens.

A little farther on, just south of the Adler Planetarium, is Northerly Island, which was home to Meigs Field Airport until our former mayor, in a gloriously imperious moment, had the runways torn up. Now it is a wildflower and bird sanctuary. Northerly Island is about a mile walk from the Palmer House.

Going north from the Art Institute on Michigan Avenue, you will find the "Miracle Mile," our upscale shopping area, and the Museum of Contemporary Art (MCA). In addition to an interesting collection, the MCA has an attractive terrace restaurant and an intriguing shop. The MCA is open late on Tuesday night.



Flamingo, a Calder stabile

If global warming has brought summer by mid-June, you will have several swimmable beaches on the North Side. The Oak Street Beach, at the north end of Michigan Avenue, is a popular beach with a beachfront restaurant. There is a smaller beach at Navy Pier, where several boat cruises set sail on Lake Michigan.

A CITY OF NEIGHBORHOODS

Chicago has been called a city of neighborhoods and I would encourage you to visit some of them. On the North Side, River North is home to a collection of art galleries. Wicker Park, Bucktown, Logan Square, and Noble Square are hip neighborhoods in various stages of gentrification.

Continued on page 10



Horse by Picasso

Annual Meeting in Chicago

Come to Chicago

Continued from page 9

They are full of unique shops, boutiques, and enlivening vibes. Also on the North Side are Boys' Town, a heavily gay neighborhood, and Andersonville, a former Swedish neighborhood with a Swedish museum. Andersonville became a lesbian neighborhood, which stabilized the area and led the way for gentrification. Great Lakes Pizza, which *GQ* called the best pizza in America, is here. All of these neighborhoods have good restaurants and lively bars. Farther north, at the Evanston/Wilmette border but still accessible by public transportation, is a Bahai Temple, one of the largest and grandest.

On the South Side are Chinatown, with good restaurants and grocery stores, and Pilsen, a former Czech neighborhood that is now largely Mexican and is becoming an artists' community. If you go to Pilsen, don't miss the National Museum of Mexican Art.

The West Side is largely residential and poor, and does not have as many attractions as the rest of the city. Perhaps the most notable is the Garfield Park Conservatory, the largest in the New World and second only to the Royal Kew Gardens. To visit Garfield Park, you can take the CTA Green Line on the way to Oak Park. Oak Park, the suburb immediately west of Chicago, is famous as the home of Frank

Lloyd Wright. You can visit his home and studio, and take a walking tour to see the exteriors of several of his other buildings. Ernest Hemingway's boyhood home is also open for tours.

CHICAGO CUBS AND CHICAGO SYMPHONY ORCHESTRA

The Chicago Cubs will be in town the week of the meetings. Although the Cubs remain incredibly popular and a lot of games are sold out, you can get tickets from ticket agencies or before games from people on the street. Near Wrigley Field is Grace-land Cemetery, a green and enjoyable place to walk. It is the final resting place of many famous Chicagoans; Marshall Field, George Pullman, Ludwig Mies van der Rohe, Potter and Bertha Palmer are buried there.

Chicago is famous for jazz. I will mention only a few of the venues: the Green Mill on the North Side, Checkerboard Lounge in Hyde Park (not the same building but the descendent of the place that Muddy Waters made famous), and Jazz Showcase.



Monument with Standing Beast, by Dubuffet

season on Wednesday, June 13, at 6:30 p.m. You can buy tickets for the better seats but there are some free seats and seating on the lawn is always free. (See box on next page.)

Chicago has many famous restaurants and several more excellent but not yet famous ones. If you are pining to have dinner at one of the hot restaurants, make your reservations now. It is already too late to get into Next or Alinea, which are currently the hottest places. Check out *Time Out Chicago* and *Chicago* magazine for restaurant reviews and suggestions. Both of these are available online. (*Time Out Chicago* is also a good source of information for music and theater.) We have innumerable ethnic restaurants that are the footprints of the different immigrant groups that have settled in the city, such as Chinese, Czech, German, Indian, Italian, Japanese, Mexican, Pakistani, Polish, Russian, Thai, Vietnamese, along with others. Many Chicago restaurants participate in Open Table, so it is easy to make reservations online.

Chicago is as safe but no safer than most big cities. You just need some street smarts and have to pay attention to your surroundings. All of the suggestions here are accessible by public transportation and it is easy to get around the city that way. At night, taxis are sensible for return trips back to the hotel. Our meetings will take place on some of the longest days of the year so we will have lots of daylight. I hope you will take advantage of it and enjoy Chicago's lakefronts, parks, and other attractions.

APSA



Garfield Park Conservatory

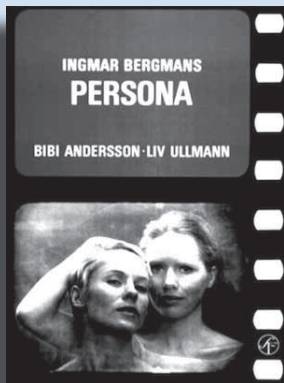
Annual Meeting in Chicago

Concert Tickets

The Grant Park Orchestra will be performing on Friday, June 15, at 6:30 p.m., and Saturday, June 17, at 7:30 pm. If you're interested, you will have an opportunity to purchase seats for the Saturday concert as part of pre-registration.



Film Workshops at Annual Meeting in Chicago



Thursday, June 14, 2012

7:30–10:30 p.m.

Persona

Chair: Bruce H. Sklarew

Presenter: Kenneth Newman

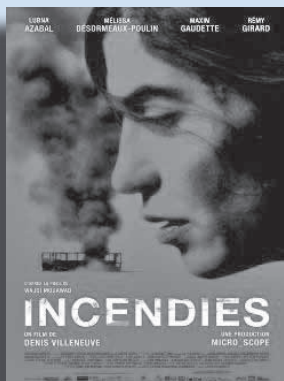
Bergman's masterful 1966 film visualizes the intimacy between Elizabeth (Liv Ullmann), an actress who becomes mute while playing Electra, and her nurse, Alma (Bibi Andersson). Although the narrative structure is seemingly simple, *Persona* is dense and enigmatic. The film, like the dream, emphasizes images, rhythms, and choreographed movements rather than dialogue. Susan Sontag called it "a riddle without a sphinx." It is a meta-film, a film about filmmaking.

Saturday, June 16, 2012

2:00–5:00 p.m.

Intergenerational Transmission of Trauma in *Incendies*

Chair and Presenter: Bruce H. Sklarew



Incendies, directed by Denis Villeneuve, was based on the play *Scorched* by Wajdi Mouawad. This delicate and fierce film intrigues the audience with a profound puzzle of mythic dimensions. Set in contemporary Montreal and the Lebanese civil war, it challenges us intellectually and leaves a haunting impact. The traumatic past of the Lebanese mother is revealed to her young adult twins as she sends them on a shattering mission to her homeland. The scorched earth violence is a metaphor for traumatic experience, scorched psyche, rage, and wishes for retaliation of the mother. After the film, there will be a roundtable discussion.



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Nerissa Steele-Browne	x16
Dean K. Stein	x30
Debbie Steinke Wardell	x26

How to Participate in APsaA's Scientific Program

Scientific papers for oral presentation must be no longer than 18 pages and timed for 40 minutes reading time. Submit all manuscripts by electronic mail and please include an abstract. Send one blind paper, with all references to the author deleted. The first page of the manuscript must show only the author's name, address, phone number, and the title of the paper. The author's name should not appear on any subsequent page. JAPA has right of first refusal on any paper accepted for presentation. The paper cannot have been accepted or be under consideration for publication by another journal.

Panel proposals should be two pages maximum. The proposal should contain a description of the format, the objective of the panel, and names of possible participants (chair, panelists, discussant, if any). The Program Committee chooses panels one year in advance.

Discussion group proposals should be two pages maximum. Decisions concerning new discussion groups are made based upon how subject matter relates to what is already taken up in existing groups and on space availability.

Symposia explore the interface between psychoanalysis, society, and related disciplines, attempting to demonstrate how psychoanalytic thinking can be applied to non-psychoanalytic settings. Symposia must be in talking points format, 10 to 15 minutes per presentation (no papers read), with a minimum of 15 minutes for audience participation with emphasis on audience interaction. Submit a brief (two pages maximum) proposal outlining rationale, program format, and suggested speakers.

The deadline for submission of panel proposals is October 1 for the National Meeting (January) and March 1 for the Annual Meeting (June).

The deadline for all other submissions is May 1 for the National Meeting (January) and December 1 for the Annual Meeting (June).

Address correspondence to Scientific Program Submissions, American Psychoanalytic Association, 309 East 49th Street, New York, New York, 10017 or email cgatto@apsa.org.

Parenting Lessons from *Mad Men's* Betty Draper Frances

Stephanie Newman
Bruce H. Sklarew, Film Column Editor



Stephanie Newman

Who knows better than a psychoanalyst that infants and children need love, consistency, and containment if they are to thrive? What-ever our personal theoretical bent ("good enough" parents, attunement in the infant-parent dyad, a steady holding environment, or mirroring with the proper intersection of empathy and limit setting, to toss out a few well known concepts), most of us emphasize the critical importance of the early "maternal" environment.

Outside of our field the debate about the best way to parent is eternal. Recent books in the popular literature have introduced us to maternal archetypes as varied as Amy Chua's uncompromising Tiger Mom and Paula Druckerman's balanced and at ease French

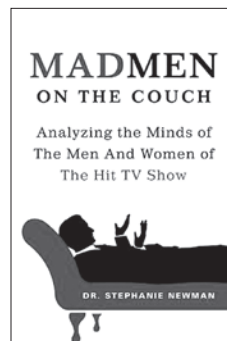
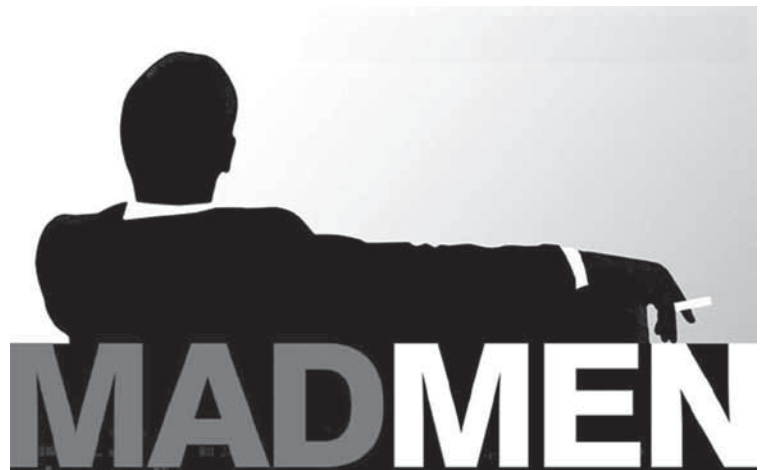
Stephanie Newman, Ph.D., a psychologist and psychoanalyst, is the author of *Mad Men on the Couch* (St. Martins-February 2012), and a faculty member of the Institute for Psychoanalytic Education, affiliated with the School of Medicine, NYU.

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

mother of "bebe." And those who watch the television show *Mad Men* would not be surprised to know there is yet another incarnation; one long familiar to psychoanalysts: the Wire Mommy.

In a new book, *Mad Men on the Couch* (St. Martin's Press), I have tried to show that the fictional characters of this popular television show about life in the 1960s advertising world can be examined and better understood when viewed through the lens of analytic psychology. The book is written for anyone who enjoys dissecting the show—professional clinician or armchair psychologist.

One of *Mad Men's* most psychologically complex characters is Betty Draper Frances, ex-wife of Don Draper, unhappy housewife, and mother of three. Betty is a maternal train wreck. During the early seasons she is portrayed as an extremely cold and neglectful mother. She allows her daughter, Sally, to run around the house, head and body fully submerged beneath a plastic dry cleaner's bag. She smacks her daughter and snaps at her son, "Go bang your head against the wall." Though Betty's misattuned and cruel antics are painful to watch, many of us cannot stop craning our necks to view the Drapers' twisted emotional wreckage. Even



Joan Crawford's infamous rant ("NOOO WIRE HANGERS!") appears tame in comparison to Betty's harsh invective.

Although we know Betty to be a fictional character, failures in maternal empathy are an all too common occurrence in real life. Harry Harlow, a prominent psychologist/researcher of the *Mad Men* era, explored the components of maternal love by looking at the effect of deprivation on rhesus monkeys (chosen because they are known to display similar emotions to people). In a famous

Continued on page 14



Betty Draper Frances

Parenting Lessons

Continued from page 13

experiment, Harlow separated infant monkeys from their mothers, placing them in two distinct groups: some fed by “mothers” covered in soft cloth, others by “mothers” made of wire. All of Harlow’s monkeys ate and grew. But regardless of whether they had been fed by a cloth or wire mother, all chose to cuddle with the cloth ones. And those raised by wire mothers had difficulties in their interactions with peers and could not soothe themselves in scary situations.

Harlow’s films are painful to watch. Generalizing to human beings, he concluded that loving physical interactions were necessary in the earliest months of life, and that without proper emotional engagement, babies—monkey and human—would forever be impaired; solid early attachments and responsive caregivers were necessary in order for individuals to thrive as healthy adults. Harlow also found that monkeys who were emotionally neglected as infants could not adequately nurture when they became parents. At least one adult who had been raised by a wire mommy bit off many of the fingers and toes of her own infant when they were left alone together.

Mad Men’s Betty Draper Frances represents our fantasies of a wire mother. She is unable to provide the emotional support and loving interactions her children desperately need. She rarely displays empathy for Sally, Bobby, or Gene, and is usually intolerant and critical of their feelings. Betty routinely strikes her kids instead of verbally engaging them, spends little time parenting, and leaves most of the caregiving to her maid, Carla.

She seems to derive no pleasure from interacting with her children, or from seeing them grow and develop. In fact, she mostly just wants the young Drapers to go to their rooms. While we did not see Betty parent Sally and Bobby in infancy and toddlerhood, it also appears that she does not spend much

time with Gene. And we can surmise from her critical and apparently unfeeling interactions with her older children that she was not a terribly responsive caregiver who could easily tune in to her babies’ emotional needs.

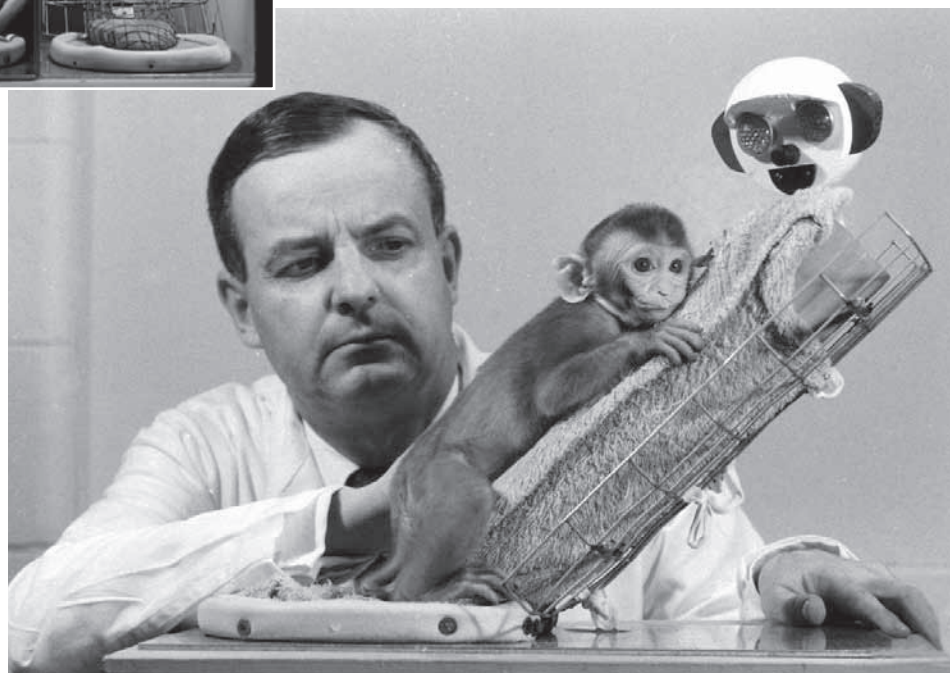
Seeing Betty’s cold and critical behaviors, it becomes apparent that she did not receive adequate nurturing as a child, and that this early neglect has left her emotionally unavailable, and greatly limited in her ability to comfort and nurture her kids. And in fact, we know Betty’s mother was prone to hit and criticize her. She had years before given up a coveted job as a drafting engineer. Perhaps she resented her daughter? The Drapers’ pre-adolescent Sally has certainly suffered—she is given to emotional outbursts, to running away



from home, and once even masturbates at a sleepover with friends.

Eventually Betty is concerned enough to follow her second husband’s advice and sign Sally on for treatment with a child analyst. This treatment is depicted in a positive way during the show’s fourth season. Sally is making strides and moving forward; she appears to have attained a more age appropriate level of development, and to have overcome as best as anyone can, her early years with a wire mommy.

As analysts we know that the emotional connection between mother and child is crucial. But what goes on emotionally among parents, children, and caregivers in the earliest months and years needs to be part of the public’s ongoing discussion—not just a cornerstone of our professional discourse. [APSA](#)

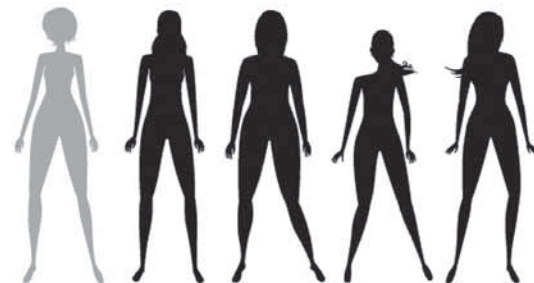




C O P E

The Female Body: Integrating Psychoanalytic and Biological Concepts

Malkah Tolpin Notman



When the COPE study group, *The Female Body: Integrating Psychoanalytic and Biological Concepts*, started in 2006, the goal was to provide greater awareness of the female body and biological processes in psychoanalytic work, to better understand the interface of psyche and soma. Psychoanalysis had, it seemed, moved away from the body, drives, and sexuality. Although the expression of feelings and thoughts in somatic ways was an important aspect of Freud's descriptions of hysterical patients, and somatization is an important concept in medicine, it has not been prominent in psychoanalytic teaching. We have been developing some ideas as to what issues are important to know and teach.

The integration of bodily changes and psychological phenomena has proven to be a complex task. There are complex meanings to "biological" and clinicians have different levels of knowledge about physiological processes. In our discussions biological has come to mean more specifically "bodily."

Over the last two years, we have heard scientific presentations that include current data about hormonal changes and their relationship to affective states and presentations about biological and psychoanalytic aspects of female body experiences, such as menstruation, pregnancy, menopause, and surgical modifications, such as breast augmentation. We have also considered somatic experiences, including sleep, sexuality, appetites, and

substance abuse. Depression and its relationship to female body functions have also been discussed. Medical illness, past or present, and pain affect the sense of comfort with one's body.

These presentations, with both current scientific data and clinical examples, have focused on how particular body functions and conditions influence a woman's self concept and how her self concept, which can include feeling beautiful or not, feeling old, or feeling athletic, influences body functioning. Although the presentation of research and theoretical ideas has been useful, clinical case discussions have proven to be the most productive format for this group.

We discussed one clinical example of a woman who, after her breast augmentation, felt that her breasts belonged to her mother. Another patient expressed her experience and response to a long period of sexual abuse, which started in early childhood, through various bodily sensations, such as feeling she was choking and feeling that she needed to be heavy so her legs always touched. Another example was a woman who was preoccupied with her body: "All she talks about is her body."

SOMATIC SELF

A broad concept that has evolved from our discussions is the "somatic self." This concept captures a woman's sense of self

and her body. It has emerged from our discussion of clinical vignettes in which everything that is known biologically about a patient is presented and then everything that is known psychoanalytically about the same patient is described. We then link the various elements of the somatic self to the psychodynamic understanding we have of the patient.

Except in the case of "psychosomatic" disorders, the somatic side of a woman's experience often seems absent from the clinician's thinking and case formulation. Often an approach is taken in which the biological and psychological understandings are seen as parallel tracks that run adjacent to one another but represent understandings from different paradigms and cannot intersect in a clinically useful or meaningful manner. Clinical data indicate that these lines do relate closely with one another. Sometimes developmental experiences are critical. For example, masochistic traits are often associated with having experienced painful medical procedures in childhood.

These moments of virtual intersection of the biological paradigm and the psychoanalytic paradigm are important and potentially valuable in understanding psychosomatic manifestations. These moments of virtual interaction may not be easily identifiable. Careful attention to bodily data, including medical illness, juxtaposed with the patient's subjective experience leads to the patient's somatic self.

We hope to refine our approach to case material in such a way as to bring to analytic training and to the continuing education of analysts a conceptual framework that includes the integration of biological and psychological data.



Malkah Tolpin Notman

Malkah Tolpin Notman, M.D., is a graduate of the Boston Psychoanalytic Institute (BPSI). She is a training and supervising analyst at BPSI, a clinical professor of psychiatry at Harvard Medical School, and senior faculty at Cambridge Hospital/Cambridge Health Alliance.



Candidates' council

Candidate Connection

Hilli Dagony-Clark



Hilli Dagony-Clark

The various branches of the Candidates' Council (CC) have continued to expand in an effort to connect colleagues from across the country, and strengthen the internal sense of analytic identity and cohesion among our active members. Since the Candidates' Council is now in an election year, I am enthusiastically encouraging you to run for office of the Candidates' Council's Executive Committee. Positions include president-elect, treasurer, and secretary. These positions not only provide candidates with an opportunity to sample the organizational life of APsaA but also to closely bond with and help a like-minded community of colleagues in training. Please feel free to inquire more about these positions from me, or any other member of the Candidates' Council's Executive Committee, including President-Elect Navah Kaplan, Treasurer Jamie Cromer, and Secretary Valerie Golden. Election ballots will be sent out in the fall, and candidates for office will be asked to make their position statements during the Candidates' Council meeting this spring.

Our committees have been working over the past several months to help foster candidate involvement and empowerment. I am thrilled to announce the launch of the first candidate study group, chaired by Candidates' Council's education chair, Caryn Schorr, and sponsored by the Committee on Psychoanalytic Education. It will assemble during the Annual Meeting in Chicago on Wednesday, June 13. This group, comprising approximately 12 candidate and recent graduate members, will address challenges candidates face in

training. More specific goals will be sharpened during the meeting. This group will produce a publication and/or presentations at its conclusion.

In the continued spirit of innovation in candidate involvement, Navah Kaplan has submitted a proposal to the American Psychoanalytic Foundation for funding for the Candidates' Scientific Paper Prize that would enlarge the scope of the program. The proposal added the component of a Candidates' Writing Workshop to further the aim of helping candidates learn to write analytically. Monetary awards will continue for the winner and runner-up of a Candidates' Scientific Paper Prize.

After four years as CC Program Committee chair, Phoebe Cirio will step down from this position after the June meeting. Her contributions to the scholastic branch of the Candidates' Council have been outstanding and greatly appreciated. Sarah L. Lusk, who is an adult candidate at the Psychoanalytic Institute of New England (PINE) and child candidate at the Boston Psychoanalytic Society and Institute (BPSI), will take her place. Lusk will be an excellent addition to the Candidates' Council's Steering Committee, and I welcome her to her new role.

The *Candidate Connection Newsletter* is also seeing a shift in leadership. Editors Michael Garfinkle and Jamieson Webster stepped down at the end of last year. I thank them both for their valuable contributions. Replacing them is Graciana Lapetina, a candidate from the Institute for Psychoanalytic Education. I welcome her to our community and look forward

to her contributions. As in the past year, the newsletter will continue to be printed electronically.

In order to increase the presence of candidates on the APsaA website, and provide easy access to information about the Candidates' Council, chair of the Digital Media and Communications Committee, Vanessa Sinclair, has been working tirelessly with the National Office over the course of this academic year. At the time of this writing, the staff at headquarters is putting up a new link within the main home page with updated information on the Candidates' Council. Sinclair is also working to expand communication of candidates through the use of Ning, a social networking platform designed to inform candidates of one another's practices. As the use of technology expands, these services become increasingly crucial to maintain contact, foster communication, and learn about our colleagues' work.

The CC Executive Committee has also been working to further the candidate cause. In addition to her work on the Candidate Paper Prize, Navah Kaplan has been helping to coordinate the candidate party for the June meetings. Jamie Cromer has been working on the Travel Grant Program, which will be awarded to several candidates during the Annual Meeting in Chicago. Valery Golden has continued her efforts with the Master Teacher Award Program, particularly discussing with her committee how to operationalize the selection of master teachers and how to create a committee of judges.

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Psychoanalytic Treatment of Psychosis

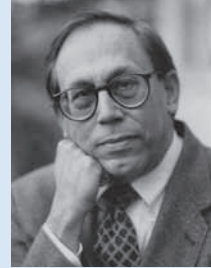
Part Three of a Three-Part Series

Introduction

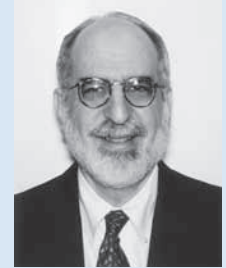
Michael Slevin and Eric R. Marcus

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 previous two issues of *TAP*, authors discussed the research supporting the use of psychoanalytically informed treatment for patients with psychosis, followed by the use of psychoanalytically informed treatment in a variety of settings. We conclude the series with articles by Eric Marcus and Danielle Knafo. Marcus considers the relationship between creative process and psychosis. Knafo wraps up our series of articles with a discussion of how we can train students and candidates to work dynamically with psychosis and, when doing so, allow the patients to be our teachers.



Michael Slevin



Eric R. Marcus

APSA

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*.

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

Working at the Limits of Human Experience

Danielle Knafo

While many may find psychosis frightening or untreatable by psychoanalytic methods, I

Danielle Knafo, Ph.D., is a professor at Long Island University, faculty and supervisor at NYU's Postdoctoral Program in Psychoanalysis. Her most recent book is titled *Dancing with the Unconscious: The Art of Psychoanalysis and the Psychoanalysis of Art* (Routledge, 2012).

never have. In fact, I feel excited and privileged to work and create at the frontiers of human experience. I have devoted three decades to studying and writing about creativity, and during that time I have treated dozens of individuals diagnosed as psychotic. I have come to view psychosis as a creative



Danielle Knafo

response to some unbearable situation, a daring and dangerous radical departure from ordinary forms of coherence that almost always contains the hidden key to its own creative resolution.

Additionally, I perceive some similarities between psychotic experiences and the products of creative artists, though the two endeavors are clearly different. Both involve fluid, regressed self states and access to unconscious processes; both create new worlds to deal with pain; both are attempts at healing what is broken; both offer alternative ways of viewing and experiencing reality. All acts of creativity take place on the threshold of the unknown.

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Human Experience

Continued from page 17

ROLE OF REGRESSION

My experience working with individuals in hospitals, institutional settings, and private practice has convinced me that regression is sometimes a necessary part of the healing process; we sometimes must go back in order to go forward. Like Winnicott, I view regression as a psychic interruption or breach whose underlying purpose is to return the patient to a traumatic episode or constellation of such episodes in which a reactionary, armored self developed. The defenses formed against such trauma prevent psychological growth and limit the self's possibilities. The regressive return offers the opportunity for self-repair by working through the original trauma in a safe, holding environment.

...regression is sometimes a necessary part of the healing process; we sometimes must go back in order to go forward.

Despite convincing evidence connecting psychosis to trauma (Monica Aas, Warren Larken, Anthony Morrison, Andrew Moskowitz, Ingo Schäfer, Martin Dorahy, John Read), this tie continues to be overlooked or minimized in modern psychiatry, which prefers to relieve symptoms with medication rather than explore their meaning with the patient. There has been a medicalization of mental illness, a development that I believe has deleteriously affected the care of those who suffer. Other than studying the brain's neurobiological functioning, too few continue to study how the mind goes astray. Beginning in the 1960s, for reasons which Orna Ophir explicates well, psychoanalysts by and large turned over the care of psychotic individuals to psychopharmacology, thereby relinquishing their unique methods of treatment and research. One patient said to me in the midst of a psychotic break, "My childhood was one big emergency. I couldn't get out of it. I could only hide. Now they want me to hide inside a pill jar."

So many patients I have seen have told me that though their doctors asked whether they heard voices, they hardly bothered to

inquire what their voices said, or whose voices they were, or whether the voices were experienced as helpful or harmful. In response to not being heard, the Hearing Voices Network represents a wonderful development: Those who hear voices congregate to help themselves and each other by asking exactly these questions and more, as described by Gail Hornstein.

It is not true that all psychotics are rigid, lack motivation, and fail to develop transference feelings or that they cannot experience conflict or insight. A patient I saw became delusional and insisted he was going blind. He then exhibited what Ping-Nie Pao called "organismic panic." No sooner did we complete a session where he felt a sense of progress, than he dismantled it completely, renouncing any perceived gain. His thoughts were broken; his self was in pieces. Here was

Bion's idea of "attacks on linking" in the flesh. He had seen and felt too much and so he blinded himself in his attempt at restitution. To convey the primal terror he was experiencing, he said, "I feel so helpless, as if I was literally just born and someone is saying, run this company for me." His destruction of sight reflected the need to rid himself of perception and thought, the very structures that could distinguish the subjective and objective aspects of reality. His "sickness" became the manifestation of his breakdown.

BREAKTHROUGH OR BREAKDOWN

My patient insightfully observed that he did not know if he was experiencing "a breakthrough or a breakdown." I have learned that sometimes a breakdown is, with effective treatment, the beginning of a breakthrough. Little by little, we began to observe what Franco De Masi termed "psychosis-free intervals," during which he started to do some psychological work aimed at understanding and "seeing" the meaning of his psychotic construction. As the intervals of lucidity grew, the psychosis dissipated. Insight gave way to eyesight.

Though psychoanalytic work with psychotic patients can be extremely difficult, it can also be highly effective and profoundly rewarding. This is why I chair a doctoral program in clinical psychology that trains students to work dynamically with serious mental illness. As far as I know, it is the only one of its kind in the United States. Many of my students tell me it is the first time they hear that schizophrenia is not necessarily a lifelong illness whose symptoms must be stabilized with medication and for which there is no recovery. Imagine what options this opens up for them as well as their patients! Now my students report helping their patients' progress in many ways: Their patients learn to smile more, interact with others, and cultivate more interests. They learn to have hope.

I have always seen psychotic individuals in my private practice. Thankfully, I am not alone. I have been influenced by British object relations analysts who never shied away from extreme states of human experience, people like Klein, Bion, Winnicott, and Khan. I am a member of the International Society for the Psychological and Social Approaches to Psychosis (www.ISPS.org), an organization whose goal is to promote humane understanding and treatment of psychotic distress and does not regard medication as being, necessarily, primary in this treatment or the first treatment of choice.

Recently, I was thrilled to hear Christopher Bollas say that psychoanalysis is the treatment of choice for psychotics. He explained that when a patient of his is having a psychotic episode, he cancels all other sessions for the week and sees that patient every day for the duration of his workday. Bollas's approach is to see the psychotic person four to five days a week, attempt to understand his or her reasoning, and then communicate that meaning to the patient. He emphasizes how it is reasonable for that person to behave and think the way he or she does given the specific historical and psychic circumstances. When I work with someone in an acute state of psychosis, I, too, maintain daily contact with the person until the episode subsides.

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Creativity in Psychosis

Eric R. Marcus

Creativity in psychosis has two aspects: the making of the psychotic symptom and the use of these phenomena.

To create a symptom, the primary process captures an area of reality experience of high emotional valence, constructing from it a symbol which reality testing erroneously affirms. This psychotic condensation appears in consciousness as a "thing presentation," which is an intense, sensory-affect object. Experienced as though it were an object in the external world, it arrives in consciousness over sensory perceptual channels, through which it expresses its associated affect and encodes its ideas.

The thing presentation is thus a condensation in reality sensory experience of emotional conflict in a form of compromise.

Choosing the reality nidus and altering it is a creative process using condensation, displacement, symbolization, and secondary revision. Some of these products of the dreamwork phenomena are concrete and hackneyed, others are ingenious and unique. However, once constructed the psychotic symbol remains reified, rigid, unchanging, stereotyped, and stymied in its growth and development. In psychosis, accessory ego functions are damaged and/or dissociated from the psychotic symbol. It cannot be further used creatively, existing in *status niscendi*, instead of as a true plastic representation. The patient experiences it as literally true and therefore nothing further can or need be done with it.

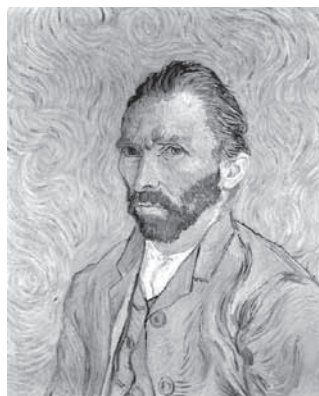
CREATIVE PROCESS

True creativity does not occur in either reality experience or emotional experience

but rather in the plastic mix of both described by Winnicott as the transitional space. Creativity involves both primary and secondary processes, organized by complex ego functions called tertiary processes. First described by Silvano Arietti in 1976, tertiary processes integrate symbolic representations and use them for creative purposes: growth and development, and adaptation to inner and outer worlds. Tertiary processes are complex ego functions that synthesize primary and secondary process products to form complex affect cognitions. They are a hallmark of the highest cognitive functions.

Psychotherapy and psychoanalysis focusing on the psychotic thing presentation look carefully at sensory detail and the affective experiences condensed with that sensory detail. As the affective experiences become more fully conscious, articulated, and investigated, the

concepts condensed in the thing presentation emerge. The condensation opens up into its component parts: reality experience, emotional experience, and their symbolic alterations. These different aspects of the experience are all valid but refer to very different epistemological areas and statuses. Decondensation strengthens observing ego and reality testing. Once decondensed, the elements can be recombined in new representations that are truly plastic, expressing an affective rather than a literal or concrete reality.



Vincent Van Gogh
self-portrait, 1889

Psychoanalysts do this well; it is how they work with dreams, with fantasy, with art, with literature, and with group symbolic representations. Medication can be helpful, strengthening percept-concept-affect boundaries.

Personality defenses, which are well suited to psychoanalytic and psychodynamic work, surround the psychotic symbol guarding it from observing ego and reality testing. Core personality conflicts appear in the psychotic symbol.

As the work opens up more of the psychotic process, the observing ego is given more information about the dynamics of the capture of the reality chosen for symbolic use.

One can see these processes at work in art. Van Gogh, Munch, and Rothko, all likely had psychotic mood disorders and painted during episodes, even as their moment of suicide approached. Their works are creative because the artists' trained tertiary processes were intact, though the iconography was impoverished relative to that in earlier work. They were unable to use the representations of their illness in their work. Art produced during an episode of the illness

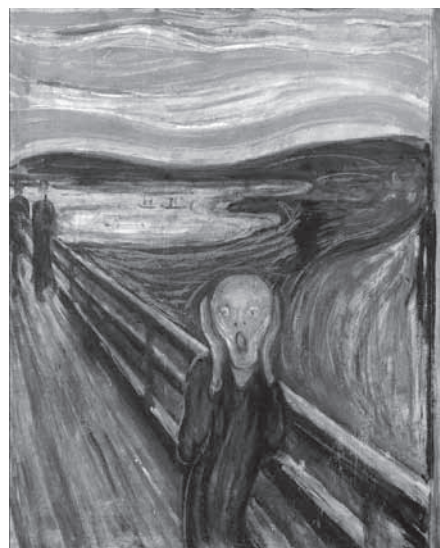
shares the organizing features of the illness.

The ego can be creative even when in the throes of psychosis, whether the patient is an artist or not. As therapists, we use this in our work. We help our patients understand the meaning of their psychotic symbols as they reach creatively for new and more adaptive compromises.

Thus, the psychoanalyst has much to offer patients who suffer from psychosis.



Mark Rothko self-portrait, 1936



The Scream, Edvard Munch, 1893

Human Experience

Continued from page 18

Working analytically with psychosis requires dedication and patience. It involves meaning making on the part of both analyst and patient. In fact, one of the main reasons patients stop taking their medication, aside from the severe side effects, is because their symptoms contain the meaning they give to their lives and without meaning humans prefer not to live.

Michael Eigen, author of *The Psychotic Core* and many other books detailing therapy for serious psychopathology, has worked with psychotic patients for 50 years. He told me, "Through contact with 'madness' I contacted myself in important ways." Indeed, it behooves us to consider the ways we can grow by working with those experiencing extreme states of consciousness. Again, Eigen said, "This work enabled me to develop and use myself, to grow in caring and resourcefulness." Eigen's comments remind me that Harold Searles, in 1977, wrote that the more ill the patients, the more they become our therapists. It is common knowledge that psychotic patients read our unconscious minds

It is common knowledge that psychotic patients read our unconscious minds and that "reading" can benefit us by expanding our self-awareness.

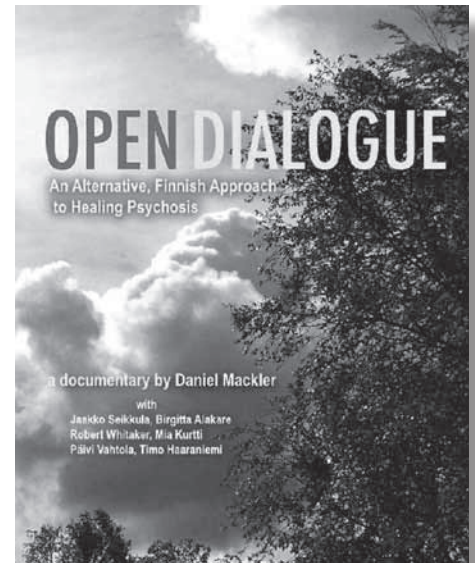
and that "reading" can benefit us by expanding our self-awareness. Their use of projective identification also requires that we "stretch" ourselves from habitual ways of being to inhabit others' fantasies, Thomas Ogden said.

I find it helpful in my work with psychotic patients to be alert for what Edward Podvoll called "islands of clarity," areas where function and ego integrity still exist. *No one is 100 percent psychotic.* What parts still function well? How does one align oneself with those parts? Podvoll, a Buddhist, reminds us not to be too symptom focused and to take a history of sanity as well as one of illness, paying special attention to the patient's repulsion to his or her symptoms, as well as the wish to

feel well again, his or her sense of courage, and the urge for discipline and order. An example is a patient of mine who confessed to battling rats for nearly one hour each day outside my building prior to our sessions. One could easily chalk her statements up to dark and pervasive hallucinations confirming her schizophrenic diagnosis. Or one could see, as I did, her courage to fight through her symptoms in order to reach me and her determination to let nothing stop her from continuing our treatment. Podvoll called for compassionate action in the treatment of psychosis. Indeed, the ground of the treatment is a compassionate relationship.

NOVEL APPROACH IN FINLAND

My experience has shown me that it is frequently feasible to reverse a psychotic process when one intervenes quickly after a first break. Daniel Mackler's recent documentary, *Open Dialogue*, demonstrates how in Finland an approach to the treatment of psychosis has been developed which involves immediate intervention (after the first break) with teams of practitioners working on a daily basis with families and the client, in order to avoid lifelong hospitalizations and stigma.



popular belief that "once a schizophrenic, always a schizophrenic." I find it rather frustrating to hear professionals comment on a recovered schizophrenic patient by claiming they were surely misdiagnosed because they could not truly be schizophrenic if they recovered. Yale graduate, law professor, schizophrenic, and author of *The Center Cannot Hold*, Elyn Saks wrote that though medication helped her, it is psychoanalysis that saved her life.

Our entire approach to treating severe and persistent mental disorder in the United States needs to be seriously reevaluated. Sometimes medication is necessary and helpful. But the person is first and foremost a living relational being whose derailment is often rooted in trauma. Unless we take the time to listen to our patients and hear what they are saying, the problems are likely to persist and become chronic. Ronald Bassman, a psychologist who was hospitalized and diagnosed with paranoid schizophrenia when he was young, writes to the real psychiatrists he has known and to those he never met:

This state you call schizophrenia has a vastly different meaning to me. Dangerous, yes, but for those of us who must battle the "disease" of feeling too much, of seeing what others do not see, and not meeting expectations that were never our own, it is ripe with opportunity to transform ourselves.

APSA

Aspects of Child Analysis

Anita Schmukler and Paula Atkeson



Anita Schmukler



Paula Atkeson

When we examine the work of child analysis and child therapy, what do we find that distinguishes these two modes of treatment?

In current discussion of the topic, emphasis is upon frequency of sessions, with the concurrent challenge regarding frequency. In fact, it is the close connection among frequency, analytic stance, and interventions (including interpretation of defenses and transference) that determines whether an analytic process is taking place in work with a child.

One feature that distinguishes work with children is attention to particular developmental issues: delays, lags, fixations. In work with children whose primary symptoms are of neurotic origin, the developmental issues are part of the analysis. A misperception in modern times has been that helping children return to the path of development is the goal of treatment. This notion fails to give sufficient attention to the analysis of neurotic conflicts and may attend more to behavioral manifestations than to internal conflicts and defenses.

Anita Schmukler, D.O., is a training and supervising analyst and child supervisor at the Philadelphia Center for Psychoanalysis; supervisor of child analysis at the Psychoanalytic Institute of NYU, the Western New England Psychoanalytic Institute, and the Cincinnati Institute of Psychoanalysis.

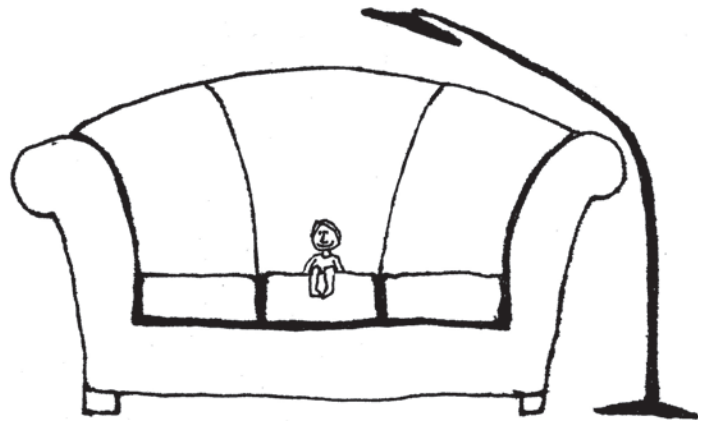
Paula Atkeson, Ph.D., is a training and supervising analyst, and supervisor of child analysis, at the Baltimore Washington Institute for Psychoanalysis. Atkeson is one of the founders and governing board members of the Jenny Waelder Hall Center for Children.

Of primary importance is the assessment of the child's difficulties. Neurotic conflicts that are firmly rooted, in a child with good ego strength, are generally most responsive to analysis. In these cases, greater frequency permits more opportunity to interpret defenses and transference. One aspect of assessment for child analysis is the way the child engages with the analyst and the response to early interventions. Internalized conflict and access to imaginative fantasies are crucial.

CHOOSING THE RIGHT TREATMENT

For children with ego disturbances, psychoanalytic psychotherapy may be the treatment of choice, even when the frequency of meeting is four or five days weekly. This may help the child in developing ego strengths.

In comparing and contrasting such cases, only a careful examination of process notes of many child cases of similar age and



Karen, bright, curious, and psychologically minded, constructed play in which a good deal of transference references was patent. Gentle, careful work with this material led to some elaboration of her feelings, but she was not able, in her twice-weekly sessions, to work with transference conflicts. Why was analysis not utilized in this case? While in some cases the choice of treatment is based upon psychological problems and ego structure, in this case it was based upon the child's living about 90 minutes from the closest psychoanalyst and her being one of seven siblings, two of whom were physically challenged. Thus, the burden on the family was a consideration in making a recommendation.

One aspect of assessment for child analysis is the way the child engages with the analyst and the response to early interventions.

pathology in which one child is treated in analysis and another in therapy can demonstrate this perspective.

With respect to transference, here is a brief example of two children Anita Schmukler treated.

Two nine-year-old girls had been in treatment for three years, one in analysis and the other in therapy. Both exhibited symptoms related to conflicts with their mothers, both of whom were relatively isolated from their daughters, while also spending a good deal of time away from home in work-related travel.

Stephanie was in a four-day/week analysis and, at nine, had developed a capacity for insight and work with analytic material. Dealing with similar issues in play to those that Karen had brought, she constructed play in which a large toy cat had a mother who stayed away for "four years" on business trips. In the play, the girl moved with her father and siblings to 213 Main Street.

After examining the associated feelings from many perspectives, Schmukler wondered about the relation between 213 and 212, her office suite. Stephanie looked surprised at first

Continued on page 22

Child Analysis

Continued from page 21

and then, tearfully, said she wished that she lived next door to Schumkler's "real" home so that the analyst could "share in the mothering" and help the little girl to grow.

There were multiple implications for positive and negative transference and these were examined in depth.

IS CHILD ANALYSIS REAL ANALYSIS?

WHAT WOULD FREUD SAY?

Even in 2012, we hear from some colleagues that "child analysis is not real analysis." In reply, we can suggest that they examine child analytic cases for evidence of work with defenses, transference, object relations, and the multiple perspectives from which we work. Examination of structural change and effective work at termination would also illuminate the study.

...the description of child analysis as simply resolving the interferences to progressive development does not convey the complexity of what takes place in child analysis.

Child analysis involves regression in the context of the transference and analysis of conflict and defense, as well as addressing impediments to development, but the description of child analysis as simply resolving the interferences to progressive development does not convey the complexity of what takes place in child analysis.

Freud did not think that analysis of children, in the depth to which we analyze adults, was possible. In 1909, commenting on Little Hans and the work that his father did with him, Freud wrote:

It was only because the authority of a father and of a physician were united in a single person, and because in him both affectionate care and scientific interest were combined, that it was possible in this one instance to apply the method to a use to

which it would not otherwise have lent itself. No one else, in my opinion, could possibly have prevailed on the child to make any such avowals...

So Freud, at least in 1909, could not fathom analysis of transference in a child. His view seems to have affected generations of analysts since that time. Freud's daughter, Anna, developed methods of analyzing children and tried to find compromises between the analytic methods established for adults and the educational approach that children were thought to require. Anna Freud resisted the notion that children could develop intense transference neuroses in the course of analysis.




that is so arduous and time consuming, especially if the conviction about the vast potential of analytic treatment is not present.

SUBSTITUTING PLAY THERAPY FOR THE COUCH

Melanie Klein also tried to apply methods for adults in working with children. Initially, she tried to use the couch with young children, and looked for free associations in this manner. She soon discovered that this was not a feasible approach, and she evolved a mode of play therapy that was substantively more fruitful. Overall, adult psychoanalysis was the model for working with children, which both delayed progress in the field of child analysis and conveyed an impression that child analysis was not "full analysis." That construct has influenced generations of clinicians and is worthy of deep and thorough examination.

CONTEMPORARY VIEW

Today we attend to transference neurosis in children, we work with perceptions of analyst as both transference object and developmental object and both are subjected to analytic scrutiny. We are aware that educational approaches, when they arise, can be subjected to analysis as well.

From this perspective, we can see that the analysis of children and adolescents is, indeed, analysis. 



A Case of Matricide

John C. West

Victor Bruscatto suffered from severe mental illness when he came under the care of Dr. Derek O'Brien. He had been diagnosed, over the course of his life, with



John C. West

mental retardation, pervasive developmental disorder, schizophrenia, an unspecified psychotic disorder, organic mood disorder, intermittent explosive disorder, and pedophilia. Bruscatto had expressed homicidal thoughts toward his parents, with whom he resided, and had physically assaulted them, as well as others. He also experienced auditory hallucinations that commanded him to kill people or to molest girls. He was prescribed Zyprexa and Luvox to help control his behavior.

In May 2002, O'Brien discontinued the Zyprexa and Luvox because he was concerned that Bruscatto might develop neuroleptic malignancy syndrome (NMS), a relatively rare disorder. O'Brien's expert witness later testified that discontinuing these medications was the wrong course of treatment and not medically justified.

INDICTED BUT INCOMPETENT TO STAND TRIAL

Without medication, Bruscatto's behavior became more erratic and difficult to control. He began having nightmares, panic attacks,

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and bouts of heavy sweating. Bruscatto also started hearing voices telling him to kill, and he became increasingly hostile toward his parents. On August 15, 2002, Bruscatto killed his mother by striking her head with a battery charger and then stabbing her 72 times. He was indicted for his mother's death, but was found not competent to stand trial and was never convicted of a crime. Shortly after the time of the homicide he was committed to Central State Hospital, where he currently resides.

Bruscatto, through his guardian, brought suit for medical malpractice against O'Brien. The trial court dismissed the suit on public policy grounds. It reasoned that Bruscatto should not be entitled to profit from the murder of his mother. The Georgia Court of Appeals reversed the judgment of the trial court. *Bruscatto v. O'Brien*, 307 Ga.App. 452, 705 S.E.2d 275 (Ct. App. Ga. 2010). An appeal to the Supreme Court of Georgia ensued.

The Supreme Court of Georgia held that, when one knowingly commits a wrongful act, he cannot benefit from his wrongdoing. The court reviewed all the evidence of Bruscatto's mental illness and ruled that his psychiatric condition prevented him from exercising a reasonable degree of care to prevent him from taking improper and illegal actions. It further noted that Bruscatto had never been convicted of a crime with respect to his mother's death.

CRIMINALLY INSANE CAN SUE DESPITE SLAYER STATUTE

The Supreme Court of Georgia had recently ruled on the Georgia "slayer statute." In *Levenson v. Word*, 286 Ga. 114, 686 SE2d 236 (Ga. 2010), the court held that one who feloniously and intentionally killed the deceased will be precluded from inheriting from the estate of the deceased. This holding was in line with the *Levenson* case.



Accordingly, in a unanimous decision, the Georgia Supreme Court affirmed the judgment of the court of appeals (finding Bruscatto was entitled to sue) and sent the matter back to the trial court for trial. A key factor in this case was that Bruscatto was never found guilty of a crime and probably never will be. This leads to the conclusion that Bruscatto's action was not intentional for the purposes of forming the requisite legal intent to commit a crime. Since Bruscatto was incapable of forming the legal intent to commit the crime, his action could not be felonious.

Treatment planning for patients with mental health needs can raise complex and difficult issues requiring careful management in the psychiatric practice. Changes in treatment plans should be approached cautiously with due regard for the safety of the patient and those around him. O'Brien's own expert testified that Bruscatto should have been hospitalized to determine whether he had NMS, and, with the benefit of hindsight, that would probably have been a more appropriate course. Changes in treatment plans need to be objectively justifiable and be made in the best interest of the patient and, where appropriate, the public at large.

In order to defend a case like this, the mental health professional needs to show that s/he was duly diligent: (1) the patient was assessed appropriately, (2) the interventions contemplated were objectively justifiable, (3) due care was taken to ensure the safety of the patient and others around him/her, (4) all steps in the process were carefully documented, and (5) the standard of care was met. To do less is to invite liability.

O'Brien v. Bruscatto, 289 Ga. 739;
715 S.E.2d 120 (Ga. 2011)



From the Unconscious

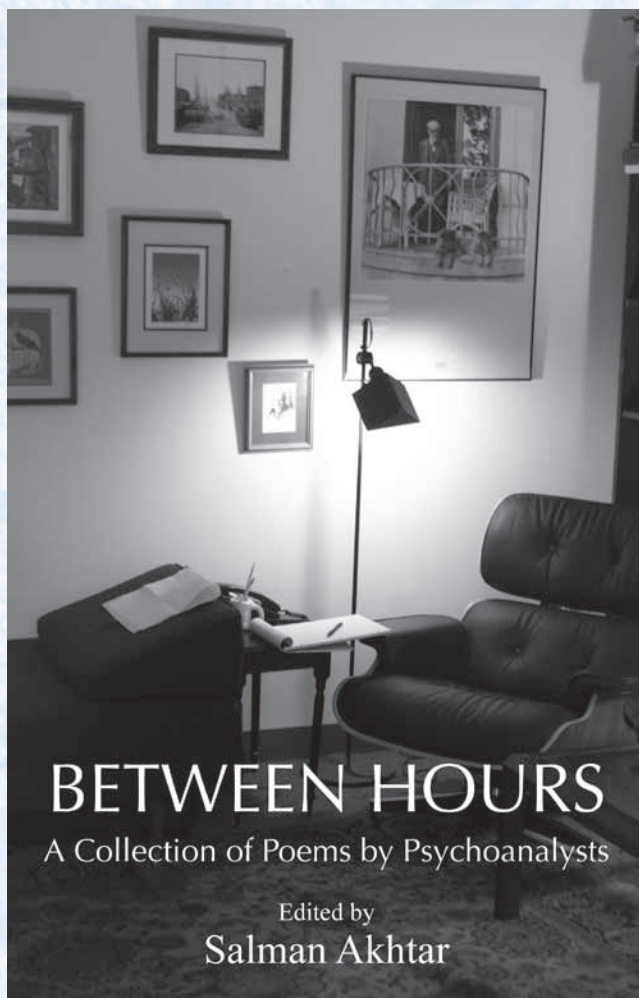
Sheri Butler Hunt

poetry

Between Hours is a new collection of poetry put together by Salman Akhtar. It was a labor of love for Akhtar and the 10 poets whose work is featured in the anthology. A unique compilation, it features solely poetry written by psychoanalysts. These are the hidden weavings, inner visualizations, and middle-of-the-night connections produced by the deep workings of psychoanalytic inspiration.

Ten poets, 10 thumbnail sketches of each poet, and 10 poems each, a prologue, and an epilogue comprise this slim volume.

The poems on the following page give a taste of what is in the anthology; a collective of wisdom and creation.



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

poetry (continued)

Conceptions

A big black cloud
dropped two smiling raindrops
in the purple courtyard
of the lotus on a satin lake.
A blue owl
and a pink mynah
flew out of the flower.
And the flower undulated with waves of lusty pride.

—Salman Akhtar

Worthless Angels

On this fork in my trail
Who can truly sense my conflict?
Who can show me the right path?
The one who cries with my pain
does not know
which way to go.
The one whose counsel is astute
feels not my longing to take the other route.

—Salman Akhtar

Poetry in the Suburbs

(The reporter asks, "Why would this suburban town need a poet laureate?")

We don't need poetry in the suburbs, here.
We have drive-thru, and take-out, and delivery
and that is plenty.
We have no midnights, where fear grows teeth
and no daylight to pull them; we have burglar alarms.
No ball ever bounces foul here; no hero quails.
We have X-box.
No mother sits vigil by her child's bed at night,
her chest so tight she hitches her breath
and offers everything she has,
everything she will ever have,
grasping for the words to make the promise
and the strength to say it—"please."
We don't need poetry here.
No girl's heart peers out from beneath the thorn bush of her
discontent;
No colt-legged boy wears his like a beacon, or a chain.
We have free parking, and mowed lawns,
And the smell of new paving never leaves the air.
And if the tattered man at the off ramp, holding a sign
"Homeless—Will work—Anything helps—God Bless"
Makes us tremble and look away, we don't need a way to say to him,
"If what I think of you is wrong, I am most humbly sorry,"
Nor a way to go home afterward,
and say to one another, over and over again, like poets do,
how easily it all can be, will be, lost.

—Rebecca Meredith

Therapeutic Dyad

Continued from page 1



Graham L. Spruiell

Nevertheless, Eist was fined for refusing to cooperate in a timely fashion. This disciplinary action was reported to the National Practitioner Data Bank.

Consider the disturbing implications that can be drawn: If a Maryland physician is contacted by the board, the physician must comply with its demand for confidential patient information, even if that compliance represents a violation of professional ethics, violation of fiduciary responsibility to the patient, and an act that could potentially harm the patient. In this scenario the ethics of the physician and the welfare of the patient are interdicted by statutory policies of the board.

An ethical dilemma meets a disquieting ending in Maryland: "My code tells me that I should not violate my patient's confidentiality, but the board informs me that according to statute I must do so during an investigation. To avoid being disciplined, it appears that I have little choice except to comply with the board's demand to disclose confidential information without my patient's consent."

MATTERS OF CONSCIENCE

During the Vietnam War, the term, "conscientious objector," was a common phrase. This phrase assumed that if someone was morally opposed to war, that person should not be forced into combat. Physicians have historically enjoyed similar rights of conscience. A physician, for example, cannot be forced to perform an abortion, participate in assisted suicide against his ethical beliefs, or engage in a treatment that he believes will be harmful. As a time-honored tradition, physicians have not been coerced into violating confidentiality, unless there was a subpoena from a judge or statutory requirement.

In the Eist case there was a statute that specifically allowed the board to access PHI

during an investigation. Eist was disciplined for failure to comply *soon enough*, even though his hesitation was in line with his ethical beliefs and was a matter of weighing competing interests. He was disciplined for taking time to consider his ethical responsibilities before replying to the board, showing that mere consideration of medical ethics can be grounds for disciplinary action.

Will other state boards follow Maryland's lead? Given that the Federation of State Medical Boards filed an amicus in support of the Maryland Board against Eist, other boards bear watching. If our professional ethics are to retain their intended meanings, the Maryland statute should be overturned, and efforts in other states to enact similar legislation must be opposed by our professional organizations.

Despite huge financial and personal sacrifices to himself and his family over many years, Harold Eist heroically persevered in doing what he believed was right as a physician and right for the integrity of his profession, and ultimately what was right for his patients. The American Psychoanalytic Association has supported Eist in friend of court briefs, and he received a Profile in Courage Award from the American Psychiatric Association.

PPACA AND PRIVACY

The Eist case is an important example of a psychiatrist weighing his responsibility to his patients and the board; but clinicians face similar dilemmas. As part of the Patient Protection and Affordable Care Act (PPACA), the Electronic Health Record (EHR) poses a tremendous threat to confidentiality and the clinician-patient relationship. The Health Information Technology for Economic and



Clinical Health (HITECH) Act requires that physicians and other clinicians enter personal health information into the EHR. Failure to do so will result in penalties in the form of decreased Medicare/Medicaid reimbursements. Additionally, some states are mandating familiarity with the EHR as a requirement for licensure.

The dilemma that Eist faced may not be so far removed from our own experiences. We will be figuring out whether our primary responsibility is to our patients—or to our board overseers, payers, private insurers, and the government. This defining dilemma represents the most critical conflict of interest,

a conflict that biases the clinician in favor of third parties over the patient, and threatens to undermine the clinician-patient relationship.

I suspect that most clinicians, if put in the position of Eist, would be willing to accept the board's reinterpretation of their "ethical duties" to their patients, as a way of avoiding disciplinary action for noncompliance.

Similarly, if those same clinicians were informed that they were required to enter confidential information into the EHR in order to receive full compensation and maintain their licenses in good standing, most would likely comply rather than run afoul of the board.



Harold Eist

Continued on page 27

Candidate Connection

Continued from page 16

I have continued in my efforts to launch the Pilot Mentorship Program. At the time of this writing, I have corresponded with several institutes about participating in the trial program. I hope to have more information about how to implement the program by the time of the Annual Meeting.

As I have illustrated, members of the Candidates' Council are working

diligently to further candidates' presence in the organization and enhance their training experiences. Consider joining us in our work. There is no better time to get to know APsaA's organizational life, network, and develop a sense of analytic identity than during one's training, when so many opportunities are available. You may contact me (hilli@dagony-clark.com) or any other member of the Candidates' Council's Executive Committee for further information. I hope to see you in Chicago.

APSA

Editor's Note:

This is an abbreviated version of the "President's Letter" from the most recent issue of the Candidate Connection which can be read in its entirety at http://www.apsa.org/Publications/The_Candidates_Council_Newsletter.aspx.

Hilli Dagony-Clark, Psy.D., is president of the Candidates' Council.

Therapeutic Dyad

Continued from page 26

WINDOW OF OPPORTUNITY

I am not confident about the outcome if we keep moving in this direction, but there is still a small window of opportunity. Whatever happens with the PPACA and the EHR, if it can be legally established that the patient "owns" information contained in the medical record, information that was voluntarily proffered by the patient, and retains the right to safeguard that information, then the EHR can become patient-centered, a step beyond current technology. In a patient-centered EHR the patient (or surrogate) alone determines disclosure to intended recipients, like a bank account. If, on the other hand, the EHR comes to mean the breaching of millions of medical records in the cyber-ether, loss of confidentiality, and loss of trust in the clinician-patient relationship, then the EHR represents a giant leap backward.

The Committee on Government Affairs and Insurance (CGRI) gladly accepts a window of opportunity and will be working with Jim Pyles (APsaA's legislative counsel) on a Patient's Bill of Rights. We look forward to presenting that work to you in the next issue of TAP.

APSA

Historic Invitation

Continued from page 5

APsaA has been interested in the treatment of so-called widening scope patients for over 50 years, but our training programs have not been particularly geared toward the treatment of these patients. Yet, we know that many of the cases our candidates treat are probably in this diagnostic category. In this regard, the focus of the WAWI model more clearly acknowledges that some of our control cases may not be amenable to the same technique of psychoanalytic treatment that is usually the treatment of choice for most neurotically organized patients. What kind of treatment is advisable for these patients? Are we training our candidates to recognize the full spectrum of psychopathology and to thoughtfully decide on the best treatment based on the needs of the patient? Having this focus included as a part of psychoanalytic training is truly one of the great strengths of WAWI. In addition, their training model includes supervised psychotherapy as a required part of their training program. These are differences we hope to study, become familiar with, and learn from.

Some individuals might ask if this means that our own institutes will be free to let our candidates see control cases at a frequency of

three times a week. To equate the differences between the APsaA and WAWI models only with the difference of minimum frequency misses the essence of their training philosophy, as we understand it. BOPS voted to make it official policy of the Association that any institute approved by the American Psychoanalytic Association wishing to adopt the WAWI variation in its entirety would be permitted to do so. This change, which would require a change in our standards, would be subject to the oversight of BOPS, with members from WAWI providing the leadership for such oversight, should they accept our invitation.

Finally, we would like to conclude with a broader reflection on the potential impact of this prospective historic union for the profession of psychoanalysis. At a time when mental health treatment in general has become fragmented, simplified, and at times dehumanized, a partnership of two organizations that have been leaders in the training and practice of psychoanalysis would provide a meaningful unified front. We hope that the White Institute's internal discourse in response to our invitation will reflect the same optimistic anticipation that such a proposed partnership will open many doors for collaborative research, increased public visibility, and ongoing dialogue, paving the way for the future for psychoanalysis.

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