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Flying Doctors Bring Hope, Help, and Healing

Mali A. Mann



A trip to Mexico can be a vacation for most people; for The Flying Doctors (*Los Medicos Voladores*), it is a mission of mercy. We go as a team in a small aircraft loaded with physicians, translators, volunteers, medicine, and supplies on weekend trips to provide medical and psychiatric services. Trips typically depart from Northern California on a Thursday morning and return on Sunday evening. We clear Mexican customs in Ensenada or Mexicali, and our return trip stops on the U.S. side of the border for customs and fuel for our airplanes.

THE ORPHANAGE AND THE ORPHANS

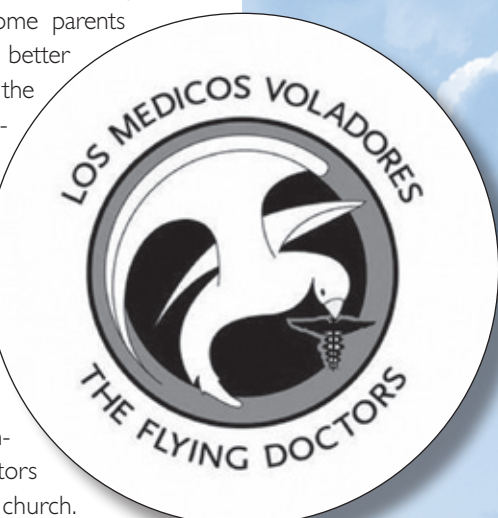
The orphanage I visit on a regular basis is located approximately 12 miles south of Chapultepec, the airport serving Ensenada, and can be reached by the local microbus. We wait at the side of the road until the small vehicle comes along, flag it down, and tell the driver where we need to go. This time he was very cooperative, for one of his daughters received dental care during our last visit.

Mali A. Mann, M.D., is training and supervising analyst at the San Francisco Center for Psychoanalysis. She is also an associate child and adolescent supervisor and adjunct associate professor of psychiatry and behavioral science at Stanford University Medical Center.

After a bumpy ride with mariachi music blaring from the speakers, we arrive at the orphanage to the shouts of greeting by the children who live there. There were 19 children when I first visited them in 1993. The number has now grown to 35, ranging in age from a few weeks to 14 years.

The children at the orphanage are cared for by a young married couple who themselves were orphans. They are devoting their lives to the care of these unfortunate unwanted children. Some of the children are orphaned because their parents are dead. Others were abandoned when their parents had no money to feed another hungry child or to buy medicine for a sick baby. Some parents think their children are better fed and cared for in the orphanage. They are concerned about their children's survival only in the physical rather than the psychological sense, the result of abject poverty.

There's a makeshift clinic nearby, about 100 meters from the orphanage, that the Flying Doctors established in a small church. Our organization has no religious affiliation but sometimes uses the facilities of churches, unions, farmers' associations, or community organizations to see patients.



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Republic or Monarchy?

Bob Pyles

When asked by a passing lady at the Constitutional Convention in 1787, "What have we got, Mr. Franklin, a Republic or a Monarchy?" Franklin uttered those now famous words, "A Republic, Madam, if you can keep it."

I am honored to address my friends and colleagues in my first column as your president. It comes at a particularly crucial moment in our Association. It seems that we are at a major crossroads.

The recent meetings of our Association in Chicago produced vigorous debate and controversy in both the Executive Council (our board of directors) and the Board on Professional Standards (BOPS). At the heart of the debate was a proposal that has come to be known as the PPP Proposal. This is a series of suggestions put forth by Rick Perlman, president of the Institute for Psychoanalytic Training and Research (IPTAR), Warren Procci, our immediate past-president, and me. The crux of the proposal was aimed at reorganizing the way we select training analysts and the way we carry out our certification.

These two issues, training analyst selection and certification, have been the two perennial flashpoints for internecine conflict in our Association for some 30 years. This seemingly endless argument has preoccupied us enormously and drained our individual and organizational energies, hindering us from considering those matters that are actual threats to our patients and our profession.

It has been difficult for us to focus on the external threats to psychoanalysis, such as government and third-party intrusion, the declining numbers of analytic candidates and patients, and our aging membership.

EXPLORING CORE VALUES

The primary purpose behind the PPP Proposal was to get the training analyst issue and certification squarely on the table in a way that they could no longer be avoided. In the entire history of our Association, to

my knowledge, there has never been a serious attempt to consider the training analyst issue in such a way as to examine its advantages and disadvantages, and perhaps to consider alternatives.

It is certainly true that from time to time BOPS has discussed the TA issue (e.g., the Project for Innovation in Psychoanalytic Education [PIPE]) and has made improvements, such as separating the training analyst function from the supervising analyst function. Most significantly, reinforcing the essentially clinical nature of training analyses some years ago, education and analysis were separated by creating a non-reporting "firewall" between the two. However, a discussion that goes to the basic premise of the system itself, to my knowledge, has never occurred. Our intention was to remedy this oversight.

When the PPP Proposal was introduced online in September 2011, some reacted to it as though the Apocalypse had arrived, while others felt that a new dawn had come. We attempted to make it clear that it was put forth as a work in progress and a matter for discussion and consideration, yet some viewed it as a threat to life as we know it. It is striking that this subject has been so taboo that startlingly few papers have been written by any of our educators or members since the foundation of this organization (although Sylvan Kaiser in 1984, did refer to the TA system as the primary "pathogen" in our educational system).

By the same token, certification, which is required to become a training analyst, has been a subject for considerable struggle. Although it is no longer the case, certification was once required to be a member of this organization. While it is true that certification has undergone a considerable number of



Bob Pyles

humanizing changes, nonetheless it remains an internal examination by the same body that is doing the educating, a clear conflict of interest. Our proposal called for certification to be automatically awarded at the time of training analyst appointment. Subsequent discussion has made it clear that a more acceptable solution would be to move certification to an external body, similar to the Accreditation Council for Psychoanalytic Education (ACPE), which credentials institutes.

ORGANIZATIONAL NEUROSIS

As with any good neurosis or character disorder, the point of origin of all of this difficulty goes back to issues from our organizational childhood. The first institute, the Berlin Institute founded in 1920, was organized along the lines of the German educational system with a heavy emphasis on the "Herr Professor" hierarchical pattern. This model for the formation of institutes and societies was imported almost unchanged by the founders of our four original societies, New York, Boston, Baltimore Washington, and Chicago.

From the founding of the American Psychoanalytic Association in 1911, and for many years thereafter, only physicians could receive psychoanalytic training. This was in stark contrast to Europe where, from the beginning, candidates from a variety of disciplines received training. This is also in contradistinction to Freud's suspicion of physicians as being rather poorly equipped to become psychoanalysts. Nonetheless, our Association clung to this position until the settlement of a lawsuit in 1988 compelled us to open up training to non-physicians. As with so many aspects of our training, change is resisted. The suggestion of any alteration in our familiar pattern raises the fear that the sky will fall if we admit "less qualified people." Thankfully, the sky remained firmly in place when we began to admit psychologists, then social workers and others, and this move has greatly enriched our Association.

In the first definitive work on group process, *Freud's Group Psychology* (1921), he pointed out that the cohesion of groups depended on either a central belief system or a charismatic leader. He described the

Continued on page 4

Republic or Monarchy?

Continued from page 3

entrance into such a group as requiring a certain suspension of critical judgment in order to buy into the core values of the group.

This is the point we arrived at in Chicago. Rather than being able to discuss the ideas and premises behind the issue of the training analyst system and whether there might be more suitable alternatives, the controversy devolved into demonizing and exaggerated fears. Some groups threatened to break away from the Association, fearing that a system unacceptable to them would be imposed, even though no such idea had been suggested.

Although it was stated over and over that this was an issue for discussion, and could be modified in any number of ways by discussions in BOPS and in other areas of the Association, nonetheless some saw this as an iron-fisted demand that the proposal's suggestions would have to be mindlessly adhered to. Nothing could have been further from our intention. At most, we were thinking of it as a kind of overarching philosophy within which different groups could operate as they saw fit.

Following a scheduled truncated discussion, the chair of BOPS announced the formation of a Reference Committee to determine whether the proposal was in compliance with our procedures, our bylaws and those of IPA, and New York law. In addition, BOPS voted to adopt the Revised Standards of Education, in spite of the fact that the leaders of the compromise that led to the Independent Pathway felt that that settlement had been unilaterally altered. Further, a straw vote was not allowed on the proposal by Lee Jaffe to allow some non-training analysts to serve on BOPS.

The reaction in Council the next day to what was perceived to be these "hardened" positions by BOPS was to vote to adopt "objective criteria" for the selection of training analysts as the policy of APsA and to encourage BOPS to find a way to implement that policy.

It should be clear that this was only one portion of the PPP Proposal. Following the Council meeting, it was my decision to form

a committee to oversee the Council action and to interact with the BOPS Reference Committee, with the aim of bringing about the discussion that we had originally intended.

The lines were then drawn as to whether Council has the right to intervene and to speak to an educational matter, which has traditionally been the province of BOPS. This is where we stand at the moment. It has become abundantly clear that as psychoanalysts we are trained in individual psychology and psychopathology, but we know very little about group function. We have now wound up in mutual armed camps where everyone is reaching for his lawyer. To quote Franklin again, "A countryman between two lawyers is like a fish between two cats."

ROAD MAP TO RESOLUTION

It is unfortunate that controversies among psychoanalysts, particularly about educational and theoretical issues, seem frequently to result in reaching mutually non-negotiable decisions. We cannot seem to tolerate an honest and open discussion about ideas, especially about educational and theoretical issues, without resorting to legalisms or threats of splitting.


I have confidence that the process between the Council and BOPS committees will lead us back to where I had hoped we would start, namely to a thoughtful discussion of the training analyst system and certification. To quote David Hume, a political philosopher from the 18th century Scottish Enlightenment, "Truth springs from argument amongst friends."

I am a great admirer of James Madison, "the Father of the Constitution." He was the author of our system of checks and balances whereby the three branches of government operate to keep each other from going off the rails, becoming too extreme. The genius of the Constitution is that it was not designed to protect an ideology. Instead, it allows for a creative process of continuous orderly change, in which all parties can be heard.

The Berlin academic model is not appropriate for our Association, which is both an educational and a membership organization. We should recall Freud's admonition that insulation and isolation of a group inevitably

leads to extreme positions. A system of checks and balances would be much more appropriate for our purposes. We should move from an academic model to one in which members, Council, BOPS, educators, and clinicians can all have a voice.

I have every expectation that this discussion will lead us to a richer, more vibrant, and healthier Association, which I hope will allow us then to return to those major issues that threaten our existence.

I would like us to be able to focus on Freud's vision of the true value of psychoanalysis—that it could become a major force for the public good. Understanding that the number of patients directly treated by psychoanalysis would always be relatively few, Freud felt that psychoanalysis should make a larger contribution to society through the use of psychoanalytic knowledge in education, science, and public policy. 

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Crisis in Governance: Who Sets Educational Policies of APsaA Institutes?

Colleen L. Carney and Lee I. Ascherman

At the APsaA Annual Meeting in Chicago, the Executive Council passed the following resolution:

It is the policy of the Association that the appointment of training analyst be based on objective and verifiable criteria, and the Executive Council encourages the Board on Professional Standards (BOPS) to develop methodology to implement this policy.

In this resolution, the Executive Council chose to usurp the Board on Professional Standards' authority and responsibility for educational decisions and the setting of professional standards in the training and education of our candidates. With this action, the Executive Council, APsaA's board of directors, ruptured the more than 65-year-old working agreement within our organization to honor the separation of membership issues from those pertaining to educational and standard-setting functions, responsibilities historically held by BOPS. The exclusive role of the Board on Professional Standards, which is clearly outlined in our bylaws, is to establish policies and procedures related to educational matters, approval of APsaA institutes, professional certification, and the qualifications for those who will analyze and supervise candidates in our 31 institutes.

With this action, Council has fundamentally redefined the locus of this standard-setting authority, its working relationship with the Board on Professional Standards as well as our organization as a whole, and has done so with relatively little input from our institutes or the general membership.

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

BOARD MODELS AND FUNCTION

There have been increasing pressures on the Board on Professional Standards to alter either its structure or its authority, most recently reflected in two proposals brought to the Board on Professional Standards for its consideration at the June meeting. One proposed to change the requirements that the Fellows of the Board be both certified in psychoanalysis and be training and/or supervising analysts, qualifications that are stipulated in our bylaws. The other proposal introduced a sweeping redefinition of the qualifications for training analyst appointment. Neither was voted on at the BOPS meeting. Instead, the discussion among the fellows clarified for the BOPS chair our need to explore the standard practices of allied health care professions as to the qualifications of individuals sitting on their respective standard-setting boards. It is and continues to be our position that we, like

APsaA and a complete rewriting of our bylaws. This is the recommendation of the recent Strategic Planning Task Force, a recommendation that restates the previous advice of numerous legal experts and professional consultants. Specifically, the task force suggested that APsaA "move to a governance structure, operations, and policy and procedures consistent with model professional association best practices."

SPECIAL CONGRESS OF BOPS FELLOWS AND EC CHAIRS, JANUARY 2013


The Board on Professional Standards is a body of institutes, each represented by two Fellows of the Board; the fellows and institutes are our constituency. It is of great concern to us that such a significant change to the role of the Board on Professional Standards has been proposed without the involvement of institutes and their representatives. Over the next

It is of great concern to us that such a significant change to the role of the Board on Professional Standards has been proposed without the involvement of institutes and their representatives.

all professions, have a responsibility to follow standard professional practices and to protect the public through a commitment to certification and formal peer review of clinical work.

Most professional organizations have their professional and educational standard-setting boards external to the membership organization or, as in the case of the American Psychological Association, it is firewalled within the organization, protecting it from pressures of individual or special interests bearing down on decisions that are educational and professional in nature. If the institutes and the membership really want to restructure APsaA or prefer APsaA to be a membership only organization, this might best be accomplished through a comprehensive reorganization of

few months, our highest priority will be to help the Fellows of the Board to speak to their institute leaders to learn how they would like the Board on Professional Standards to proceed under these circumstances.

We will hold a special two-day congress for the Fellows of the Board and for Education Committee chairs of all institutes at the 2013 APsaA National Meeting in January. As we develop the forum and focus of this special congress we will communicate this information to the fellows. Fellows of the Board and EC chairs will be informed of the details well in advance of the meeting. We urge all BOPS Fellows and EC chairs to attend the National Meeting in January 2013 and this extremely important congress. 

Chicago Meeting Highlights

Photos by Mali Mann and GERALYN LEDERMAN

**APsAA
AWARDS**

2012 TICH0 LECTURE

Immediate Past-President Warren Procci presented the Gertrude and Ernst Ticho Memorial Award to Nathan Szajnberg, M.D. Szajnberg then delivered his lecture entitled "Mimesis: Re-presentations of Inner Life in Western Literature and Their Contributions to Psychoanalytic Views of Humankind."

2011 JAPA PRIZE

JAPA editor, Steve Levy, presented the JAPA Prize to Jeanne C. Harasemovitch, L.C.S.W., for her paper, "(A) Temporal Dialectic: Creative Conversations Between Timelessness/Time and Transference," published in JAPA 59:6.



*Nathan Szajnberg,
Ticho Memorial speaker*



Ticho Memorial Reception



*Steve Levy presenting the JAPA Prize
to Jeanne C. Harasemovitch*

Chicago Meeting Highlights

Photos by Mali Mann and GERALYN LEDERMAN



Congressman Patrick Kennedy



Graham Spruiell and Dworky Rao



Barbara Rosenfeld and Ruth Shorr



Past, current and future presidents Marvin Margolis, Bob Pyles, and Mark Smaller

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Executive Council Meeting Highlights

The Executive Council deliberated and approved a number of governance-related issues, several important organizational issues affecting APsaA internally and externally, as well as a number of revised and new position statements at its recent June meeting in Chicago.

Among the governance issues, the Council, acting as the Nominating Committee, selected candidates to run for secretary and councilor-at-large in January. The Council also elected members from the Council to fill vacancies on six Council committees and elected new members of the *JAPA* editorial board. Formalized policies and procedures for APsaA elections were approved, as were proposed bylaw revisions that would allow electronic voting. The membership will vote on the proposed bylaw revisions in January 2013.

In addition, the APsaA election guidelines were amended to clarify that members of the Executive Committee, the chair and secretary of BOPS, the councilors-at-large, the editor of *JAPA*, the editor of *TAP*, the chair of the Program Committee, the chair of the Public Information Committee, members of the Nominations Advisory Committee, and others of significant visibility should refrain from publicly endorsing any candidate for APsaA office, making financial contributions to campaigns, or posting opinions about any candidates on the Association's e-mail lists.

ORGANIZATIONAL ISSUES

The Executive Council discussed APsaA's Strategic Plan. Warren Procci reviewed the planning process that had begun in January 2011. He noted that the Executive Council had spent the entire afternoon of its June 2011 meeting reviewing the goals and objectives of the plan with the planning consultant working with APsaA. At this meeting, the tactical initiatives, which are part of the Strategic Plan, were presented and endorsed. The tactical initiatives are the tasks designed to implement the goals and objectives of the plan.

At its January 2012 meeting, the Executive Council had approved a redesign and shortening of the June scientific meetings. At this meeting, it was reported that a consensus had been reached among the Executive Committee,

Program Committee, and Association staff that, in order to successfully create an innovative and exciting new June meeting, the Program Committee would need to take the necessary time to develop new formats and new content. The Executive Council endorsed the Association's not holding a June 2013 scientific meeting and is looking forward to the launching of the new meeting format in June 2014.

In the most impassioned portion of the Council meeting, the Executive Council discussed what has become known as the Perlman, Pyles, Procci Proposal (the PPP—a draft of a proposal aimed at reorganizing the way training analysts are selected and the way certification is handled in the Association). During heated discussion of the PPP Proposal in the BOPS meeting on the previous day, the decision was made to create a "Reference Committee" to examine how the PPP Proposal was or was not in compliance with APsaA procedures, bylaws, New York State law, as well as IPA rules. The reaction in the Executive Council meeting the next day was to pass the following motion:

It is the policy of the Association that the appointment of Training Analysts shall be based on objective and verifiable criteria, and the Executive Council encourages the Board on Professional Standards to develop methodology to implement this.

Other organizational issues addressed during the Council meeting included the approval of the proposed FY 2013 budget, a name change for the Committee on Lesbian, Gay, Bisexual, and Transgender Issues to the Committee on Gender and Sexuality, the creation of a new Committee on the Status of Women, and the approval of the 2012-2013 class of fellows.

NEW POSITION STATEMENTS APPROVED

A new organizational position statement on understanding and preventing bullying in our society was approved. Also, the Executive Council approved the revision of three position statements from the Committee on Gender and Sexuality: (1) on sexual orientation, gender identity, and civil rights, (2) on attempts to change sexual orientation, and (3) on parenting.

Chicago Meeting Highlights

Photos by Mali Mann and GERALYN LEDERMAN



Dean Stein and Janis Chester



Bill Myerson and Phil Lebovitz



*Dean Stein, Warren Procci, Bob Pyles, and Sheila Hafter Gray
at the Meeting of Members*



*Our Hard-Working Staff
Left to right: Debbie Steinke-Wardell,
Chris Broughton, and Tina Faison.*

*Not pictured: Brian Canty, Sherkima Edwards,
Carolyn Gatto, James Guimaraes, Stephanie Kunzmann,
Geraldyn Lederman, Nerissa Steele, Dean Stein*



Valerie Golden, Sandra Walker, and Carmela Perez

Chicago Meeting Highlights

Photos by Mali Mann and GERALYN LEDERMAN



Myrna Weiss, Stacey Keller, and Lynne Moritz



*Presidential Symposium
Jim Pyles, Patrick Kennedy, Warren Procci, and Bob Pyles*



*Educator Associates Marcia Dobson and John Riker (far right)
with students from Colorado College*



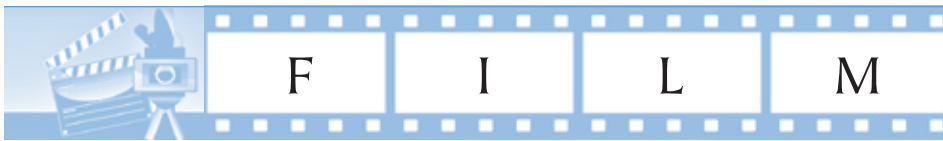
Kim Leary and James Hansell



Gittelle and Leon Sones



Candidates confer at the Breakfast Gathering for Candidate Members



The Death of Desire *The Diving Bell and the Butterfly*

Robert Winer
Bruce H. Sklarew, Film Column Editor



Robert Winer

The mind is a fabulous thing, but what can one do with only a mind—that, and the ability to blink an eye? *The Diving Bell and the Butterfly*, a film made by neoexpressionist

artist Julian Schnabel, opens with a blur, silhouettes floating in and out of focus. From the start, the film is claustrophobic. We discover that we are trapped within a patient's mind, looking out through his eyes, later a single eye. The filming device of having his gaze wander away from the person talking to him forcibly situates us in him, reminds us that we can only see through him. Jean-Dominique Bauby (Jean-Do), the real-life editor of the French fashion magazine *Elle*, suffered a pontine stroke at 43 that left him with "locked-in syndrome"—complete paralysis of all his voluntary muscles except for those of the eye and eyelid.

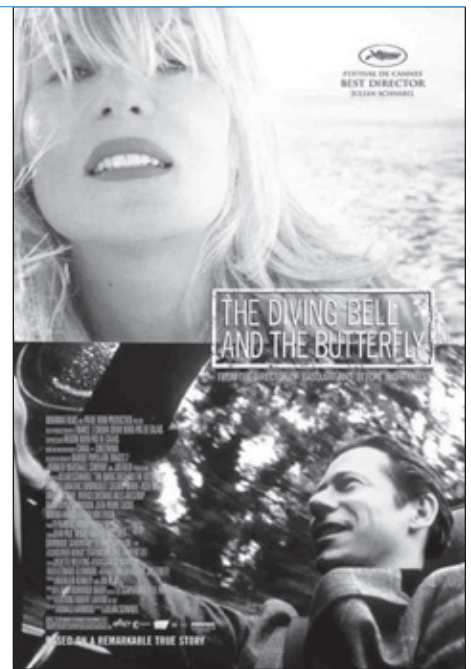
Robert Winer, M.D., is co-chair of the New Directions writing program, the close attention psychotherapy program, and the institute's Psychoanalytic Studies Program at the Washington Center for Psychoanalysis. He authored *Close Encounters: A Relational View of the Therapeutic Process*.

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.

The film is based on Jean-Do's remarkable memoir of his illness, dictated with 200,000 eye blinks to his amanuensis.

Awakening from his coma, Jean-Do is at first confused and then panicked when he realizes he cannot speak. But he soon subsides into a restless helplessness, buoyed a bit by the doctors' assurances that his speech will come back. Hope will decay. Once the novelty of his situation has worn off and he has adjusted to the horror of his immobility, Jean-Do realizes that he has to make do with the moment and memory. The meeting with the mother of his children brings the first note of remorse, regret about having treated her and the children so badly, being unable now to make amends. This moves him to think about the ways he has been self-indulgent, a sensualist, thoughtless, a bit of a prick. He can look forward to a lifetime of painful reminiscence. Alone in his room he conceives that his whole life has been a string of near misses—the women he was unable to love, the chances he failed to seize, the moments of happiness he allowed to drift away. He muses, "Did the harsh light of disaster make me find my true nature?"

We will watch the image of a glacier breaking off and imagine that a facade is crumbling, as over time we see Jean-Do melting, no longer protesting, beginning to mourn his losses.



He thanks his speech therapist, Henriette, for enduring his tantrums, and she is touched, grateful. He declares that he has decided to stop pitying himself. His memory and his imagination are not paralyzed, the butterfly can escape the *scaphandre* (diving suit). And with that his mind takes flight. He is Burt Lancaster in the beach scene in *From Here to Eternity*, he is bowing before Ozymandias, king of kings. He recalls his boyhood ambitions—surfing the waves, the matador with the bull, playing Brando in *Candy*, skiing down a totally vertical slope.

STRANGE EUPHORIA

And then in the moment the film has spent 40 minutes preparing us for, we see Jean-Do face-to-face. Earlier, as he confided his woes to his imagined Empress Eugenie, he wrote, "An unknown face interposed itself between us. Reflected in the glass, I saw the head of a man who seemed to have emerged from a vat of formaldehyde...Whereupon a strange euphoria came over me. Not only was I exiled, paralyzed, mute, half deaf, deprived of all pleasures, and reduced to the existence of a jellyfish, but I was also horrible to behold." And feeling helps. Bauby wrote, "To keep my mind sharp, to avoid descending into resigned indifference, I maintain a level of resentment and anger."

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Values of Psychoanalysis

Introduction

Michael Slevin

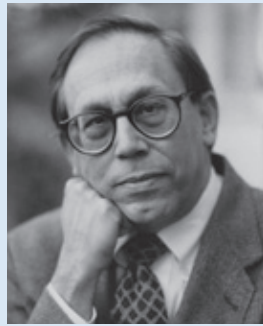
There has been much discussion in recent decades about what is fundamental to psychoanalytic theory and practice. We have been asking ourselves whether it is technique, the alliance, or some particular aspect of theory that binds us together. Some have asked what goals do we have in common. However, there is a question that has not been asked as much as it might: What are the values of psychoanalysis? What is the idea of the "Good" that we seek and which influences, inflects—undergirds—our practice?

Psychoanalysis has been a cosmopolitan, more recently global, phenomenon. It crisscrosses the Western world, where psychoanalysis began. Its originary discoveries and formulations, including the

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.

unconscious, childhood sexuality, transference, among others, are part of the aquifer that feeds our culture. Further, globalization has taken the ideas and practices to which we lay especial claim beyond the permeable borders of the Western world. At the same time, though, as the world has blended, it has fragmented. Global access brings what temporal and geographic distance allowed to be thought foreign and strange into our cultural and political living rooms. "Diversity" is today's catchword. Relativity challenges essentialism.

So it seemed to me important to think not of the value of psychoanalysis to our patients in our consulting rooms, but of its values. What are its ideas of the "Good"? Many might contribute to this discussion. I asked three of our members—steeped in philosophy, religion, and culture—to reflect on whether we share and what we share as an idea of the "Good."



Michael Slevin

Jonathan Lear, an analyst and distinguished professor of philosophy at the University of Chicago, has published thoughtfully and provocatively on Aristotle and on the Crow Indians, separately and in tandem. He has written, *Love and Its Place in Nature: A Philosophical Interpretation of Freudian Psychoanalysis*.

Robert Paul, former dean at Emory University and graduate of the Emory University Psychoanalytic Institute, as a cultural anthropologist has written about *Moses and Monotheism* as a myth deeply responsive to structures of Western thought. The book won the Heinz Hartmann Prize. He has thought extensively about Tibetan Buddhism and its seekers. I have asked him to reflect on the correspondences between Buddhist and psychoanalytic values.

Jamieson Webster is an advanced candidate at the New York Psychoanalytic Institute, author of *The Life and Death of Psychoanalysis: On Unconscious Desire and Its Sublimation*, and coauthor with Simon Critchley of the forthcoming, *The Hamlet Doctrine*. Immersed in philosophy, aesthetics, and Lacan, she has brought those concerns to bear on our question.

I hope you find their responses to the question "What are the values of psychoanalysis?" as interesting and provocative to read as I have to edit.

APSA

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Standards**

June 13, 2012

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Chicago Institute for Psychoanalysis

Jan A. Seriff, Psy.D.
Boston Psychoanalytic Society and Institute

Catherine Post Sullivan, M.S.W.
Cleveland Psychoanalytic Center

Jane G. Tillman, Ph.D.
Berkshire Psychoanalytic Institute

Shared Values of Tibetan Buddhism and Psychoanalysis

Robert A. Paul



Robert A. Paul

One of the reasons I decided to pursue full clinical training in psychoanalysis as a CORST candidate was that, as a cultural anthropologist doing ethnographic fieldwork among

the Sherpa people of Nepal, I was deeply impressed by the richness and profundity of the Tibetan Buddhism I encountered there. Not wanting to commit myself as an adherent to that tradition (as some Western “seekers” of my generation did), I nonetheless wanted to pursue a path from within my own cultural tradition that offered something like the disciplined investigation of subjectivity and the way toward a fulfilling life in a spirit of fearless inquiry and truth seeking that characterizes the best of Tibetan Buddhism. In psychoanalysis, I found a practice that embraced many of the same assumptions about the nature of human life and consciousness and offered a method of self-knowing that had the power to alleviate suffering—in myself and in those for whom I could undertake the role of healer.

SYNTHESIS OF THREE GREAT WAVES

The Tibetan form of Buddhism is unique and differs considerably from that found in such traditions as Zen or the Theravada schools of Southeast Asia; and on the face of it, with its elaborate iconography, rituals, and pantheon, it seems a far cry from the austerity of “original” Buddhism. The Vajrayana doctrine of Buddhism that came to Tibet from India

already fully formed was a synthesis of three traditions, each arising from successive waves of religious innovation and reform, of which it was the third. It first entered Tibet in the seventh century CE as a state-sponsored royal cult at the pinnacle of Tibet’s political and military might in its vast empire and, then again, after the collapse of the royal dynasty in the ninth century during a second wave of religious renewal effected by the proselytizing of great Indian masters in the tenth and eleventh centuries. At about the same time, Buddhism disappeared from India under the twin onslaught of popular Hinduism and Islamic incursions. The Vajrayana, or “Thunderbolt Vehicle,” survived only on the isolated and forbidding vast, but sparsely populated, Tibetan plateau.

The Vajrayana tradition was the result of three great waves of Buddhist innovation in India, which were all encompassed in a form that also, in Tibet, incorporated many aspects of the indigenous Tibetan pre-Buddhist “shamanistic” religious system to create a highly distinctive syncretism. I will look at each of the three layers that compose the complete Tibetan Buddhist amalgam—the Theravada, the Mahayana, and the Vajrayana traditions—each tradition offering an analysis of the human condition and a set of values that have much in common with psychoanalysis as it is practiced today.

BUDDHIST SELFLESSNESS IS A CRITIQUE OF NARCISSISM

The first 500 years after the Buddha lived and taught in the sixth century BCE, his doctrine flourished in monastic communities where the ideal aim was to follow the Sakya sage’s path and achieve enlightenment for oneself as an “arhat.” The key, through



renunciation and the observance of an ethical code, study, and meditation, was to recognize the nonexistence of the self as an inherent, independently existing entity. This is not nihilism but rather an effort to disengage one’s consciousness from the fantasy of a self whose existence and success form the center of one’s world, and which harbors desires and attachments that inevitably lead to suffering. In other words, this Buddhist value of selflessness was a critique of narcissism and of the investment in irrational and excessive defenses of the ego that parallels a paramount value of psychoanalysis.

All the psychological disorders leading to unhappiness and dysfunction that we treat, not just the narcissistic disorders, have the effect of cutting oneself off from rewarding and spontaneous relations with others in the interest of protecting a threatened ego or self. The desires and aversions that motivate action that leads to frustration, disappointment, and feelings of emptiness, loneliness, and despair arise from an overprotective attitude toward the self and an overinvestment in both urges and fears originating in fantasies that have, at least at one point in the person’s life, served the supposed interests of that self.

If this imagined self is recognized as illusory, as all forms of Buddhism teach, then the rigidity and clinging that keep us from interacting with others in a satisfying way can be reduced. In Buddhism, this is achieved through both intellectual, philosophical reflection and through the direct experience of “no self” achievable in the practice of meditation. In psychoanalysis, too, the illusory self’s hegemony is diminished through both insight and the relationship to the analyst/therapist. In the ego psychological tradition, the rigid and automatic ego defenses are modified so that choices can be made more freely; in the self and relational schools, a damaged and fragile self that fears real interaction with others is bolstered through empathic responsiveness; and in the Lacanian tradition, of course, the ego is seen as a “false self” in a way that closely parallels Buddhist formulation. The Theravada Buddhist tradition that prevails in Sri Lanka, Burma, Thailand, Laos, and Cambodia focuses on this essential Buddhist teaching.

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Robert A. Paul, Ph.D., is the Charles Howard Candler Professor of Anthropology and Interdisciplinary Studies, Emory University, and senior faculty and training/supervising analyst, Emory University Psychoanalytic Institute.

Freud, Lacan, and the Psychoanalytic Value of the Open

Jamieson Webster

*The creature gazes into
the Open with all its eyes.
But our eyes are as if
they were reversed,
and surround it,
everywhere, like barriers
against its free passage.*

—Duino Elegies

Rainer Maria Rilke

Freud in *On Narcissism* (1914) can be read as saying that loving, as opposed to being loved narcissistically, forces one to tolerate a depletion in the opening of the self onto the other. Narcissistic love, which uses the object to inflate the ego or prop up one's sense of self, does not forfeit a part of itself necessary in the act of loving, and Freud goes on to wonder whether this cost is not emblematic of the cost (to satisfaction) that is at the heart of any possible sublimation. This distinction between a love that borders on sublimation and narcissistic love can also be found in Freud's separation of the work of mourning from its failure in the fall into melancholia. In the latter, we cannot mourn because while we may know whom we have lost, we do not know what we have lost in them, which I read to mean that in a narcissistic attachment we cannot situate the other enough in their difference to begin to know what we loved and what we had to lose.

Jamieson Webster, Ph.D., is an advanced candidate at The New York Psychoanalytic Institute; assistant adjunct professor at The New School; supervisor at City University's doctoral program in clinical psychology.

In my work more generally, I have followed this trajectory within Freud's thought in terms of what I would call being open to the other—this opening in the self takes the form of a kind of depletion, a willingness to sacrifice preciously held ideas and identities, and a submission to outside forces be they those of the world, the loved other, or even the unconscious itself. As Lacan puts it, in 1973:



Jamieson Webster

I suggest that there is a radical distinction between loving oneself through the other—which, in the narcissistic field of the object, allows no transcendence to the object included—and the circularity of the drive, in which the heterogeneity of the movement out and back shows a gap in its interval.

In the passage above, Lacan points out that to follow the circularity of the drive—to follow the movement that does not immediately return to a reinvestment of the self—opens up a gap at the place of the object. The heterogeneity of movement is the tension of multiple possibilities when traversing this field of the other, outlining a kind of interval or absent space. The radical distinction between these two economies relies on the creation of this opening: one transcendent, one not; one that moves, one that maintains a kind of stasis. I would say that this distinction, in itself, constitutes the markers of a kind of value system in psychoanalysis.

OPENING OUTWARD

What would it mean to be able to tolerate this opening and to work towards it?

This opening outward is one that psychoanalysis recognizes as inherently difficult. It is felt subjectively as dangerous, as tension inducing, and so easily gives way to closure and resistance. Furthermore, what we work towards, the outcome, we cannot know in advance. This is the marvelous trick of narcissism wherein you find exactly what you are looking for, namely, what will fill this felt gap. This is also perhaps why Freud sees sublimation as one of the most difficult solutions to the problems of libido but also one of the most important and indeed sublime. I would say that this opening is not only a value within our work as psychoanalysts, but also one we can hold for our theoretical work and research.

But there are a few snags here. If we push these ideas in Freud and Lacan, it seems to me that the question of value in psychoanalysis itself must always be open; that what we cannot do is solidify answers too quickly. We must always be ready to destabilize and scrutinize whatever answers we do happen upon (perhaps first off for their potential narcissism). Is this not a starting point for all ethical questions, questions that stand at the beginning of psychoanalysis and the idea of cure?

Placing at the forefront problems concerning what is ethical forces one to begin with its negative possibility, the fact that “value” is something that has not been realized. History is this constraint, that failure. While this may be a given for Lacanians (intrinsic to the way they read Freud), even for most critical theorists or philosophers who theorize beginning with this kind of negativity—the only positive value being accorded to a kind of open space—it does not always seem to be the route traveled by the psychoanalysts themselves.

Does an underlying positivism inevitably put psychoanalysis on a different track than the one beginning to be outlined here? Does any ideal of mental “health” regardless of one's model of the psyche inevitably mean a kind of closure, situating an object on a future horizon that was to remain open? Does psychoanalysis, whenever it forms an idea of its end, inevitably fall into the traps of an ideal? I wish it were not so.

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Truthfulness: The Fundamental Value of Psychoanalysis

Jonathan Lear

In a recent analytic hour, I was listening to an analysand hesitate. She was pausing more than usual, breaking the silence with mundane topics such as an upcoming meet-



Jonathan Lear

ing. As she entered into another pause, I asked if she noticed that she was pausing and whether there might be something on her mind that she was reluctant to say. She said she wanted to ask whether I could reschedule an hour but was afraid I would refuse. That opened up a wealth of associations and she then became rueful: all those desires throughout her life that she had been too fearful to ask. Turning back to her desire to reschedule, she said, "The rage I anticipate, the rage if you say no...no one has even said no. It feels like an eternal obstacle, a weight on my throat, keeping me from speaking." It is easy to overlook what makes this utterance so remarkable.

Certainly, the statement was a sincere, accurate, and insightful account of this person's feelings and unconscious strategies, uttered by the person herself in the process of coming to self-understanding. As such, the statement was true and its utterance as such might have been of therapeutic value. But the truthfulness I want to characterize goes deeper than that.

On this occasion, the analysand found a way to inhabit her own words. Anticipated

rage is not rage; nevertheless it can have its own phenomenology: There is something it feels like to be anticipating rage. And that feeling was *right there* in her words. Similarly, a patient might sincerely and accurately say of a long-standing inhibition, "It feels like an eternal obstacle." But that alone does not capture the poetic intrusion of this moment. I speak of a poetic intrusion because the ancient Greek word "*poiēsis*" means most generally "a making, a creation." A poem was a special case of using words and rhythm to shape the psyches of those who heard it. In this analytic moment the feeling of an eternal obstacle was right there in her words, getting expressed by those very words.

EXPERIENCING THE ETERNAL OBSTACLE

Freud tells us that the unconscious is timeless. I believe that there are breakthrough moments in which the temporality of experience shifts: The analysand can actually experience the eternity of the obstacle, as though it were a fate. And then "a weight on my throat": I could hear a hoarseness enter her speech as her larynx contracted. This is a moment in which the distinction between subject and object collapses. What the speech is about is right there inhabiting the speech.

This speech is truthful not simply because it is accurate, sincere, and even insightful, but because it is full of truth. Think: true friend, true north, true blue, the true cross, rings true. We do not capture the peculiar nature of human self-consciousness if we think of it only in terms of a person's capacity to report accurately, sincerely, and even insightfully on the contents of her own mind. In reflective self-consciousness, there is often an experienced gap between the consciousness that is making the report ("I realize I am angry with you.") and the state of mind (the anger) that is being reported. But Freud noticed—and it is crucial to his understanding of transference

and the transference neurosis—that there are moments when the gap disappears: "I'm furious with you!" The emotion is right there in the speech. At such moments, intervening in speech is at one and the same time intervening in the emotion and, indeed, in the neurosis. Freud tells us that one cannot undo neurosis in absentia or in effigy, and this is part of what he meant.

In the moment, the analysand found a way to be in her speech. Might there be a way of expanding this sort of truthfulness to encompass a life? This would be to move towards a form of poetic living in which thinking, speaking, and being are one. But the unity would be an uncanny one, full of discordant notes and jazz improvisations. Psychoanalysis aims to facilitate such a process. And the other values we associate with psychoanalysis—freedom of speech, freedom of mind, freedom of action, freedom to be and let be, freedom to express one's aggression in creative and life-enhancing ways, freedom from tyrannizing inhibitions and unrealistic fears, vibrancy—are themselves different articulations of the same value.

UNUSUAL FORM OF TEACHING

Psychoanalysis is, of course, significantly concerned with the treatment of transference and the transference neurosis. But the ultimate transfer in a successful analysis is the transfer of an analytic capacity from the psychoanalyst to the analysand. Over time the analysand develops a capacity for living analytically himself. How are we to understand this transfer? It seems to me that this is a very unusual form of teaching. And that makes the analyst a peculiar form of teacher: There are no truths to be taught—no dogmas or beliefs, no theories, no views about any particular thing the analysand should or should not do (stay married, quit his job)—only truthfulness. Truthfulness is, I think, another name for the analytic capacity, but one which brings into view why acquiring it might matter.

In addition to discovering that much mental activity is unconscious because it is repressed, Freud had two momentous insights. First, this unconscious activity functions according to its

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Jonathan Lear Ph.D., a professor at the University of Chicago and a practicing analyst, has recently been awarded the Andrew Mellon Foundation Distinguished Achievement Award. His most recent book is *A Case for Irony* (Harvard University Press, 2011).

CAMPAIGN STATEMENTS

Ralph E. Fishkin



Ralph E. Fishkin

This is a time of great challenge, but also a time of great opportunity for the American Psychoanalytic Association. Among our strengths is that we are the only national multi-disciplinary professional organization of psychoanalysts in the U.S. Through our affiliated societies and approved institutes, we are a truly national network for professional membership and training, and thus can educate and advocate for the interests of our members who share a common primary identification as psychoanalysts. Through our journal, our half ownership of Psychoanalytic Electronic Publishing, the non-profit corporation that produces the PEP Web, and through our twice-yearly meetings, we in APsA are a powerful force for psychoanalysis.

Yet, our membership is aging and slowly declining in number. The number of students in our institutes is decreasing, suitable cases for candidates are more difficult to come by, and while the majority of our members chafe at the slow pace of change by APsA to adapt to these evolving circumstances, some others try to slow any changes even further. We need to elect leaders who can move us in new directions with clearly articulated plans and who can inspire our confidence in their ability to make the organization work for all of its members. Our members must have confidence that those elected to positions of leadership can manage the organization effectively. I have the experience and the leadership skills to contribute to making APsA the best organization it can be.

As APsA secretary and a member of the Executive Committee, I pledge conscientiously

to review all ballots, proxies, letters of instruction, and other election materials and procedures. Recently, needless costly mistakes and errors in following the bylaws have resulted in protracted elections due to the Executive Committee's and, in particular, the secretary's failure to structure properly these materials to insure electoral majorities. We must avoid these mistakes in the future.

I will also work within the Executive Committee to foster a better, more collaborative relationship between it and its superordinate body, the Executive Council, our board of directors (BOD). I can tell you from my first-hand experience as a Council "guest" on the Executive Committee, that the current small Executive Committee does not receive the wide input that it should have to reflect properly the views of the members. The committee rarely thinks about how to work with and enable the Executive Council to function as the active and vital BOD it should be. In fact, our bylaws require the Executive Committee to "advise and assist the Executive Council in the management of the property, affairs, and business of the Association."

I will transmit the minutes of the meetings of the Executive Council, the Executive Committee, the Meeting of Members, and the MRRC in an accurate, transparent, and timely fashion, and will welcome and promote dialogue about the proceedings on the Association's e-mail lists.

I favor the following changes:

The Executive Committee should be expanded to include four voting councilors elected to it by the Executive Council.

Objective and verifiable criteria for TA appointment should be developed and adopted in accordance with the official policy of APsA that was adopted by the Executive Council in June 2012.


Certification should be external to APsA but must be a credential that the vast majority of our graduates would want and for which they would qualify.

Any active member of an institute faculty, who is trusted and elected by that faculty, should be eligible to serve as a BOPS Fellow.

Candidates must be represented as voting members of the Executive Council.

We must make a prompt transition to electronic voting.

I have been a councilor since 2001, was a member of the Committee on Council, and chaired that committee from 2007-2011. I have served on three important APsA task forces, and have been active in my society and institute, having served as president and on numerous committees over the years. On June 18, 2012, the Psychoanalytic Center of Philadelphia awarded me its Distinguished Service Award for developing a plan to improve the structure of our institute and for participating in a healing process that led to the successful effort to integrate a small disaffected group that wanted to establish a separate institute.

I seek your vote for the office of secretary of the Association and am eager to serve in that role. I pledge to work for the advancement of the Association and ask that by giving me your vote, you endorse my ideas for looking forward instead of backward, and for establishing better working relationships between the Executive Committee and the Executive Council and between all members of the APsA leadership and you, the members. 

*Ralph Fishkin reports
no ethics findings, malpractice actions,
or licensing board actions.*

Beth Seelig



Beth Seelig

We are living in a time of great opportunity and great peril for psychoanalysis and for our organization. To reach our goals and surmount our obstacles, the American Psychoanalytic Association

needs seasoned innovative leadership. As our organization embarks on its second hundred years, I ask you to affirm that I have served our Association well by electing me to serve a second term as secretary of APsA.

During my tenure as secretary-elect and secretary, I have actively participated in APsA's process of major organizational change. We have begun to implement the Strategic Planning Recommendations made in the Qualitative and Quantitative Strategic Planning Research Summaries. The Standards for Education and Training in Psychoanalysis have been rewritten. Institutes now have the option of using either the direct or the developmental model for certification and training analyst (TA) appointment. Additionally, institutes may apply for a waiver to permit an accepted candidate to continue analysis with a non-TA. It is now possible for analysts whose psychoanalytic training is "substantially equivalent" to APsA or IPA training to become members of APsA. The William Alanson White Institute (WAWI) has been invited to become one of APsA's approved institutes.

These are important steps. However, we are still plagued by internal conflict. We agree that we want psychoanalysis and our Association to thrive, but we have passionate differences on how best to insure this. Some feel that our organization has not changed quickly enough, while others believe that the modifications are already too great. The internal strife makes it difficult to direct our energies towards the many external threats to our profession.

As we work towards the future of our Association, APsA's leadership must be responsive to our members' concerns and devoted to their best interests. My energy, creativity, and extensive experience have prepared me well to continue to serve our organization at this critical time. I have served in APsA's governance for over 15 years, including on APsA's Executive Committee, the Executive Council (APsA's board of directors), as councilor-at-large, on the Board on Professional Standards, and on Steering and Coordinating Committees. As chair of the Committee on New Training Facilities, I learned about the internal workings and challenges faced by institutes and societies in various parts of our country. I co-chaired with Jay Kwawer, director of the WAWI, the Joint APsA-WAWI Task Force (TF) on Training Models. Our TF documented the substantial equivalence of the two models, paving the way for the historic invitation to the WAWI. In addition to my broad national and local organizational background, I served as North American representative to the International Psychoanalytic Association Board and am presently a member of IPA's New Initiatives Funding Committee.

If I am reelected secretary of APsA I will work to heal conflict and encourage collaboration. I will continue to be an effective participant in APsA's governance. I will support existing initiatives in outreach and research and encourage new ones. I will continue to keep Executive Council and our membership fully informed by circulating timely, clearly written minutes.

In addition to my work for our Association, my professional life has been dedicated to clinical work with patients, psychoanalytic education, and the education of non-psychoanalysts, for which I received APsA's Edith Sabshin Award. While director of the Emory Psychoanalytic Institute, I collaborated in the creation of Emory's Graduate School of Arts and Sciences' highly successful Psychoanalytic Studies Program (PSP).

Research that demonstrates the effectiveness of psychoanalysis and psychoanalytically-based treatments is vital to improve the position of psychoanalysis in the community. Research will increase our excitement about our practice, improve the morale of individual analysts, institutes, societies, and strengthen our Association. As chair of the Science Division, I recommended and initiated the Scientific Poster Session that has attracted researchers and the press to our winter meetings.

I organized and co-chaired three international interdisciplinary conferences: *Women and Power: Psychoanalytic Perspectives on Women in Relationships, Groups, and Hierarchies*; *Interdisciplinary Responses to Trauma*; and *Creativity through the Lifecycle*. I am presently on the planning committee of a fourth, the 6th International Symposium on Psychoanalysis and Art, *Art/Object: The Artist, the Object, the Patron, and the Audience*, to be held May 15-17, 2014, in Florence, Italy.

Having graduated from Columbia School of Engineering and Applied Science, I received my M.D. from New York Medical College, and did my psychiatric residency at New York State Psychiatric Institute/Columbia Presbyterian Hospital. My psychoanalytic training was at Columbia Center for Psychoanalytic Training and Research. I am clinical professor of psychiatry, TA/SA, and member of the Executive Committee, Columbia Center for Psychoanalytic Training and Research, and professor emerita of psychiatry, TA/SA, and past director, Emory Psychoanalytic Institute. I am a member of the Association for Psychoanalytic Medicine.

I ask for your vote so that I can continue to work creatively and collaboratively to foster the goals of our members and to strengthen our organization. Please visit my website: <http://www.bethseeligmd.com>. To talk with me, call me at 917-639-3978, my e-mail address is bseeligmd@gmail.com.



Beth Seelig reports
no ethics findings, malpractice actions,
or licensing board actions.

Norman A. Clemens



Norman A. Clemens

I am running for councilor-at-large because I want to contribute at a difficult time for psychoanalysis in America. I successfully chaired committees behind the scenes in recent years to update the Bylaws and

Election Procedures and to enable electronic proxy balloting. I serve on APsaA Committees on Psychotherapy, Government Relations and Insurance, Liaison with Other Organizations, and formerly Confidentiality. I have been on Council and Board on Professional Standards (BOPS). I teach residents and have written over 50 columns on psychoanalytic psychotherapy for a psychiatric journal. Now it is time to have a voice in the Executive Council as we deal with critical challenges from within and without.

The Council has come a long way towards functioning as a real board of directors despite

being very large and meeting only twice yearly. Accompanying that must be a statesmanlike quality in resolving dissenting views about the future direction of psychoanalysis. That means less rhetoric and more constructive thinking similar to what recently led to creative new ways to achieve certification.

It is useless for the Council to be trying to show BOPS who is boss. APsaA is a very unusual hybrid organization that doesn't fit well into New York's idiosyncratic non-profit corporation laws. It is not Council's place to legislate educational standards, any more than a university board of trustees would impose them on its faculty. It is counterproductive for BOPS to defiantly resist change. Only collaborative solutions that take into account the needs of all the stakeholders will be successful.

Though APsaA now works closely with like-minded psychoanalytic organizations, it remains a respected leader of American psychoanalysis for its journals and scientific meetings as well as its advocacy for confidentiality and public awareness...and its standards.

APsaA defines psychoanalysis for America and shows that it is serious about national peer review and maintaining quality. This is crucial when the health care world is demanding more quality assurance, not less. Quality also appeals to serious potential candidates.

Our institutes owe it to candidates to do their best to assure that they will have a meaningful personal psychoanalysis as part of their training. Being a training analyst bears the distinction of having gone the extra mile through national certification and local vetting by one's institute for that purpose. At least one BOPS Fellow from each institute should be a TA, but beyond that, BOPS and its committees should be open to talent from the entire membership.

By sharing these perspectives, I ask for your vote to represent you as a councilor-at-large. See more at <http://www.DrewClemens.net>.



Norman Clemens reports
no ethics findings, malpractice actions,
or licensing board actions.

William C. Glover



William C. Glover

"Let's Stay Together"
Al Green

The title of Green's classic song sums up my position. Let's stay together to study and practice the discipline we love—psychoanalysis. I can't sing it like

Obama, but I can promise that, if elected, I'll work hard to keep us together in maintaining APsaA as the preeminent psychoanalytic organization in the United States. We face many challenges. Externally we need to promote analysis and maintain the validity of psychoanalytic treatment. Organizationally we need to resolve the certification impasse. Most important of all, in my opinion, we need to help members with the internal challenges of being an analyst.

Our comprehensive Strategic Plan offers ways to address these challenges. I particularly endorse the efforts to assist clinical practice. While I fully support applying psychoanalytic

thinking outside the consulting room, practice is the core of our profession and, as we know from surveys, many of our members practice little or no analysis. Discouraged practitioners with limited experience lead to fewer successful outcomes, poor science, and a skeptical public. Our outreach efforts need to be accompanied by efforts to help members develop and maintain their competence and their confidence. Surely the foundation of successful outreach is analysts practicing analysis with satisfying outcomes.

APsaA sponsors many valuable educational programs but I think we can do more to help members sustain analytic identities and practices. Here BOPS could play a role that dovetails with a compromise on certification. I believe the key lies in the educational component of the developmental pathway established by the Task Force for Standards Revision. BOPS could exercise its educational leadership by designing and overseeing clinical study groups in a variety of formats and settings. Successful models already exist, e.g., the CAPS groups, the clinical working parties, and the

clinical observation project of the IPA. These intensive small groups feature clinical presentations that revitalize the single case study. They are rigorous without being evaluative and provide an analytic authorizing experience that members find extremely valuable. These groups could be open to all members, not just TAs or those seeking appointment. I believe such groups would generate repeat attendance by many more members than currently seek certification, thus contributing greatly to the maintenance of professional standards, a primary goal of BOPS.

Serving as executive councilor for San Francisco for seven years, I've gotten to know our organization well and have made friends on both sides of the aisle. If elected councilor-at-large I'll work with colleagues of all persuasions to adapt to our changing environment while preserving our tradition of excellence.



William Glover reports
no ethics findings, malpractice actions,
or licensing board actions.

Jonathan House



Jonathan House

Running for secretary in 2006 I wrote:

APsaA's strategic goals should emphasize collaborating with the broader psychoanalytic community, nationally and internationally. For far too long our Association was deformed by the politics and practices of exclusion. We have transcended much of that past but there is more to be done.

Always a leading force within IPA, APsaA could do more for our societies and institutes to facilitate international communication and collaboration. Nationally, we have begun to cooperate with those IPA institutes not approved by APsaA (e.g., the CIPS institutes) and also with non-IPA institutes (e.g., William Alanson White) but progress remains slow if no longer grudging. Internally a


stance of openness and nurturing inclusion is also called for:

Collaboration with other organizations—e.g., Division 39—would be good for everyone. For example, declining APsaA membership is a major reason our spring meetings are being changed (perhaps ultimately to be eliminated) but, if we join with others for some meetings, we could both help and be helped by the broader psychoanalytic community, expand APsaA's influence, and obtain generative contact with colleagues. This is already happening—consider the recent creation of the Research Associates of APsaA.

I will address other important issues on the election e-mail list; here I make clear my position on some aspects of the PPP Proposal—supported by two past presidents, the new president, and president-elect. I support PPP's general thrust and also the Council's action at the June meetings when, by a 2:1 margin it passed this resolution:

Resolved: It is the policy of the Association that the appointment of training

analysts shall be based on objective and verifiable criteria, and the Executive Council encourages the Board on Professional Standards to develop methodology to implement this policy.

A key question unaddressed by Council concerns eligibility to serve as a BOPS Fellow; currently eligibility is limited to TAs. I believe each institute should be allowed to elect any faculty member as a BOPS Fellow. One possible way to accomplish this is to redefine who is a TA for the purposes of APsaA as a national organization, while making selection of TAs at each institute entirely a local option. I am particularly proud of my past work in support of local option. Although the certification exam remains more harmful than useful, the question of who is eligible to be a TA at each institute and whether "certification" is a prerequisite should be a matter each institute decides for itself, a local option. 

*Jonathan House reports
no ethics findings, malpractice actions,
or licensing board actions.*

Frederic J. Levine



Frederic J. Levine

Having begun my psychoanalytic career as the first non-M.D. trained by the Philadelphia Association for Psychoanalysis, I have been enthusiastically active in psychoanalytic and other professional organiza-

tions over many years, observing and participating in numerous developments and changes. I've held local and national offices, co-chaired a national Division 39 convention, and served on many committees within APsaA, including BOPS. I have been on faculty at several universities and (at different times) in three psychoanalytic institutes, and a training and supervising analyst in two of them. I took part in Lester Luborsky's Penn Psychotherapy Research Project, led an outreach service project to veterans in Florida jointly run by an APsaA institute and a Division 39 chapter, and am active in CAPA. These involvements have given me a wide

perspective on the needs and problems of our discipline in the 21st century, and I would be honored to have an opportunity to use that perspective to serve the members of APsaA as a councilor-at-large.

If elected, I will advocate the following seven positions:

In recent years Executive Council and BOPS have evolved toward greater collaboration. BOPS has updated its processes and criteria to creatively meet current needs while maintaining standards. As a result, we can now welcome valued new colleagues into APsaA, enhancing it as the premier home and voice of psychoanalysis; and we are developing innovative procedures regarding training analyses. I strongly support the reshaping and strengthening of APsaA emerging from the collaboration of BOPS and Council, along with growing member participation through the more active role of the Council.


I support recent proposals to base training analyst appointment on objective criteria, and to open BOPS membership to any active faculty member elected by an institute.

Our training programs must maintain their intellectual and ethical rigor as applied to clinical methods and processes, along with openness and inclusiveness with regard to ideas.

The creativity and innovativeness of students and practitioners must be carefully nurtured in the culture of institutes and societies.

Historically, ethical problems have been an Achilles' heel for psychoanalysts individually and collectively. As a member of the Joint Committee on Ethics, I am deeply familiar with this problem, and believe that enhanced ethics procedures and education are essential to all of us.

Psychoanalysts and their organizations should continue to be seen as active contributors to their communities' well-being through outreach and public education.

APsaA should continue to encourage psychoanalytically-informed research both within the consulting room and from other scientific perspectives. 

*Frederic Levine reports
no ethics findings, malpractice actions,
or licensing board actions.*

Neal Spira



Neal Spira

APsA's number one priority should be to communicate to the public that psychoanalysis offers something different and valuable. I believe the Executive Council should take the lead on this, and if

I am elected councilor-at-large I will do my best to contribute to this effort. Since this is a "position statement," here are my current positions on some of the issues of the day:

I hold the view that APsA is in its essence a membership organization.

I support the PPP Proposal because it is an attempt to open doors for our members that have previously been closed, and it could be implemented without a bylaw change.


I support the idea that local institutes should be able to choose their own criteria for TA selection as long as they follow IPA guidelines.

I think the Executive Council is too big to function optimally as APsA's board of directors. However, I believe any change in this situation can only come from the bottom up—that is, from within the Council—with due consideration given to the essential role of local societies in our organization.

I support some form of external certification. I don't think certification should be linked with TA appointment. I think candidates should be allowed to choose the personal analyst of their choice.

I believe that psychoanalytic immersion is about the attention we pay to transference, resistance, and the unconscious in all aspects of our work.

After two terms representing the Chicago Psychoanalytic Society on the Council and my more recent experience as president of that society and associate dean of the Chicago Institute for Psychoanalysis, I believe I have a good grasp of governance at both the national and local level. I am very honored to be a nominee for CAL, and it would be an even greater honor to have the opportunity to serve in that capacity.

For those of you who wish to become better acquainted with the person behind the positions, please visit my blog: "A Deeper Look" (<http://www.chicagonow.com/a-deeper-look>). 

*Neal Spira reports
no ethics findings, malpractice actions,
or licensing board actions.*



ELECTIONS COMMENTARY

Recently I was asked about running in a future election for councilor-at-large. Here's my reply:

WHY I WON'T RUN

1. **I'm too old.** I'll be 66 this year; I can't make a four-year commitment to attend every APsA meeting and to be active on committees of Council.
2. **I don't have the "fire in the belly" to fight for the changes that APsA needs.** If it's still here, APsA will be fighting its internecine war 10 years from now. Meanwhile, young people interested in psychoanalysis are taking non-APsA paths to training; this is healthy for the field, if not for APsA.
3. **We need young people (in their thirties and forties) to get involved in APsA governance.** Our current geriatric APsA is a far cry from the youthful, vibrant, radical field that psychoanalysis was 75 years ago.

Whatever APsA does will not affect my professional life like someone 20 or 30 years younger.

WERE I RUNNING FOR OFFICE, I WOULD EMPHASIZE THE FOLLOWING:

1. **We need to discard our inflated self-regard.** This is enacted in our meetings at the Waldorf, in statements about our "higher" standards, and in the mind-set that recently displayed itself regarding the training institutes APsA members may list on the APsA website.
2. **We need to emphasize that psychoanalysis is a viable alternative to medication,** a path that does not expand the "vegetable kingdom" that Robert Lindner decried in *The Fifty-Minute Hour*. We must break from the "psychiatric/pharmaceutical/insurance industry complex" even if that means we have to cut our fees.

3. **We need to reconnect with the wide-ranging radical humanism that characterized psychoanalysis in its first half-century.** Our curricula must change, along with our attitude toward what constitutes "real" psychoanalytic work. Unfortunately, even if a majority of APsA voters support such goals, a 33 percent minority still can block the bylaws amendments needed to foster organizational evolution. Life's change agent, death, will have to do its work—and it will. However, even if APsA should succumb, psychoanalysis will survive.

Paul Brinich, Ph.D.
Chapel Hill, N.C.

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



Psychoanalysis and Neuroscience

Charles P. Fisher and Richard J. Kessler

The COPE Study Group on Psychoanalysis and Neuroscience was created in 2009 by the Committee on Psychoanalytic Education of the Board on Professional Standards. Originally co-chaired by Charles Fisher and George Fishman, the study group took on the task of developing educational materials and programs about the relationship of psychoanalysis and neuroscience for the American Psychoanalytic Association, its candidates and members, and its institutes. Original members of the group included Virginia Barry, Linda Brakel, Marcia Cavell, Andrew Gerber, Richard Kessler, David Olds, Regina Pally, Bradley Peterson, Arnold Modell, Jose Saporta, and Elise Snyder. The group was constituted to include psychoanalysts, neuroscientists, and at least one philosopher. We sought a diversity of points of view about the relationship between psychoanalysis and neuroscience in order to support a critical and reflective response to the issues. Thus we made sure to include individuals who were committed to exploring the connections between psychoanalysis and neuroscience as well as "neuro-skeptics."

The co-chairs consulted with prominent neuroscientists, Eric Kandel and Joseph

Charles P. Fisher, M.D., is co-chair, with Richard J. Kessler, of the Committee on Psychoanalytic Education (COPE) Study Group on Psychoanalysis and Neuroscience. He is a training and supervising analyst at the San Francisco Center for Psychoanalysis.

Richard J. Kessler, D.O., is chief medical officer of Adults and Children with Learning and Developmental Disabilities in Bethpage, N.Y., and faculty at the Institute for Psychoanalytic Education, NYU Medical Center, where he teaches a course on neuroscience and psychoanalysis.

LeDoux, to hear their ideas about how our group might function. Following our first meeting in 2009, we prepared a mission statement that said, in part:

Our purpose is to explore and disseminate knowledge about psychoanalytic theory and practice as it relates to contemporary research in cognitive and affective neuroscience, and in other cognitive sciences. We aim to explore the ways in which knowledge in each discipline can stimulate research and clinical investigation in the other and deal thoughtfully with the methodological difficulties of interdisciplinary work.

In 2012, Richard Kessler replaced George Fishman as co-chair of the group. (Additional history about the early development of our group can be found in the *TAP* Fall 2009, Vol. 43, No. 3, on the APsaA website.)

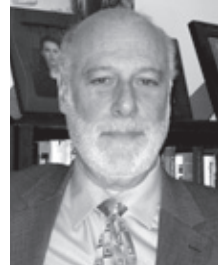
Since its inception, this study group has coordinated a discussion group at each of APsaA's two yearly meetings. The discussion group, "Research on the Relation of Psychoanalysis and Neuroscience," formerly chaired by Mort Reiser and Elise Snyder, is now coordinated by Fisher and Fishman in keeping with the goals of the COPE study group. Guest presenters during this period have included Kerry Ressler, Amit Etkin, Richard Kessler, Wilma Bucci, Peter Freed, Fred Levin, and Regina Pally.

CURRICULA

The COPE study group has assembled a number of curricula on the topic of psychoanalysis and neuroscience, which are in use at various institutes around the country.



Charles P. Fisher



Richard J. Kessler

The curricula are available online and may be downloaded from the APsaA website. In order to access these materials, go to the Member Section of the APsaA website. When you click on that section, a drop-down menu appears. Click on the section entitled Committee Resources and Workrooms. Within the workroom for the COPE Study Group on Psychoanalysis and Neuroscience, near the top of the page you can click to download Curricula on Psychoanalysis and Neuroscience. About 20 curricula are included. Anyone in the public can access this material. However, if you log in as an APsaA member, some additional options will be presented.

SYMPOSIA

Beginning in January 2012, the COPE Study Group on Psychoanalysis and Neuroscience began sponsoring a series of three symposia at successive national meetings of APsaA. The first Psychoanalysis and Neuroscience Symposium, chaired by George Fishman, featured Andrew Gerber speaking on "Empirical Social Cognitive Neuroscience Research as a Basis for a Comprehensive Theory of Psychotherapeutic Change."

The second symposium, held in June 2012 and chaired by Fisher, featured Howard Shevrin's compelling presentation, "How a Comprehensive Psychoanalytic Theory Can Integrate Clinical Observation and Neuroscience Experiments in the Investigation of Unconscious Processes and Primary Process Thinking." In an astonishing series of experiments beginning in 1968, Howard Shevrin and his colleagues at the University of Michigan provided the first demonstration of electrical changes in the brain accompanying

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The Death of Desire

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Human consciousness is arguably the greatest miracle of evolution. The development of our brain and the associated development of language have given us a transcendent capacity to create our world. Jean-Do's consciousness is unimpaired, it is structured on an emotional bodily core, it supports prodigious memory, and it creates a platform for imagination and invention. But there is a third thing that Jean-Do needs to survive: desire.

Schnabel found seven breathtakingly lovely actresses to play the women in Bauby's life. When I first heard his neurologist tell Bauby that his various therapists would be really beautiful, I imagined that he was using their beauty to provoke Jean-Do into doing the hard work of rehabilitation. And erotic hallucinatory wish fulfillment can work for a while. If that is all there is, of course, the infant starves to death. But depression staunches desire. Jean-Do said that he felt like a hermit crab dug into his rock. My second thought was that Schnabel was trying to make the film's contraction bearable for the audience by indulging our gaze, engaging *our* desire. I sense that there was considerable concern that we would find this film unwatchable.

IT WAS ONLY A DREAM; WISH FULFILLMENT AND HELPLESSNESS

Jean-Do plans a story. "A hospital room in which Mr. L., a family man in the prime of his life, is learning to live with locked-in syndrome brought on by a serious cerebrovascular accident. . . I already have the last scene. It's night. Suddenly Mr. L., inert since the curtain rose, flings off his bedclothes, jumps from the bed, and walks around the eerily lit stage. Then it goes dark again and you hear Mr. L.'s inner voice one last time. 'Shit, it was only a dream.'"



"It was only a dream" is what I am thinking when I wake up from a great dream, and that thought signals disappointment, probably bitterness. Why can't I stage that fabulous show in my real life? Why can't I have her? That's the crux of it of course, it was only a dream. But hold on for a second. It was *real* in the dream. Isn't that the point of dreams—that they feel entirely true? So why do I discount the experience? Broadly speaking, I have two forms of consciousness, waking and sleeping, and both are phenomenologically totally compelling when I am in them. The reality I experience when I am dreaming does not feel less real than the reality I live in when I am awake. So why do I give short shrift to my experience in dreams?

The most obvious reason is that I cannot make them happen and I cannot control them. When I wake up, I cannot choose to fall back asleep and pick up where I left off. And in that moment I feel the loss. But the exquisite cruelty of the situation is that, as Freud discovered, the dream is the realization of a personal wish. My good dreams are not just happy scenarios, movies I have stumbled into; they are expressions of specific longings that are very important to me. That's the rub. And so, when I awake, I have to bear that the realization of my *desire* has been deleted: It was only a dream.

And so, in addition to memory, imagination, and desire, we need a fourth thing, a future we can create. In our extendedly conscious minds, the minds we live with, we are continuously not only invoking a past—this is a hammer, I know how to wield a hammer, I used my hammer to shingle my roof—but,

just as important, we are always imagining a future. I will turn the page, I will stop by Starbucks on the way to the office, I will play with my as yet unborn grandchildren. Every moment carries anticipation. That's the pain of "Shit, it was only a dream." With dreams we can imagine a future, we awake and we are back in present time. Bauby wrote that his past was receding, the shore disappearing, reduced to the ashes of memory. His future was as a castaway, adrift on the ocean, haunting the hospital in Berck-sur-Mer.

The ability to implement desire is critical. For a theoretical physicist, paralyzed in a wheelchair, the ability to think creatively may be enough, this sublimation sufficing, a universe in the mind. Julia Tavalaro suffered strokes at 32 and was thought to be in a vegetative state for six years until a relative saw her trying to smile at a joke, and her doctors discovered she was locked-in. Emerging from this solitary confinement, she learned to communicate the way Bauby did, blinking at letters, and spent the next 36 years working as an author and poet. Jean-Do recounted the story of his illness, inscribing his memory, and, being neither a poet nor a cosmologist, according to Schnabel, he lost his *raison d'être*. He died days after the publication of his memoir. Once, when he was attempting to ask for his glasses (*lunettes*), Henriette, misunderstanding, asked him what he wanted to do with the moon (*lune*). Jean-Do could not reach for it.

APSA



COPE

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unconscious mental processes, thus refuting the allegations of behaviorists, who denied the existence of unconscious thought.

Subsequent work demonstrated primary process thinking in unconscious mental life. In a 1992 study, individualized psychoanalytic formulations of unconscious conflicts were validated in a series of phobic and anxious patients. These formulations relied upon specific psychoanalytic theories. This result prompted Adolf Grünbaum, the noted critic of psychoanalysis, to acknowledge that Shevrin and colleagues had demonstrated the presence of unconscious conflict in the symptomatic patients.

However, Grünbaum continued to maintain that Shevrin had not demonstrated a causal connection between unconscious conflicts and the patients' symptoms. After coming to agree that he had not yet demonstrated a causal connection between conflicts and symptoms, Howard Shevrin designed an elegant experiment showing direct connections between unconscious conflict, mental inhibition, and the presence of anxiety symptoms. Grünbaum's response was, "I am satisfied." (Additional details about this work are available at: http://www.sciencecodex.com/freuds_theory_of_unconscious_conflict_linked_to_anxiety_symptoms_in_new_um_brain_research-93442)

In January 2013, the Psychoanalysis and Neuroscience Symposium will feature Mark Solms.

DVDs

In response to a request for distance teaching of a course on psychoanalysis and neuroscience from one of the APsA institutes, the COPE study group proposed to create a DVD library of excellent lectures on the subject. We intend to address the perceived learning needs of candidates at each institute, as determined in an informal survey, recognizing that theories, attitudes, and concerns vary greatly among institutes and individuals.



From the Unconscious

Sheri Butler Hunt



Ilga Svechs, who is an associate member at the Cleveland Psychoanalytic Center, has a Ph.D. in developmental psychology and a master's of social work degree. She teaches a course entitled "The Role of Culture in Psychoanalysis" to the candidates in Cleveland. Svechs practices part time in psychotherapy and is an emeritus professor in social work at Case Western Reserve University.

This poem, "Life's Markers," explores the intensity of primary attachment and poses questions about the equally intense nature of separateness.

Life's Markers

A newborn's inconsolable cry...the
dawning innate awareness of life
as one and all.

The pattering feet, clasping hands and
kissing of toes. A soothing lullaby before
the morn of smarting awareness for
the other, the different, the mother...
Life's cruel paradox.

Is Freud's primal sense of self bearing
the seeds of Darwin's evolution?

A prophetic trumpet summons
human resilience to survive for the
zenith of life...to cease the self to all.
Yet, the encased love of two lives
on...a thread in evolution's web.

—Ilga Svechs

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

The Case for Patient Privacy Bill of Rights

Graham Lindley Spruiell

If we are to maintain the integrity of the clinician-patient relationship in an era of electronic transactions, it must be given special recognition and protection from third-party intrusion. Psychoanalysts are in a unique position to deliver this message to lawmakers, the health care industry, fellow health care professionals, and the general public. To accomplish this goal, the Committee on Government Relations has developed a Patient Privacy Bill of Rights, modeled after the Consumer Privacy Bill of Rights recently published by the Obama administration. An abbreviated version of the proposed Patient Privacy Bill of Rights is included below. The entire version can be viewed on the APsaA website by first signing on to www.apsa.org and clicking on the link http://bit.ly/HIP_Bill_of_Rights

We welcome your comments on content.

The Obama administration issued in February a Consumer Privacy Bill of Rights in response to privacy requirements necessary for commerce with European and Asian countries. According to the White House, the privacy principles set forth in this document "provide a baseline of clear protections for consumers and greater certainty for companies" with respect to the collection and use of electronic data about consumers, and are "essential" for the trust necessary to permit public acceptance of networked technologies. "Citizens who feel protected from misuse of their personal

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Graham Lindley Spruiell

information," explained President Obama, "feel free to engage in commerce, to participate in the political process, or to seek needed health care."

Interestingly, there is a subset of consumers who has been excluded by this bill. Specifically patients being treated under the Health Insurance Portability and Accountability Act (HIPAA) are not covered by the Consumer Bill of Rights, and no Patient Privacy Bill of Rights currently exists to protect their privacy.

The HIPAA/HITECH Act and associated regulations, rather than establishing patient trust as the top priority, ignore standards of professional ethics, do not recognize the patient's right to health information privacy, and do not contain a clear and understandable architecture to protect confidentiality.

To address these deficiencies, our patient rights outline is modeled after the Consumer Privacy Bill of Rights. As with the privacy bill for consumers, a privacy bill for patients should also be implemented "without delay." In fact there is an even greater urgency, because of the sensitivity of personal health information (PHI) and the potential harm to patients from improper disclosure.

HHS STRESSES PRIVACY AND SECURITY, YET...

Consonant with President Obama's concerns about consumer privacy, the Department of Health and Human Services (HHS) has recently stressed the importance of the privacy and security of health care information, noting that it "could have life-threatening consequences" if individuals are reluctant to disclose health information due to privacy concerns. HHS previously determined that

the right to health information privacy is necessary "to secure effective, high-quality health care" and is reflected in established standards of professional ethics and codes of conduct as well as constitutional, statutory, and common law, and the law of physician-patient and psychotherapist-patient privilege.

Yet patients are becoming increasingly aware of the prospect of unparalleled electronic data breaches of their personal and sensitive information. A March 2012 report issued by the American National Standards Institute found that:

- More than 40 million Americans have had the privacy of their electronic health records breached in the past 15 years since the enactment of the Health Insurance Portability and Accountability Act.
- These breaches are adding billions of dollars in unanticipated costs to the health care delivery system.
- Patients do not trust that their health information privacy is adequately protected by current laws.
- Regulated entities are having difficulty complying with fragmented and incoherent health information privacy laws.

INCREASING DOUBTS BY PUBLIC AND BUSINESS SECTORS

More Americans doubt the effectiveness of electronic health information privacy laws under HIPAA to ensure patient privacy. Similarly, covered entities are finding such policies confusing and difficult to implement. Further, the limited privacy protections under the HIPAA/HITECH Act apply only to covered entities and their business associates, rather than to the rapidly expanding group of "uncovered entities" who will also transmit PHI.

The original HIPAA Privacy Rule issued by President Clinton on December 28, 2000, which was intended to be the "floor" of federal privacy protections, included the right of consent for routine uses and disclosures of health information consistent with well-established privacy protections and standards of ethics. Two years later, however, this right of consent was eliminated from the federal floor of privacy protections for treatment,

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payment, and health care operations. The preamble to that change contained no discussion of the importance of the patient's well-established right to control disclosures and uses of health information.

The HIPAA Privacy Rule now allows the disclosure and use of an individual's PHI to a virtually unlimited number of covered entities and business associates without the patient's consent or knowledge and, at times, over the patient's objection.

In order to protect the fundamental right to privacy of all Americans and the health information privacy that is essential for quality health care and to provide greater certainty for those who handle PHI, the following Patient Privacy Bill of Rights should be implemented through codes of conduct and federal legislation. This bill was developed by our legislative representative, Jim Pyles, in coordination with Deborah Peel, founder of www.patientprivacyrights.org.

PATIENT PRIVACY BILL OF RIGHTS:

(For a complete version of this plan, please visit the APsA website mentioned on page 24.)

1. PATIENT CONTROL

The patient reserves the right to keep personal health information confidential. Privacy is a right that has been recognized in common law, the Constitution, by Congress, and by the U.S. Supreme Court. The clinician is the steward of this right and has ethical and fiduciary duties to prevent confidential information from being breached.

A first principle of patient control is that individual patients reserve the right to consent or not to consent to the inclusion of their health information in the Electronic Health Record (EHR), and to limit disclosure of particular information such as psychotherapy notes. Patients should not be coerced to participate by requirements of the insurance industry or government, and should be given the opportunity to provide informed consent, analogous to informed consent for a medical procedure.

A clinician should not disclose health care information to an entity unless the patient (or surrogate) has provided written consent. Entities should provide an easily exercisable means

of granting or refusing consent as well as a means of withdrawing or limiting consent.

2. TRANSPARENCY

If a patient provides informed consent to participate in the EHR, a patient also has the right to informed consent regarding privacy and security practices, and to be informed about where personal health data flows and who is accessing PHI, so that patients may weigh both the risks and benefits of continued participation.

3. RESPECT FOR CONTEXT

Entities should limit the use and disclosure of PHI to those purposes intended by the patient, unless required by law. Without a written release by the patient, defaults should be set to the highest level of privacy protection, "Do Not Disclose."

4. SECURITY

Patients have a right to secure and responsible handling of their PHI. Entities should continually assess the privacy and security risks associated with their personal data practices and should maintain reasonable safeguards to control risks such as loss; unauthorized access, use, destruction, or modification; and improper disclosure. If there is a breach of PHI, patients have the right to be notified, regardless of whether an entity believes harm has occurred.

5. ACCESS AND ACCURACY

Patients should be able to correct inaccuracies in their PHI in a manner that is appropriate to the sensitivity of the information and the risk of adverse consequences to patients if the information is inaccurate. This principle recognizes that the use of inaccurate PHI may result in harm to patients.

6. FOCUSED COLLECTION

Patients who give consent for the use or disclosure of their PHI also have a right to limit that use and disclosure. Entities should collect only as much personal data as allowed by the patient. Entities should securely dispose of PHI once they no longer need it, unless they are legally mandated to do otherwise. It is imperative that health information

be destroyed, not held in perpetuity by anyone, unless a patient has been informed and consents to this practice. It is well-known that de-identification of health information is practically impossible and that releases of de-identified health data without patient consent must be prohibited. Patients [and] clinicians should apply "the minimum necessary rule" in the HIPAA Privacy Rule in a manner that is consistent with, and does not override, professional ethics and judgment.

7. ACCOUNTABILITY

Patients have a right to have PHI handled by companies and government agencies with appropriate measures in place to assure they adhere to the Patient Privacy Bill of Rights. Patients must have a right to obtain upon request, an accounting of all disclosures from all entities that hold or disclose their health information to assure accountability. This creates a "chain of custody" so that patients can know exactly where their health information is held and exactly for what purposes it is being used.

8. APPLICABILITY

This Patient Privacy Bill of Rights should be integrated into the architecture of the EHR. It should apply to any entity that handles or stores electronic health information.

9. ENFORCEMENT

Patients have a right to enforcement of their rights under this Bill of Rights.

10. NOTICE

Patients have a right to notice of this Patient Health Privacy Bill of Rights in plain, understandable language by entities using the method most likely to inform patients of [about] their health information privacy rights.

This Patient Privacy Bill of Rights should be incorporated into legislation passed by Congress in order to enforce these principles. Such a Bill of Rights should be interpreted in a manner that is consistent with constitutional law, laws pertaining to privileged communications, and standards of professional ethics; all of which strengthen the clinician-patient relationship, confidentiality, and patient trust in health information technology.

Response to “A Case of Matricide”

I wish to respond to the article by John West (*TAP* 46/2) that portrays me in a negative light. His article contains many factual errors and misinterpretations that give a false impression of the status of a legal case regarding a (former) client of mine in psychiatric treatment who murdered his mother.

It is misleading for West to pretend he has a comprehensive understanding of this case, including the benefit of hindsight. The article historicizes the case, as if it has already reached a conclusion against me and West is explaining why it was indefensible. But the case is far from over—there has been no settlement and a trial has yet to begin. In addition, the name of the column conveys that this is one of the “Cases from the Frenkel Files,” implying that he is familiar with it. But I have never been insured by Frenkel & Company, so it is unclear why they would have a file on this case.

If West did not have access to the files and there has been no trial to report on, what is his source of information? What he seems to know can be found in the Georgia Supreme Court opinion he cites (*O'Brien v. Bruscato*, 715 S.E. 2d 120—Ga. 2011). Anyone who takes the time to understand this seven-page document (which is available online) will be able to see for themselves the main errors in West's article that I point out here.

The article states:

“A key factor in this case was that Bruscato was never found guilty of a crime and probably never will be. This leads to the conclusion that Bruscato's action was not intentional for the purposes of forming the requisite legal intent to commit a crime.”

This conclusion, the main point of West's article, is fallacious. The fact that Bruscato has not been found guilty does not mean that he has been found *not guilty*. There has been no criminal trial, so Bruscato remains indicted for murder. There has been no conviction or acquittal. Being found incompetent to stand trial is commonly confused with being found not guilty by reason of insanity, though it is surprising for an attorney to make this mistake.

“The court reviewed all the evidence of Bruscato'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.”

In reality the Supreme Court had no authority to rule on Bruscato's psychiatric condition. The court was charged only with deciding whether he could proceed with a malpractice claim for his having committed

a wrongful act. The court raised the question of whether or not Bruscato knowingly committed the act, but did not—and could not—answer this question.

Much of the clinical narrative in the article is taken verbatim from the facts of the case described in the Supreme Court opinion, but West errs in presenting this narrative as though it were a thorough, balanced, and conclusive assessment. The first footnote in the opinion makes clear that this narrative was not intended to be impartial: “Because this case requires the review of the trial court's grant of O'Brien's motion for summary judgment, the facts are set forth in the light most favorable to Bruscato, the nonmovant.” Beyond being biased, on some points the narrative is simply wrong (for example, in a description of Bruscato as “unmedicated”).

TAP is not the place to present my side of the case, and, in any event, considerations of confidentiality would limit my ability to do so. I ask my colleagues to consider, though, if it were as open and shut as West makes out, perhaps I would have preferred to settle the matter quietly long ago. The dissenting opinions of the Georgia Court of Appeals (*Bruscato v. O'Brien*, 705 S.E. 2d 275—Ga. 2010), also available online, provide some idea of how much more complicated the case really is.

Derek J. O'Brien, M.D.
Atlanta, Ga.

Editor's Note: Attorney John West works with Frenkel & Company, which offers liability insurance to APsA members. The goal of the column is to have readers benefit from understanding real-life cases involving malpractice allegations, which might affect any of us. Although the material reviewed is part of the public record, *TAP* policy encourages that prior to publication, cases involving members should be discussed with the member in question, and de-identified as well. That protocol failed in this instance and I offer my sincere apologies to Dr. O'Brien.

Please bear in mind that West has access to the published legal decision, but not the case files. His goal is to make the legal proceedings understandable to readers who may face similar clinical scenarios in their own practices. West tries to point out ways in which the practicing psychoanalyst can avoid legal pitfalls.

There are plans under way to allow readers to answer a short series of questions after completing the article in order to satisfy Risk Management Credits, which some states require for licensure.



Stabilizing a Suicidal Patient Before Incarceration

What Does Law Require?

John C. West

On April 3, 2004, Matthew Bonnette was involved in an automobile collision in New Orleans. He was arrested in connection with the incident, although the grounds for his arrest are not detailed in this opinion. The police transported him to the Medical Center of Louisiana New Orleans emergency department (ED), where he was diagnosed with muscle strains to his back and suicidal ideation.

The emergency department physicians ordered a psychiatric evaluation. During the evaluation Bonnette informed the doctors that for approximately a month he had experienced a decrease in sleep and appetite along with drastic weight loss. He discussed hanging himself and disclosed that on two prior occasions he had attempted suicide.

RELEASED TO POLICE CUSTODY

The ED doctors diagnosed him as suffering from a major depressive episode. A suicide risk assessment and treatment plan identified numerous specific risk factors for suicide, including, but not limited to, psychic distress, global insomnia, and past suicide attempts. An antidepressant was prescribed and he was released to the New Orleans Police Department, which was advised to place Bonnette on suicide watch while in its custody. He was to be reevaluated on release.

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

Bonnette was transferred to the custody of the Orleans Parish criminal sheriff's office, where he was placed in a cell at the House of Detention. Somehow, a leather restraint strap was left in the cell and Bonnette committed suicide by hanging. It is not clear whether the suicide precaution warnings were transmitted to the officers of Orleans Parish.



John C. West

MALPRACTICE AND EMTALA SUITS FILED

Suit was brought in state court for medical malpractice and violation of the Emergency Medical Treatment and Active Labor Act (EMTALA), 42 U.S.C. §1395dd. The trial court dismissed the medical malpractice claim as premature (it had not been presented to the Medical Review Panel as required by Louisiana law) and dismissed the EMTALA claim. The plaintiff appealed the dismissal of the EMTALA claim.

Had the state of Louisiana waived its sovereign immunity with regard to its state owned hospitals? Was Bonnette suffering from an emergency medical condition that was not stabilized prior to his incarceration?

The court held that the state of Louisiana had waived sovereign immunity and, thus, was subject to suit under EMTALA. It noted that a cause of action under EMTALA was different from an action for medical malpractice; therefore, the action was not subject to the Louisiana Medical Malpractice Act. Although the court did not specifically address whether Bonnette had an

emergency medical condition, by reversing the judgment of the trial court it impliedly indicated that the petition had adequately stated a cause of action under EMTALA.

The court of appeals reversed the decision of the trial court and remanded the case for further proceedings.

RISK MANAGEMENT CONSIDERATIONS

The regulations issued by the Centers for Medicare and Medicaid Services construing EMTALA define an "emergency medical condition" as:

A medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in

1. Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;
2. Serious impairment to bodily functions; or
3. Serious dysfunction of any bodily organ or part.

42 C.F.R. §489.24(b)

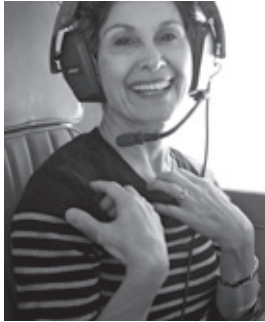
There is no question that a psychiatric condition can be an emergency medical condition that requires stabilization, if detected.

It was obvious, at least in hindsight, that Bonnette was suffering from an emergency medical condition. He had attempted suicide twice in the past, which is one of the best predictors of a high risk of suicide in the future. He had many of the somatic complaints that indicate major depression, and the doctors duly diagnosed major depression. Major depression is a primary indicator of a high level of suicide risk. Since the hospital diagnosed major depression, it was on notice that Bonnette had an emergency medical condition and was in need of stabilizing treatment.

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Flying Doctors

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Mali A. Mann

The clinic is primitive by any standards: a few folding chairs and tables, basic supplies, and medicine we bring on our airplane and leave behind with instructions when we depart.

Our visit is announced sometimes on a local radio program, more often by teenagers going through the streets shouting, "The Flying Doctors are here!" The news of doctors being there generates a sense of hope and excitement for villagers.

Soon whole families are lined up outside the clinic, waiting to be seen for various medical conditions. As the word spreads that free medical care is available, some families in the surrounding villages walk as much as 10 miles, bringing their sick children for treatment in our tiny clinic. A common scene is a mother holding a baby tight in a shawl wrapped around her bosom, waiting with many others long hours for the doctors or a nurse to put a caring touch on them. These children have various medical problems, usually malnutrition, fever due to upper respiratory infection, and gastrointestinal illness.

During my visits, I see mainly children and function as a general pediatrician and child psychiatrist at the orphanage clinic. I also work with the staff to help them with their more difficult cases, ranging from behavioral problems, sleep disorders, eating disorders to attachment issues.

I remember several particularly moving cases. One involved a two-year-old boy whose mother abandoned him to the orphanage two months prior to my visit. He looked despondent, unresponsive, and angry. No verbal engagement or prompting worked with him. He sat on the stairway and pouted for a long time. Trying to play with him, talk, or give him food did not move him at all. His big brown eyes were defiant, mistrusting; yet at the same time he waited,

wondering what I was doing there. His voice was weak, distant, and lifeless. He tried to mumble a few words in Spanish. I thought the little boy was in despair and most likely traumatized over his abandonment.

INEVITABLE QUESTIONS AND DOUBT

Was there any answer to this human tragedy?

Did he sense my doubt and despair in the face of such massive injustice?

Do these children want an answer to an old question when there seems to be none?

These children must rely on who is available and trust them. Could they afford to be distrustful?

Was I embracing irrationality by volunteering to do work that does not appear to make that much of a difference?

It seemed the boy wanted the head woman in the orphanage to let go of other children, return to him, and spend time exclusively with him. He needed a loving touch and did not know if he could get it or how to ask for it. Making the nature of his problem understandable to the staff helped his situation to some degree. Once again I was facing the old question of whether my providing healing and caring to children in a devastated orphanage could possibly make much difference in their overall living conditions, when their poverty was unimaginable? Did being there give me a sense of false satisfaction?

There were those moments when I found myself struggling with just what to give to these kids. Despite my self doubt, I felt I was giving what appeared to be a helping hand and attention, however brief, through translated words and the music of my voice.

Working with staff was a crucial step, similar to my working with parents as a child psychiatrist in my practice. Explaining what was happening to these children at an emotional level helped the staff feel supported and understood. They put a great deal of trust in doctors. The staff was no longer looking at a young patient as an oppositional toddler.



From right, Mali Mann; David Morgan, founder of The Flying Doctors; William Stover, pilot; and Mann's daughter, Andrea Mann.

They were more empathic and changed their approach by giving him the extra affection and love he needed.

There were infants who had been separated from their mothers very early during the first three months of their lives. In some of these cases, a substitute was not available. These children were apathetic, with tears on their faces as they sat in a corner, dazed and unable to communicate. Their behavior reminded me of Rene Spitz's infant observation—what he called "anaclitic depression."

One 18-month-old boy with marasmus, a form of malnutrition, who looked markedly apathetic, would not respond to any external stimulation. He seemed to have regressed to a neonatal state with defense against stimulus barrier. The look in his hollow brown eyes was hopeless and searching. Perhaps he was searching for his lost mother. Again, I found myself questioning how much help I could be to a problem so vast.

Once an attractive young girl arrived with a worried look on her face. She claimed to be 16 but was most likely not a day over 14. "Rosa Maria" thought she might be pregnant but could not believe that was possible. She confessed to having sex "only once" with her boyfriend, but explained that the act could not have made her pregnant. Her boyfriend had assured her that drinking Corona beer before and after lovemaking made her invulnerable. Luckily she had dodged the bullet this time, and a clarifying explanation gave her knowledge and contraceptives if not willpower.

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Our work with the staff at the orphanage presents a challenge for us as well. There are too many children and too few staff. The main female caregiver, Soledad, is overworked and suffers from chronic kidney problems. Much of our time is centered on helping the caregiver provide love and attention to these 35 unfortunate, poor children.

Moments later, I have had to detail the list of problems these children were dealing with in their records, charting them so that the next group of doctors would have some idea about what I had done.

This is the condition of poverty I encounter in parts of Mexico, and it is substantial. People live in shacks, struggling for survival, yet their resilience is amazing. For us, members of The Flying Doctors, the pleasure of doing good—with real, immediate results—certainly outweighs the hardships we face in travel and staying over a weekend. Just being there, touching and examining, talking and educating, guiding people with a sense of respect, and sharing their pain seems to make them feel better.

I have been impressed with each subsequent visit. The structure and cleanliness of the orphanage has improved since my first trip in the early 1990s. The children appear better nourished, and the look of despair on Soledad's face has disappeared. In fact, there are rays of hopefulness and enthusiasm among the staff. One new staff member in her mid-forties appears to be very nurturing and caring for these children. They call her "Mom."

Although we cannot solve all the problems brought about by poverty, giving these people medical treatment and education lessens their pain. My hope is that small steps taken towards international understanding and care will someday help bring about a healthier world.

From my experience, I have learned that the power of healing has no boundaries and caring hands can touch a human heart. 

Editor's Note: A similar, previous version of this article appeared in the newsletter published by the Association of Child Psychoanalysis. Permission was given to reprint.



Education Department Awards Call for Submissions

Committee On Research and Special Training CORST Essay Prize in Psychoanalysis and Culture

Seeking essays on psychoanalytically informed research in the biobehavioral sciences, social sciences, arts and humanities.

Prize: \$1,000 + Submission to JAPA

Committee on Psychoanalysis and the Academy Courage to Dream Book Prize

Seeking nominations of books that promote the integration of the academic and clinical worlds of psychoanalysis.

Prize: \$500

Committee on Undergraduate Education 3rd Annual Undergraduate Prize

For an undergraduate paper or essay which engages psychoanalytic ideas in relation to a focused question in any academic discipline.

First Prize: \$300 Second Prize: \$100

Submission Deadline September 21, 2012

For more information visit www.apsa.org or email Debbie Steinke Wardell at dsteinke@apsa.org


Suicidal Patient

Continued from page 27

Incarceration may not be an adequate substitute for stabilizing treatment. Once the hospital knew that he had an emergency medical condition, it was required either to stabilize the condition or to transfer Bonnette to another health care facility (medical or psychiatric) for stabilizing treatment. Transferring him to jail was a discharge without stabilization.

Hospitals need to be extremely careful with patients who are going to be incarcerated. There should be a good medical

examination to ensure that there are no medical conditions that may require treatment during incarceration. If there are medical conditions that can be treated appropriately in jail, the medical clearance should specify them. There must also be a good psychiatric evaluation and necessary stabilization to ensure that the patient may be safely housed in a correctional facility. Failure to meet these requirements may spell liability for the hospital.

Bonnette v. Louisiana,
972 So. 2d 340 (Ct. App. La. 2007). 

RETELLING AN ANALYTIC LIFE: A Tribute to ROY SCHAFER, PH.D.



Sponsored by
**The Association for
 Psychoanalytic Medicine**
 in collaboration with
**Columbia University Center for
 Psychoanalytic Training and Research**

October 20, 2012
 9:00 am - 4:30 pm

Mount Sinai Medical Center
 Stern Auditorium
 1468 Madison Avenue
 (at East 101st Street),
 New York, NY

SPEAKERS

Elizabeth L. Auchincloss, M.D.,
 New York, NY

Rosemary H. Balsam, M.R.C.P.Ed.,
 F.R.C.Psych.Lond., New Haven, CT

Michael Feldman, M. Phil.,
 F.R.C.Psych., F. Inst. Psychoanal.,
 London, England

Richard C. Fritsch, Ph.D., ABPP,
 Washington, D.C.

Jay Greenberg, Ph.D., New York, NY
Lucy LaFarge, M.D., New York, NY

Jonathan Lear, Ph.D., Chicago, IL

Robert Michels, M.D., New York, NY

Roy Schaffer, Ph. D., New York, NY

Henry Schwartz, M.D., New York, NY

Marvin D. Wasserman, M.D.,
 New York, NY

REGISTRATION

Send this form with a self-addressed stamped envelope to:

Retelling an Analytic Life: A Tribute to Roy Schaffer
Conference Registrar

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Check enclosed (payable to The Association for Psychoanalytic Medicine)

SYMPOSIUM FEES

Early Registration - postmarked by September 15, 2012

General	\$150
APM Members	\$135
Candidates & Residents	\$85
Full time Students (with I.D.)	\$50

Registration - postmarked after September 15, 2012

General	\$175
APM Members	\$150
Candidates & Residents	\$100
Full time Students (with I.D.)	\$60

Registration - on Site

General	\$200
APM Members	\$160
Candidates & Residents	\$120
Full time Students (with I.D.)	\$70

CME certificate fee \$25 (6 hours category 1 credit); NASW CEU certificate fee \$25 (7 CEUS)

Cancellation Policy:

Refunds will be given less a \$25 administration fee if request is received by email or in writing postmarked by October 13, 2012. After that date no refund will be given.

Upcoming Meetings

**2013 National Meeting
 (JANUARY 2013)**

**2013 National Meeting
 January 15–20, 2013
 Waldorf Astoria Hotel
 New York City**

Featured Sessions:

Meet-the-Author with Philip Bromberg, Ph.D.

Chair: Melinda Gellman, Ph.D., with Christine Kieffer, Ph.D., as discussant.

Panels:

Silence *Chair:* Melinda Gellman, Ph.D.

Presenters include: Ronald Britton, M.D.

Learning from Ourselves *Chair:* Theodore Jacobs, M.D.

Presenters: Richard Almond, M.D., Judy Kantrowitz, Ph.D., and Shelley Orgel, M.D., with Warren Poland, M.D., as discussant and Lori Pellegrino, M.D., as reporter.

Safety for the Analysand, Safety for the Analyst, Safety for the Dyad *Chair:* Joseph Lichtenberg, M.D.

Panelists include: James Hansell Ph.D., Evelyne Schwaber, M.D., and Estelle Shane, Ph.D.

Mourning, Identity, Creativity *Chair:* Adele Tutter, M.D., Ph.D.

Panelists: Otto Kernberg, M.D., Anna Ornstein, M.D., and Leon Wurmser, M.D., with Jeanine Vivona, Ph.D., as discussant and Tehela Nimroody, Ph.D., as reporter.

Child and Adolescent Panel:

Transference in Child and Adolescent Analysis

Panelists include: Alessandra Lemma, D.Clin. Psych.

University Forum:

Shakespeare's Othello will be discussed by Michael Wood, Ph.D., Charles Barnwell Straut Class of 1923 Professor of English and Comparative Literature at Princeton University, and Robert Brustein, Ph.D., Professor of English, Harvard University (emeritus), who is also the founding director of the Yale Repertory Theater and the American Repertory Theater. *Chair:* Stanley Coen, M.D., with Paul Schwaber, Ph.D., as discussant.

Inaugurating a New Format:

Mark Solms, Ph.D., from Cape Town, South Africa, will be a guest of the American Psychoanalytic Association and present on the topic of neuropsychanalysis at several conference events.

He will also inaugurate a new APsaA Forum called **Innovations**. Solms will talk about a social enterprise venture aimed at breaking down the apartheid divide in South Africa that includes entrepreneurial collaborations and reckoning with history with the descendants of slaves on a successful wine estate originally owned by Solms's family. *Chair:* Kimberlyn Leary, Ph.D.

**103rd Annual Meeting
 (JUNE 2014)**

APsaA is proud to announce a new 2-3 day spring meeting format for June 2014, with details forthcoming. (APsaA will not hold a spring educational meeting in June 2013)

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

June 13, 2012

Palmer House Hilton Hotel,
Chicago

Training and Supervising Analysts

John C. Foehl, Ph.D.
Boston Psychoanalytic Society
and Institute

William Glover, Ph.D.
San Francisco Center
for Psychoanalysis

Sheri Butler Hunt, M.D.
Seattle Psychoanalytic Society
and Institute

Julia Matthews, Ph.D., M.D.
PINE Psychoanalytic Center

Geographic Rule Supervising Analysts

James Dimon, M.D.
Oregon Psychoanalytic Center

Catherine Kimble, M.D.
Seattle Psychoanalytic Society
and Institute

Geographic Rule Training Analysts

Robert Alan Glick, M.D.
Saint Louis Psychoanalytic Institute

Robert Nover, M.D.
Saint Louis Psychoanalytic Institute

Child and Adolescent Supervising Analyst

Michael D. Colman, M.D.
Michigan Psychoanalytic Institute

Tibetan Buddhism

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BODHICITTA AND BODHISATTVA

In the early years of the first millennium CE, a new idea arose in the Buddhist world, leading to the development of the Mahayana school. This new idea was the bodhisattva ideal. For Mahayana thinkers, it was not sufficient, nor consistent with enlightenment, to seek salvation through enlightenment for oneself only. Rather, it was thought, an enlightened being would feel too much compassion for the suffering of others and

One such bodhisattva is the Great Compassionate One, Avalokitesvara, who is regarded as the ancestor of the Tibetans and is the patron deity, reincarnated in the person of the Dalai Lama. He looks down on suffering humanity with the love and devotion of a mother for her children. We, too, as analysts/therapists, not only expect that as the narcissism of our patients wanes, their compassion for others will grow. We ourselves must be empathically attuned to them, and feel compassion for their suffering, while scrupulously avoiding either aversion or clinging attachment to them.

We ourselves must be empathically attuned..., and feel compassion for their suffering, while scrupulously avoiding either aversion or clinging attachment to them.

would therefore choose not to attain the pure nonexistence of nirvana, but would instead choose to remain in the world in order to help lead all sentient beings toward enlightenment. The wish to achieve enlightenment so as to be of service to others in the quest for salvation is called the arising of *bodhicitta*, the mind of enlightenment; and a being who, through meritorious action over countless lives, has achieved the goal is called a *bodhisattva*, a hero of enlightenment.

The value of compassion thus enters the stream of Indian Buddhist thought, based on the insight that all beings are devoid of independent self-sufficient essence but are dependent on others for their own transitory existence in this life. Having overcome the misguided investment in the illusory self and its desires and aversions, the person becomes capable of a compassionate identification with others and wishes to free them from suffering. The complex pantheon of Mahayana Buddhism, which prevails in China, Japan, Korea, and Vietnam, insofar as these countries are Buddhist, is made up in large part of bodhisattvas who have vowed to help lead people who worship or are guided by them towards enlightenment and the end of suffering.

TANTRISM

The final component that created the Vajrayana tradition is that of Tantrism, flourishing in India in the second half of the first millennium CE. The Tantric texts not only introduced yoga and various "magical" practices into the religion but also featured the extensive use of sexual and violent symbolism (and sometimes not just symbolism). Psychoanalysis, too, recognizes lust, rage, dread, horror, and other strong emotions as ineradicable aspects of the human condition; and, like the Tantrists, we seek not to exclude and deny these, but rather to rescue them from the cellars and attics of the mind, to put them to use where appropriate, and otherwise to transform them through sublimation into symbolic form so that they cease to subvert our more pro-social aims but can actually serve and energize them.

Finally, psychoanalysis shares with all forms of Buddhism a commitment to the idea that the best way to spend this short human life we have been given so improbably in the vast and lifeless universe, is a relentless, long-term, uncompromising quest to understand ourselves and our place in the world of sentient beings, and how best to make use of this precious gift for ourselves and for the service of our fellows.

APSA

Truthfulness

Continued from page 15

own principles: Not only is there condensation and displacement of primary process, the unconscious knows no contradiction and is timeless. This is not about what is getting repressed, the content of unconscious wishes, but how those wishes express themselves. And the fullness that enters truthful speech, for instance, the power of a metaphor, the ability of an image to transform how one sees the world, derives in significant part from healthy communication between these two forms of mental activity.

Second, core unconscious fantasies, as they emerge in the transference neurosis, will not only target the analyst but will spread themselves out in an articulated structure over the entire analytic situation. Unconscious fantasies interpret a world. This has enormous consequences for what we might understand a meaningful human life to be. For our task is not simply to discover this or that hidden wish. Rather, it is to come to grips with the fact that we are creatures who participate in two very different forms of mental life. What would it be to do that well?

We know what it is to do it not so well, to be trapped in neurotic symptoms, or to relate to manifestations of the unconscious as though one were confronted with an unalterable fate. Truthfulness is a capacity for bringing these two different forms of mental activity together in such a way that one can genuinely speak one's mind, inhabit one's life, get it all together in such a way as to become and be oneself. As every analyst knows, and as every analysand (in a successful analysis) learns, this is no mean feat.

RATIONALITY

We live in a culture that has an impoverished conception of rationality. We tend to think of rationality in terms of "rational choice," a logical deliberation of what to do based on our beliefs and desires. From this perspective, we analysts must deal with something else, namely with the marvelous flora and fauna of irrational mental life, with the poetry of the unconscious, with the lifeblood of creativity. And so we do. But if we

think of rationality more generally, as the thoughtful attempt to take our whole selves as well as the world into account as we do our best to figure out how to live well, it would seem that psychoanalysis is essentially a manifestation of our rationality. In fact, aren't the tables turned? Is it not irrational to confine oneself to a constricted understanding of "rational choice"? (One lesson of the financial crisis we are all living through, I believe, is that economists have been living with constricted images of what our rationality consists in.)

It is psychoanalysis that crucially helps us take account of unusual and unfamiliar aspects of ourselves, as we try to work out how to live. (And by "take account," I do not mean merely those tired images of rational deliberation. We might take account of these aspects through poetic creation, cooking a meal, letting our minds wander during a swim, or fruitful free associations.) The crucial insight is that it can never be just a matter of taking into account more items, such as hidden wishes and fantasies, as though self-conscious understanding remained the same, just expanding its purview. Rather, self-consciousness undergoes a transformation in its own activity. Suppose the first violinist of the symphony orchestra learns that he is going to spend the rest of his life in a room with Dizzy Gillespie. Is it rational to ignore him? To spend one's life locked in battle? Or is it rational to find new ways to make music together? This is a transformation not just in what self-consciousness is thinking about but a transformation of self-conscious thinking.

PRACTICAL VS. THEORETICAL REASON

It is customary, indeed, it can seem inexorable, to treat the activity of practical reason as one thing and the psychoanalytic uncovering of the irrational unconscious as quite another. But this picture rests on confusion, one that pervades the modern age, of what practical reason is. The distinction between theoretical and practical reason, which goes back at least to Aristotle, is one of the most fundamental insights into the functioning of the human mind. In the modern world it has come to be taken as a distinction between subject matters: Theoretical reason

contemplates truths about the world; whereas, practical reason contemplates what to do. But the great philosophers, notably Aristotle and Kant, recognized that the distinction concerned not so much subject matter as the very forms of thinking. In theoretical reason, our understanding of the cause of an event in the world is distinct from the cause that is understood. (The moon's movements may cause the flow of tides on earth, but my understanding of this does not affect the tides one way or the other.)

In practical reasoning, by contrast, my understanding of the cause is itself an essential part of the cause of what it brings about. So, to take a trivial example, my understanding of how to make a cup of tea is itself efficacious when I go about making a cup of tea. I cannot bring a cup of tea into existence in any other way than via my understanding of how to make one. My understanding of how to make tea is guiding my tea-making activity at every step. And, astonishingly, my understanding of myself as efficacious is itself part of the efficacy. It is only because I understand myself as capable of making a cup of tea and, indeed, as exercising my capability right now that I succeed in making this cup of tea. In the practical case, my understanding of the cause is the cause.

Once one recovers this ancient conception, it becomes clear that psychoanalysis is essentially practical in two dimensions. First, from the point of view of the practicing analyst, it is her understanding of the psychoanalytic process—of what is going on in the here and now of the transference and countertransference, of the analysand's unconscious fantasies and psychic conflicts, her understanding of technique and interpretation—that is everywhere guiding her work. She cannot proceed as a psychoanalyst other than via a psychoanalytic understanding of what she is doing. And her work is a practical therapeutic intervention in the life of another person. Obviously, theoretical insights into the workings of the human psyche may emerge by reflecting on this peculiar practical context, but the essence of the treatment and the basis of the insight are practical.

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Truthfulness

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Second, from the point of view of the analysand, it is precisely his slowly emerging grasp of his unconscious fantasies, inner conflicts, and psychodynamic whorls that play a crucial role in his coming to live a more vibrant, meaningful life. Psychoanalysis, for the analysand, is an unusually rich way of taking oneself and one's world into account. That is why Freud's aim, making the unconscious conscious, is not just a theoretical discovery about some previously hidden contents, but a therapeutic technique that can actually help a person via his emerging understanding of who he is. Understanding is the cause of what it brings about, the enriched life that is the outcome of psychoanalytic treatment. Of course, by "understanding," we cannot just mean a theoretical grasp of some true facts about oneself, even accurate and significant ones. That is too desiccated an understanding of understanding. It must be a truthful grasp: a living understanding that is itself active in the life that is being lived as it is being understood.

Practical reason is the truthful and thoughtful attempt to take oneself and one's world into account, where the thinking is itself efficacious in living a rich and meaningful life. Practically speaking, coming to know myself is the very activity of becoming and being myself. Viewed in this light, psychoanalysis is a marvelous and historically new development of practical reason.

This claim may seem odd, but only because we have inherited constricted conceptions of truth, reason, and practicality; a dubious gift of modernity. We are largely unaware that this inheritance is optional. Psychoanalysis has contributed so much to human self-understanding, yet it has remained relatively untouched by the thought that repression, inhibition, distortion, and splitting can occur not just within the human psyche but in our life with concepts. And yet it is with concepts that we try to understand ourselves.

As psychoanalysts, we aim at truthfulness, both in ourselves and in our analysands. This is not primarily a psychological claim about

what is going on inside us; it is a constitutional claim about what it is for us to be psychoanalysts. To understand what this means is to understand who we are. But what kind of understanding is this? Here I want to say that it is a mistake, one that is extremely tempting in the current age, to think this is primarily a theoretical question, one that can be answered by gathering more facts about human beings, whether neurological, psychological, or social.


Value of the Open

Continued from page 14

HUMANIZATION OF SEXUALITY


For Freud, the possibility of desire inherent in love and work can only be understood through its own mythic origin—the killing of the father, a first desire to possess one's mate, women entering into an economy of exchange, humans banding together in small communities, acceptance of a problematic division of labor, establishment of guilt and law—namely what Lacan calls the humanization of sexuality. Failure is always first *this* failure. The failure is the failure of civilization and the attempt to transform or translate desire into a stable communal structure. It is, as Freud has shown, always predicated on an impossible equilibrium between possession of the good and expulsion of the bad. The universal failure of neurosis, our enduring discontent, is the failure inherent in the relation between desire and these sedimented repressions of culture. Extending backward, we find a mythical past where man was first and forever divided from nature.

Love and work, for Freud, are almost of equal necessity as failure. Sublimation is the most narrow of solutions, itself coming at a great cost to the satisfaction of the drive. The prolonged period of infantile helplessness, *Hilflosigkeit*, the diphasic nature of sexuality, the strangulating effects of the family, and the subsequent personalization of disappointment in the realm of human relations, colored sadomasochistically, is our lot. Psychoanalysis begins here and the solutions it provides, the so-called cure, is unknown. It is what is not yet, but what is to come by the work of analysis alone. Perhaps it is a contribution to a culture

It is not that theoretical understanding is unimportant; of course, it is. But ultimately we are faced with a practical question that can only be answered through interpretive struggles in which one cannot avoid being implicated oneself: facing up to the historical distortions, resistances, and transformations of our concept of truth, as well as our interpretive struggles with ourselves and our analysands. We learn what truthfulness is by taking it on as a life-task. There is no other route. 

where, as Freud says, "every man must find out for himself in what particular fashion he can be saved." No positive conclusions should be sought. Theoretically psychoanalysis is descriptive not proscriptive.

Any good in an analysis that is not the patient's own or, even further, one that does not spring directly from the passions of the symptom is therefore, for Lacan, an imaginary function. We have a psychoanalytic ethic of the open and we have the closure of orthopedic therapeutics. The disagreement about essentialism behind this split is so fundamental it practically seems irresolvable. For now, I would have to admit that this is painfully true, particularly to the extent that any kind of essentialism is read by Lacanians to be an act of closure, the neurotic symptom *par excellence*. The neurotic demand is always a demand for an essential relation, for an object that does not challenge one's sense of self but props it up, that closes down the space of desire. If psychoanalysis takes up a position that deems this possible or even merely positive, even theoretically, then it cannot submit a neurotic demand to analysis, at least not in good faith.

I do not want to end on such a bleak note. I think that this value of the open is absolutely critical, that psychoanalysis alone is in the position to speak to this kind of ethical transformation, of the difficulties of maintaining it and the points it goes awry, as well as the marvelous and singular solutions our patients come to, the opening through analysis of new ways of living and loving. I see the value of the open in psychoanalysis as one that always remembers what Eros makes possible and how tirelessly it has to be given room in order to fight off the forces of the death drive. 

New Members

101st Annual Meeting of Members
Palmer House Hilton Hotel, Chicago

ACTIVE MEMBERS

Eileen Becker-Dunn, M.S.W.
Tanya J. Bennett, M.D.
Joanna Bures, M.D.
Robert T. Elliott, M.D.
Deborah Fried, M.D.
Francoise Graf, Ph.D.
Krishna K. Gupta, M.D.
Annette L. Kennedy, Psy.D.
Lisa Marcus, Ph.D.
Marilyn N. Metzl, Ph.D., ABPP
Peter Z. Perault, M.D.
Catherine Post Sullivan, M.S.W.

CANDIDATE MEMBERS

James F. Baldwin, M.A., L.P.C.
Adam Brownstein, M.Ed.
Joanne Burgio, Ph.D., L.P.
Marnette R. Doyle, M.S.W.
Sara M. Dumas, M.D.
Stephanie Fariss, J.D., L.C.S.W.
Jamey Levy, M.D.
Kathryn McCormick, M.A.
Tehela Nimroody, Ph.D.
Bianca Previdi, M.D.
Julia J. Tate, J.D., L.C.S.W.
Crystal Tholany, M.D.

ACADEMIC ASSOCIATE MEMBER

Nancy J. Crawford, J.D.



Call for Submissions

Poster Session

2013 National Meeting

January 15-20, 2013

Waldorf Astoria Hotel, NYC



APSA's Subcommittee on Posters and Research Symposia and Psychodynamic Psychoanalytic Research Society (PPRS) invite Poster Session submissions for the 2013 National Meeting.

The subcommittee welcomes submissions with conceptual and/or empirical relevance to psychoanalytic theory, technique, aspects of practice, and effectiveness of psychoanalysis. The Poster Session is intended to convey new unpublished data, new analyses of these data, newly designed ongoing studies, as well as scholarly conceptual analyses and interpretations to participants at APSA's meetings.

An additional important emphasis is upon contributions from multiple disciplines, including research questions in 'neighboring fields' — such as clinical, developmental and social psychology, family psychology, neuroscience, anthropology, sociology, literary criticism, as well as historical studies, history of ideas, and art history.

The Poster Session will take place on Friday, January 18, 2013.

Submission procedures may be found at
www.apsa.org/POSTERSESSIONS

Submission Deadline: October 1, 2012

For further information, contact:

Linda Mayes, M.D., linda.mayes@yale.edu

In Memoriam

Irving H. Berkovitz, M.D.
May 27, 2012

Winslow Robert Hunt, M.D.
March 27, 2012

George Klumpner, M.D.
March 16, 2012

Harvey Steinberg, M.D.
June 16, 2012

David Coffey, M.D.
January 17, 2012

Richard A. Isay, M.D.
June 28, 2012

Frederick M. Lane, M.D.
June 12, 2012

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

Bertram J. Cohler, Ph.D.
May 9, 2012

Ilse K. Jawetz, M.D.
January 9, 2012

J. Victor Monke, M.D., Ph.D.
February 4, 2012

Judith S. Wallerstein, Ph.D.
June 18, 2012

Joseph Fischhoff, M.D.
January 24, 2012

Stanley M. Kaplan, M.D.
November 10, 2011

Douglas B. Price, M.D.
April 18, 2012

May Weber, M.D.
May 19, 2012

George W. Greenman, M.D.
May 16, 2012

Jerome Kavka, M.D.
May 14, 2012

Anne Sclufer, Ph.D.
March 1, 2012

Harold W. Wylie, Jr., M.D.
December 5, 2011



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2013 National Meeting

Presidential Symposium
Otto T. Kernberg, "The Twilight of the Training Analyst System"

Plenary Sessions
Warren R. Procci, "The Second Century for Psychoanalysis and for APsAA: Their Fates May Differ"
Rosemary M. Balsam, "(Re)-Membering the Female Body in Psychoanalysis"

January 15-20
The Waldorf Astoria Hotel

www.apsa.org