

the **AMERICAN**  
**PSYCHOANALYST**

FALL/WINTER 2012  
 Volume 46, No. 4

Quarterly Magazine of The American  
 Psychoanalytic Association



## Continuing Challenge of Rehabilitating Boundary Violators

Marvin Margolis

In 2007, the Committee on Psychoanalytic Education (COPE) established a Study Group on Boundary Violations and Rehabilitation to consider the rehabilitation of unethical colleagues. The members of our study group are indebted to the many courageous colleagues and patients who have shared their experiences of boundary violations and rehabilitation with us. We are also deeply appreciative of the representatives of institutes and societies who have joined our meetings to describe their creative efforts to establish innovative structures to deal with these issues.

*Marvin Margolis, M.D., Ph.D., is chair of the Study Group on Boundary Violations and Rehabilitation.*

*Study group members are Sydney Arkowitz, Ph.D., Rita W. Clark, M.D., Suzanne M. Gassner, Ph.D., John M. Hall, M.D., Rion Hart, Ph.D., Ellen Helman, M.S.W., Elizabeth Hersh, M.D., Peter Kotcher, M.D., Frederic Levine, Ph.D., Howard B. Levine, M.D., Gayle E. Marshall, M.S.S.W., Lynne Moritz, M.D., Dushyant Trivedi, M.D., Vaia Tsolas, Ph.D., and Peggy Warren, M.D.*

After six years, we still feel that we are a long way from the conclusion of our work. The following is a brief interim overview. Most of our institutes, societies, and centers do not as yet have rehabilitation programs. We have been studying the efforts of the minority who do have such programs. They have initially been established to help deal with colleagues who have been sanctioned for major sexual boundary violations, but they are structured to deal with a wider range of boundary violations. These psychoanalytic communities wish to devise programs to provide a path back to full membership, if at all possible, since many of these colleagues have the potential to deal successfully with their ethical problems.

### ANALYTIC COMMUNITY'S RESPONSE: SANCTIONS AND REHABILITATION

Sexual boundary violations have been particularly shocking to the entire analytic community, especially when committed by prominent analysts in leadership positions. Their unethical behavior has been a betrayal of our analytic ideals, an undermining of our effectiveness in the community, and, first and foremost, very damaging to patients who had turned to our colleagues for help but were betrayed.

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All recognize our responsibility to help these patients find a new analyst and continue our support as long as it is needed.

Understandably, colleagues' shock soon turns to anger. While this is not the appropriate time for a decision about permanent membership status, there is an immediate need to discipline the colleague usually by restriction of privileges and often by a suspension of membership.

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

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**ISSN 1052-7958**

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# Unfree Associations

Bob Pyles



Bob Pyles

I have just returned from the 29th Congress of the Latin American Psychoanalytic Group held in Sao Paulo, Brazil. It was a remarkable meeting and I will write more

about it in my next column. What I would like to focus on here is that the International Psychoanalytical Association seems to have been able to accomplish something that we in our Association thus far have been unable to do. That is, to consider and discuss a central idea, an idea that is at the core of our philosophy, without reaching for lawyers or threatening to split.

The title of this column is taken (with permission) from a remarkable book of the same name, published in 2010, written by Douglas Kirsner, an Australian professor of philosophy and psychoanalytic studies at Deakin University.

The book is based on a series of interviews with faculty members of four institutes, New York, Boston, Chicago, and Los Angeles, and describes in riveting fashion the bitter internecine political struggles, marked by intolerance and polarization and often resulting in splits. This book is a "must read" for anyone involved in psychoanalytic administration or education.

## CLEAR AND COMPELLING CONCLUSIONS

Kirsner's conclusions are clear and compelling: Each of the institutes he studied was divided by conflicts over power and authority. The most impassioned and damaging of these conflicts were animated by perceived inequities in the TA system.

Bob Pyles, M.D., is president of the American Psychoanalytic Association.

As many of you know, the PPP (Perlman-Pyles-Procci) Proposal was introduced in September of 2011. This has sparked an ongoing discussion, which culminated in our last meeting with the Executive Council passing a resolution that the selection of training analysts should be based on objective criteria. Naturally, this has created a tremendous amount of confusion, consternation, and misunderstanding about the meaning of the Executive Council's action and the meaning of the PPP Proposal.

Although this was simply a proposal put forward for the purpose of discussion and consideration, it would seem that there is something in the very nature of our group that prevents us from being able to tolerate actually discussing these ideas without feeling a kind of annihilatory anxiety.

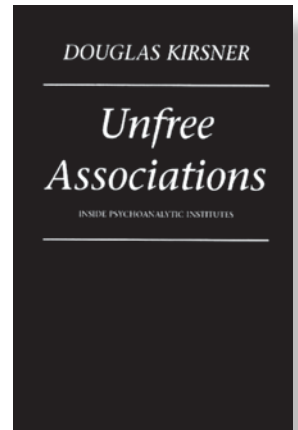
At the heart of this discussion is the question of authority: Who has it and what place it has in a psychoanalytic education system. The Presidential Plenary at the January 2013 National Meeting, which will be given by past-president, Warren Procci, will focus on one aspect of this issue in his address, "The Second Century for Psychoanalysis and for APsaA: Their Fates May Differ." Otto T. Kernberg will take up the TA system directly in an address, "The Twilight of the Training Analyst System."

## IPA PRECEDENT

We might very well look to the example of the IPA a few years ago when they were faced with a similar crisis. The flashpoint of the issue was that of frequency, three versus four-to-five times a week as a minimum training standard. Former IPA president, Daniel Widlocher, put me in charge of a committee to try to resolve the conflict.

Up to this point, the IPA had always formally recognized only a single system of education, the Eitingon, based on the original model of the Berlin Institute, though others were known to exist "under the radar," similar to our own situation.

One of the wonderful achievements that the IPA was able to accomplish was to get away from the narrow legalistic way of thinking, and focus on the larger educational picture and the larger issues. Up to that point, the IPA was focused, as we are now, on a very legalistic way of thinking that was highly polarizing and problematic.



The most impassioned and damaging of these conflicts were animated by perceived inequities in the TA system.

My committee hit upon the idea of surveying the training practices in all of the societies around the world and came up with the concept of "models of education." The willingness of the committee to collect and assess objective data was key in breaking the impasse. Then by moving to the concept of models, we were able to rise above narrow issues and look at educational systems in their entirety. For quite some time, the controversy was focused on the single issue of frequency. As long as each side maintained and hardened its position, the anger and bitterness became so pronounced that the IPA was in serious danger of splitting.

By moving the discussion to the higher plane of educational systems, we were able to consider each element, such as frequency, training analyst system, and so forth in a context.

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## Unfree Associations

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The three models that we were able to identify (the Eitingon, the French, and the Uruguayan) were carefully considered and discussed by the IPA Board. Each of these systems had been in existence for decades and had a proven track record of producing graduates of high quality. By looking at the total educational system, we were able to evaluate the quality and nature of each of them. The IPA Board came to the conclusion that, while each of the three had real differences, all three depended on the tripartite model (coursework, personal analysis, and supervised control cases), at least in spirit, if not in letter.

For example, the French system does not have the title "training analyst," and analysis is not mentioned in its description of the requirements for training, because the analysis is considered to be entirely outside of the educational process, a completely independent function between the candidate and analyst. However, in general the French have a tradition of long analyses. There is considerable evidence to show that length of an analysis, rather than the frequency of sessions, is in many ways more important in terms of producing growth. Consequently, in the French system, absence of the formal title of training analyst was accepted by the IPA and grandfathered as a perfectly acceptable way of treating candidates.

There is a similar situation within the Uruguayan model in which the actual title of training analyst is not used because of the country's political history of people suffering under fascist authoritarian regimes. Consequently, the structure of the educational process is much more democratic, with the candidates' full participation in their education and in the affairs of the institute right from the start. On this basis, this was also considered to be a variation of the tripartite system.

What the IPA should be congratulated for is being flexible enough to recognize and accommodate these rather differing systems of education. In our situation the first action of BOPS was to create a Reference Committee, which was designed to look at the legality of the PPP Proposal. At no point have we

been able to discuss the nature of the TA system and what the cost or benefit of such a system is.

Interestingly, two of the three officially recognized models do not utilize a training analyst system. It seems to me that the French and Uruguayan systems, by focusing on the analysis as a clinical issue rather than an educational one, are on much more solid ground.

### OUR CURRENT IMPASSE

However, the main issue is that we cannot seem to be able to discuss these things in any sort of civilized or "analytic" manner. It was my deep wish when this discussion began that we could finally come to some sort of resolution of our disagreements over the training analyst system and certification, so that we could move on to do the things we need to do to promote and save psychoanalysis.

Kirsner interviewed me for his book in 1992, partly because I had been president of the Candidates' Council when the Boston split occurred. He asked if I thought the split could have been averted. I said I thought the split was entirely avoidable, but there was a major failure of leadership and "major

differences in how an institute should be run and its involvement in the community."

So the conflict points over power and authority don't seem to change very much over time. What remains to be seen is whether we have changed enough to come together for the sake of our patients and our profession.

Conflicts over the TA system cannot be resolved by ideological arguments, parliamentary maneuvers, or narrow debates about procedural details. We cannot transcend these conflicts by fetishistic attachments to habitual, taken-for-granted assumptions, or by concrete thinking that throttles creativity by obstructing abstract thought. We need to think more freely, more abstractly, and with a wider field of vision. If we do not transcend the narrow confinement of our current habits of thought, we will be perpetually locked in futile and exhausting exercises of power politics and stale rhetoric. All this and more, and all the while our numbers dwindle, our energies dissipate, and our profession declines.

We must break this impasse before it breaks us. The three-model solution adopted by the IPA is a paradigm for creative problem solving.

APSA

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## Fault Lines

### What Kind of Organization Does APsaA Want to Be?

Colleen L. Carney, Lee I. Ascherman, and Elizabeth A. Brett

Only two years ago, the Board on Professional Standards adopted the most comprehensive revision to our Standards in Education and Training in Psychoanalysis since 1938. This document was thought to be a unifying compromise between two fundamentally different positions pertaining to both educational and professional matters. Since that time however, the fault lines between these two positions have broadened and deepened, but they have also become clearer. In this sense, the recent crisis in governance is a blessing in disguise because the disagreements that have plagued and crippled our organization for decades are now so starkly clear that we can no longer ignore the critical decisions we have managed to avoid, the most fundamental one being what kind of organization does APsaA want to be?

The future of APsaA and psychoanalysis is too important to be determined by reactive solutions and unintended consequences of piecemeal changes. The silver lining in our organizational struggles is that APsaA now has a valuable opportunity to carefully think about and thoughtfully decide what it wants to be. In this article, we will present our perspective on what these fundamental fault lines are. In the most general sense, they seem to fall into three categories: 1) national standards vs. local autonomy, 2) formal peer review of clinical faculty, and 3) separation of membership/guild issues from professional credentialing and accrediting functions.

Colleen L. Carney, Ph.D., is chair of BOPS.

Lee I. Ascherman, M.D., is secretary and chair-elect of BOPS.

Elizabeth A. Brett, Ph.D., is co-chair of the Committee on Institutes and secretary-elect of BOPS.

#### NATIONAL STANDARDS VS. LOCAL AUTONOMY

The specific issue that precipitated the compromise of 2010 was the requirement that certification in psychoanalysis was a prerequisite for an analyst to be appointed as a training and supervising analyst. The establishment of the developmental pathway at first appeared to solve the problem by integrating the processes of certification and TA/SA evaluation. It appears now that the true fault line still remains. To ensure that the credential of certification in psychoanalysis would have a single and uniform meaning, the Standards Review Committee delineated the specific roles of the national participants and local participants of this integrated evaluation process. This respects the fact that certification is, as for all professions, a blind evaluation of core and clinical competencies.

By contrast, an evaluation for TA/SA appointment is a local institute's process of vetting and requesting the appointment of an analyst who will perform a clinical function. Put simply, the compromise of 2010 was not intended to change the meaning of certification; it created a different but equivalent process through which it could take place. This highlights the first fault line; for some the preservation of this distinction is essential, while for others it diminishes local autonomy. This disagreement raises a critical question: Is this a problem that can be solved, can such different ideas of professional credentialing co-exist in one organization?

#### FORMAL PEER REVIEW OF CLINICAL FACULTY

Over the past year, the Board on Professional Standards has been under increasing pressure, first by individual members and most recently by the Executive Council itself, to change or eliminate some of the criteria that qualify individual analysts to be appointed as training analysts. The proposals have had many iterations, but the most recent version is to

eliminate the practice of having those applying for training and supervising appointment present clinical material to the local TA/SA Selection Committee or its functional equivalent.

Historically, and still today, all training and supervising analysts have had two processes of formal peer review. The first is during the certification process and involves presenting clinical material to members of the Certification Examination Committee, who are unknown to the applicant and who are trained to evaluate the core competencies for independent practice in psychoanalysis. The second is the TA/SA evaluation process, part of which is a presentation of clinical material to the Selection Committee of the local institute or a neighboring institute. The evaluation of clinical work is only one part of the TA appointment procedures, which also include assessment of personal suitability, being five years or more past graduation, analysis of both genders, and with termination of analysis as well as 3600 hours of clinical immersion in psychoanalysis.

The second fault line concerns the proposal to eliminate the evaluation of clinical work of an analyst who will be analyzing and supervising candidates in training. Some argue that graduating from an APsaA psychoanalytic institute and minimal post-graduate immersion should suffice. We believe that this would be problematic for educational and professional reasons.

APsaA institutes as well as IPA institutes require candidates in training to be in analysis with a TA while seeing control cases. This is not suggested or encouraged, it is required. This means that the institute assumes both the responsibility and the liability not only for the candidate but also for the control cases that they treat under the auspices of the training program. TA/SA appointment is a clinical appointment comparable to an attending in a residency program or clinical faculty in an internship program or fellowship.

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## Fault Lines

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In other health care professions clinical preceptors are routinely, if not exclusively, board certified in their specialty and vetted by the program for which they will perform a particular function. Graduation from their own residency program or doctoral internship is a necessary but not sufficient criterion for clinical appointments. Eliminating formal peer review processes would not only render institutes more vulnerable, it also distances our psychoanalytic institutes from mainstream standard practice in allied health care training programs.

In addition, each institute has the obligation to ensure the integrity of its own training program. Because the training analysis is required, it is incumbent upon the institute to provide TAs whose own clinical work is consistent with the educational philosophy of its educational program. Most of the integration of psychoanalytic learning happens in the candidate's own analysis and supervisory relationships. How would an education committee know if an analyst is prepared to perform these functions without some formal evaluation of the analyst's own clinical work?

We know that psychoanalytic competence is not something that ends at graduation; this is the valuable point of the developmental model championed by both the San Francisco and Chicago Institutes. At the same time, psychoanalytic competence does not automatically happen because of graduation and it does not develop in a vacuum; it evolves through continued clinical psychoanalytic experiences. This suggests that those analysts with more immersion in psychoanalysis are probably more prepared to perform these clinical functions than those with less.


While our standards require 3600 hours of analytic immersion for training and supervising analysts, the Committee on Institutes reviews this criterion on an ongoing basis. The question of the quantity and quality of clinical experience that is optimal for TA/SA appointments as well as other criteria for these appointments is an ongoing question under constant review by the Committee on Institutes. It is also being studied as a part of

the Training and Supervising Analyst Development Project. This study is one part of the larger Psychoanalytic Development Project, initiated in 2010 and is a series of studies intended to develop benchmarks for psychoanalytic competence at a number of key points in any analytic career: admissions, progressions, graduation, certification, and TA/SA appointment.

### SEPARATING MEMBERSHIP FROM PROFESSIONAL CREDENTIALING ACCREDITING FUNCTIONS

The third fault line has to do with the multiple functions APsA as an organization embodies. It is a membership/guild organization, but it also sets training standards for institutes, certifies/credentials individual analysts, and approves training facilities. Other health care professions would see that we have the missions and work of three separate organizations in one. There are not only legal

reasons why other professional organizations separate these completely, each having its own board of directors, there are also professional reasons for doing so. Standard practice is that membership concerns are kept separate from credentialing and accrediting functions, and certification and accreditation are still further separated from each other. It is a wonder that APsA has survived this long given the precarious cauldron it tries to contain. Our recent vote to externalize certification is a step in the right direction as is our support of institutes applying for accreditation from the ACPEinc.

However, the recent crisis in governance betrays the true fault line. When our bylaws were written, the authors separated the membership, professional credentialing, and accreditation functions. How and if we can reconcile these internal tensions will determine the nature of our organization as well as the integrity of our profession. 

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**Applications due May 1, 2013**



## 2013 APsaA National Meeting Highlights

January 15–20

Christine C. Kieffer



Christine C. Kieffer

It's time for that yearly reunion for psychoanalysts—the APsaA National Meeting to be held once again in everyone's hometown (for the week), New York City. Each

year, nearly 2000 people attend the National Meeting, which dependably provides numerous opportunities for learning about cutting-edge trends in our field and earning continuing education credits, in addition to opportunities to deepen our knowledge about clinical theory and practice. Participants can share work experiences and further hone clinical skills at the many large panels, symposia, and the more intimate clinical workshops and discussion groups, as well as reconnect with old friends and make new ones.

### CLINICAL WORKSHOPS

The Two-Day Clinical Workshops are one of the meeting's most popular and well-subscribed features. Given that, in the past, some participants had to be turned away from registration for these events due to their popularity, the Program Committee has added several new sections. This year there will be six clinical workshops. We are especially pleased to have featured discussants, Jorge Canestri from Rome and Alessandra Lemma from London, who will comment on presenters' work.

Christine C. Kieffer, Ph.D., serves on the faculty of the Chicago Institute for Psychoanalysis and Rush University Medical School, where she teaches and supervises. She is a member of the APsaA Program Committee and the editorial board of JAPA.



### Two-Day Clinical Workshop #1: Workshop Series in Analytic Process and Technique

Chair: Irene Cairo  
Presenter: Judith Felton  
Discussant: Jorge Canestri

### Two-Day Clinical Workshop #2: Workshop Series in Analytic Process and Technique

Chair: Nancy J. Chodorow  
Presenter: Abby Wolfson  
Discussant: Adrienne Harris.

### Two-Day Clinical Workshop #3: Workshop Series in Analytic Process and Technique

Chair: Sharon Zalusky Blum  
Discussant: Antonino Ferro

### Two-Day Clinical Workshop #4: Psychotherapy Technique and Process

Chair: Larry Sandberg  
Presenters: Larry Sandberg  
Beatrice Beebe  
Suzi Tortora

### Two-Day Clinical Workshop #5: Workshop Series in Analytic Process and Technique

Chair: Richard B. Zimmer  
Presenter: Henry Schwartz  
Discussant: Lawrence Brown

### Child and Adolescent Two-Day Clinical Workshop: Workshop Series in Analytic Process and Technique

Chair: Christine C. Kieffer  
Presenter: Monisha Akhtar  
Discussant: Alessandra Lemma

### LARGE PANELS

The large panels that examine current controversies and offer a variety of thought-provoking clinical perspectives have been an enduring feature of the APsaA meetings. This January, we are proud to feature five large panels:

#### Panel I: Silence, Now

Chair: Melinda Gellman  
Presenters: Ronald Britton  
Jody Davies  
Salman Akhtar  
Virginia Ungar

Chair Melinda Gellman will explore ideas about silence in the context of evolving and diverse theories that shape contemporary psychoanalytic practice. Panelists will offer position papers and clinical vignettes that reflect upon silence in the patient and silence in the analyst. We welcome Ronald Britton from London and Virginia Ungar from Buenos Aires, who are joining the other presenters on this panel.

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# National Meeting January 2013

## Meeting Highlights

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### Panel II: Safety for the Analyst and, Safety for the Analyst, Safety for the Dyad

Chair: Joseph Lichtenberg

Presenters: James Hansell  
Evelyn Schwaber  
Estelle Shane  
Arietta Slate

Reporter: Roger Segalla

This panel, proposed by the chair, Joseph Lichtenberg, will attempt to delineate the role of safety in psychoanalysis, particularly whether safety as an affect may function as the counterpart to anxiety in each session. The panelists will engage in a spontaneous discussion with the chair, one another, and with the audience.

### Panel III: Learning from Ourselves

Chair: Theodore Jacobs

Presenters: Richard Almond  
Judy Kantrowitz  
Shelley Orgel

Discussant: Warren Poland

Reporter: Lori Pellegrino

"Learning from Ourselves," originally proposed by the chair, will explore a relatively neglected area in psychoanalysis: the follow-up of completed analyses. The three presenters, who are experienced analysts, will report on their post-analytic experiences with patients who have returned for either consultation or further treatment. Warren Poland and Lori Pellegrino will discuss the clinical material, highlighting the ways in which analysts may learn about the impact of treatment.

### Panel IV: Mourning, Identity, Creativity

Chair: Adele Tutter

Presenters: Otto F. Kernberg  
Anna Ornstein  
Leon Wurmser

Discussant: Jeanine M. Vivona

Reporter: Tehela Nimroody

Examining the lifelong process of mourning as an inaugurator of personal growth and creativity, this panel will bring together panelists who have been leading contributors to this topic. Jeanine Vivona will formally comment on the exchange, with opportunities for further exploration with the audience.

### Panel V: Child and Adolescent Panel: Transference in Child and Adult Analysis: Current Views

Chair: Thomas F. Barrett

Presenters: Anita G. Schmukler  
Stephen Seligman  
Charles E. Parks

Discussant: Ruth K. Karush

This year, the Child/Adolescent Panel will focus upon current views of "Transference in Child and Adult Analysis." (N.B.: an earlier online announcement of conference highlights had inadvertently omitted this panel, and had erroneously substituted information about the *C/A workshop* instead.) This panel with presentations by leading child analysts will pose the question: Is the development of transference and a transference neurosis still a part of current thinking about psychoanalysis? The presenters' papers, along with Ruth Karush's discussion, will consider whether and how the development of transference in children may be contrasted with adult patients, and will also explore the usefulness of interpretation of the transference in patients of all ages.

### SYMPOSIUM, MEET-THE-AUTHOR, PLENARIES

We will be privileged to hear a talk by Otto Kernberg, "The Twilight of the Training Analyst System," chaired by APsA's president, Robert Pyles. In his presentation, Kernberg will contrast authoritarian versus functional educational institutions and also will delineate a means of constructing objective, reliable, and transparent instruments for the evaluation of psychoanalytic competence.

This year, the featured author in our Meet-the-Author section will be Philip Bromberg, who will talk about his latest book, *The Shadow of the Tsunami*. In this session, Bromberg will present his view of therapeutic action, applying a framework for expanding the analytic relationship as a dialectic between dissociation and the increasing ability to safely experience internal conflict without dread of affective dysregulation. By being attentive to the dissociated impact of his own enacted participation, the analyst helps decrease the patient's trust of

traumatizing "otherness" and its dissociated dread of attachment rupture, Bromberg argues. Melinda Gellman will chair this program and I will provide a commentary.

The January University Forum, chaired by Stanley Coen, will examine Shakespeare's *Othello*, with perspectives by Shakespearean scholars, Robert Brustein and Michael Wood, with a discussion by Paul Schwaber, a literary scholar and analyst.

One of the many symposia offered at the January meeting, will be "Embodiment and Subjectivity," chaired by Andrea Celenza, who will present with John Foehl. Jessica Benjamin will be discussant. This symposium will examine the role of the body in phenomenological experiencing, i.e., embodiment. The presenters will explore the complementarity of clinically useful dialectics, such as self/other, inside/outside, and female/male in order to achieve mutual reciprocity and subjectivity.

In a plenary address, Warren Procci, immediate past-president, will discuss the strengths and challenges for psychoanalysis as the field enters its second century. He will examine the role of APsA as a determining factor for the future of the field. He sees psychoanalysis as represented in its institutes, societies, centers, and especially within APsA, our major professional organization, to be in a serious decline. An inability of the major competing components of our organization to work towards meaningful compromise is, in the speaker's view, a major factor. Some thoughts concerning what must be done, and quickly, will be offered.

Rosemary Balsam will give a plenary address that will examine the role of the body in development, particularly the impact of procreativity and the major accomplishment of the female body: childbirth. The title of Balsam's paper, "(Re)-Membering the Female Body in Psychoanalysis," reflects her hope that we will recognize how absent is the female body in our current analyses and theories. She will discuss the importance of procreative awareness in gender studies and in gathering analytic data, to inform new individual gender theories that included sexed bodies.

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# National Meeting January 2013

We are pleased to feature Mark Solms at this meeting, who will discuss his latest work in neuro-psychoanalysis in a symposium and also will present an additional, innovative presentation, "Psychoanalysis by Surprise." In the latter presentation, Solms will describe his experience in returning to his home in South Africa, and will reflect upon how applied psychoanalysis may have an impact on even the hardest and most damaged of psychosocial contexts, particularly in its injunction to confront unwelcome truths.

Glen Gabbard and noted writer Daphne Merkin will engage in a dialogue about the problems that analysts often encounter when they attempt to educate the public about their profession, using examples from film and literature, in a special symposium, "Jargon and its Discontents." They will highlight the role that jargon plays in the development of an analytic identity and how this may then create difficulties of translation in addressing popular media.

## DISCUSSION GROUPS

And then, there will be 111 discussion groups from which to choose, including six new ones:

"The Critics of Psychoanalysis," a series of discussions in which Jonathan Lear and Alfred Margulies will examine a significant critic of psychoanalysis at each meeting. They will lead a discussion of the work of Jean-Paul Sartre. At future discussion groups, Lear and Margulies will include Foucault, Heidegger, Kristeva, Levi-Strauss, and Wittgenstein.

"Mind and Literature: the Talking Cure in Chekhov's Short Story Trilogy," led by Silvia Bell and Jean McGarry.

Susan Finkelstein and Nasir Ilahi will inaugurate the discussion group, "Schizoid Modes in Narcissistic and Borderline States."

"Philosophy and Psychoanalysis," co-chaired by Donna Orange and John Foehl. The presenter will be Roger Frie.

Michael Krass will be chairing "Children and Adults with Asperger's Syndrome," which will focus upon analytic work in this area.

Montana Katz and Giuseppe Civitarese will co-chair a group devoted to the study of field theory.

## ADDITIONAL INFORMATION

The National Meeting includes much more than these highlights and we urge you to examine the entire meeting brochure, which is available online through the APsA website. If this will be your first time at an APsA meeting, we strongly recommend that you visit the following webpage:



[http://apsa.org/Meetings/Making\\_the\\_Most\\_of\\_Scientific\\_Meetings.aspx](http://apsa.org/Meetings/Making_the_Most_of_Scientific_Meetings.aspx)

## We Have Funding...

Linda Benson

The American Psychoanalytic Foundation (APF) is in an enviable position this year. The foundation has a full bank account—almost \$30,000 in available grant money—and is seeking some worthy projects to underwrite.

So, what exactly is a worthy project? The APF Committee looks for projects that promote a better understanding of psychoanalysis and encourage effective and innovative dissemination of psychoanalytic ideas and services to the public.

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Linda Benson, M.A., an APF Committee member, is a freelance writer on health and medicine for national publications and websites. She lives in Ann Arbor and is a lecturer on composition and writing at Wayne State University in Detroit.

Recent APF grants show the diversity of psychoanalytic ideas and the creative ways they can influence the most important cultural issues of the 21st century.

Combining psychoanalytic principles with the technological reach of the virtual world is one example. The committee awarded a grant to THRIVE Infant-Family Program, established in Los Angeles and sponsored in part by the New Center for Psychoanalysis, to create a virtual community. Its purpose was to implement an online emotional neonatal intensive care (ENIC) site to provide parents and caregivers with support, community resources, and education through eBooks, podcasts, and blogging space.

"Some projects we have supported show psychoanalysis's capacity to meet the needs of underserved communities,"

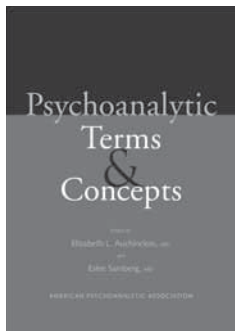
says Sandra Walker, chair of the APF Committee and faculty member of the Seattle Psychoanalytic Institute and Society.

One such program Walker points to is a partnership between Jubilee Jump-Start, a child care and development center for low-income families, and the Washington Center for Psychoanalysis. The two organizations have expanded a collaboration to develop the center's home visiting program. "We urge our colleagues and fellow travelers to jump in and test the waters—contact our committee members, check out our website, and submit proposals. We are open for business," says Walker. Any APsA member interested in exploring the possibility of submitting a proposal to the foundation should feel free to contact Dean Stein at the National Office. He will be happy to put you in touch with one of the foundation committee members.



# “Two Harmless Drudges” Revise Psychoanalytic Terms and Concepts

Elizabeth L. Auchincloss and Eslee Samberg



It is a great pleasure to inform our membership that a new and revised *Psychoanalytic Terms and Concepts* was published in October jointly by the American Psychoanalytic Association and Yale University Press. This book is the fourth edition of the book by the same title edited by Burness Moore and Bernard Fine, published in 1990. Their book was the third edition of the original *Glossary of Psychoanalytic Terms and Concepts*, first published in 1967 and revised in 1968.

*Psychoanalytic Terms and Concepts* represents our best efforts as co-editors-in-chief to bring together and explicate psychoanalytic terms and concepts used in the discourse of contemporary, North American, English-speaking clinical psychoanalysis. It is presented in the format of a lexicon with terms and concepts arranged alphabetically. It is a hybrid of dictionary, encyclopedia, annotated bibliography, textbook, and intellectual history. The overriding mission of this book is to help those interested in psychoanalysis achieve a better understanding of the terms and concepts we use to describe the

human mind and its interaction with other human minds in everyday life, development, psychopathology, and the clinical setting. Our goal has been to provide an accessible yet sophisticated reference book for use both within and outside our field. We hope this book will promote communication among psychoanalysts who use different terms and concepts, as well as between those in psychoanalysis and others in neighboring disciplines who use the same terms and concepts in overlapping ways. However, our chief imagined audience consists of students of psychoanalysis, struggling to read our literature and to make sense of our theories and practice. Our hope is that by using this book as a guide, students at all levels of training, including candidates, psychiatry residents, psychology graduate students, social work and medical students, and undergraduates will better understand what psychoanalysts are saying about the mind.

CONVERGENCE, DIVERGENCE, AND CONTEXTUALIZATION


Since the last edition of *Psychoanalytic Terms and Concepts* was published in 1990, the task of defining terms and concepts has become ever more challenging. Increased theoretical pluralism, advances in psychoanalytic research, and the explosion of new knowledge from allied disciplines have all contributed to a rapidly expanding psychoanalytic discourse. *Psychoanalytic Terms and Concepts* reflects current theory, technique, and research. It also includes entries describing the work of psychoanalysts who have made significant contributions to the field. Finally, it includes an expanded bibliography of important papers that have created and/or elucidated important terms and concepts.

## CONVERGENCE, DIVERGENCE, AND CONTEXTUALIZATION

Each term/concept is reviewed in terms of its origins and the developmental history of its usage. Points of convergence and divergence in the current usage of psychoanalytic terms/concepts are discussed. Existing efforts to

operationalize terms and concepts for the purpose of research are also noted. Areas of overlap between psychoanalytic terms and concepts and those of neighboring disciplines are explored. We feel that this kind of contextualization provides a bridge between the glossary format and a “mini-encyclopedia” that leads the reader from a study of language into the full richness of psychoanalytic thought.

## BALANCING POINT OF VIEW

Most intriguing is the problem of how to capture the rich diversity of contemporary psychoanalytic discourse while maintaining an integrated point of view. While *Psychoanalytic Terms and Concepts* is authored by over 150 contributors and worked on by an editorial board of some 30 psychoanalysts chosen to represent a diversity of voices, interests, and theoretical expertise, there is no escaping the fact that this book expresses a point of view—the point of view of the co-editors-in-chief. Indeed, the most complex challenge we have confronted has been the problem of how to recognize, properly apply, limit, and acknowledge our own point of view. We recognize that every aspect of this project has demanded that choices be made, choices that raise the issue of authorship, even the dreaded specter of “authority,” or, at the very least, this problem of point of view. In 2011, we discussed our views of this problem at greater length in an article in the *Journal of the American Psychoanalytic Association* entitled, “Psychoanalytic Lexicography: Note from ‘Two Harmless Drudges.’” We look forward to discussing this question further in a Symposium planned during the APsaA National Meeting on “The Politics of Psychoanalytic Lexicography.” Meanwhile, we thank everyone who has supported this project since its inception, and the many who have worked hard to bring it to publication. 

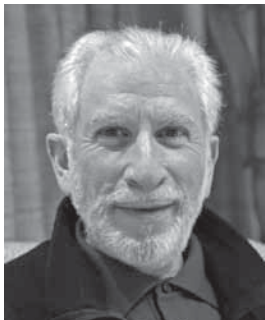
Elizabeth L. Auchincloss, M.D., is senior associate director and training and supervising psychoanalyst of the Columbia Center for Psychoanalytic Training and Research, and vice-chair of Graduate Medical Education and professor of Clinical Psychiatry at Weill Cornell Medical College.

Eslee Samberg, M.D., is the former president and training and supervising psychoanalyst of the New York Psychoanalytic Society and Institute and clinical professor of Psychiatry in the Department of Psychiatry at the Weill Cornell Medical College.

**Editor’s Note:** “The Politics of Psychoanalytic Lexicography: Psychoanalytic Terms and Concepts” is scheduled to take place at noon on Saturday, January 19, during APsaA’s 2013 National Meeting in New York City. The book is available at [yalepress.yale.edu](http://yalepress.yale.edu) or [amazon.com](http://amazon.com).

## A Dangerous Method: Notes on a Film about Freud and Jung

Lloyd I. Sederer



Lloyd I. Sederer

I am no apologist for either Sigmund Freud or Carl Jung, but this film, *A Dangerous Method*, was a petty, if not perverse, rendition of a profound moment in the intellectual

and social history of the Western World. What makes the film's treatment (no pun intended) of this era so troubling is that not many know the actual story about the origins of psychoanalysis and psychotherapy, nor of its twin human pillars—Freud and Jung.

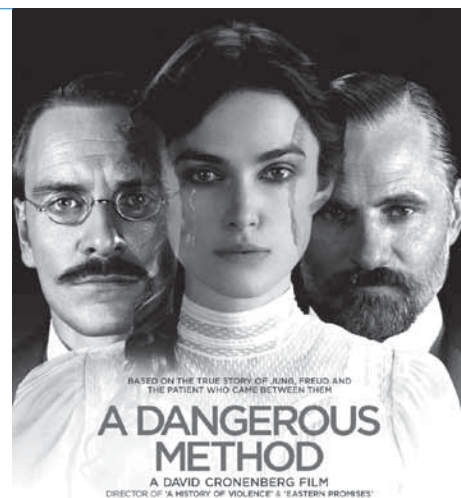
It is 1904, and a horse-drawn carriage is transporting a writhing and screaming young woman to the Burgholzi Clinic in Switzerland. Her Russian-Jewish, bourgeois family has sent her to this renowned treatment center where she will be cared for by the gifted Dr. Carl Jung (Michael Fassbender). The Burgholzi director, Herr Doctor Eugen Bleuler, had gained fame for naming "schizophrenia." Bleuler described this disorder in a more hopeful manner than had Emil Kraepelin who had earlier called it dementia praecox, signaling an early and hopeless course. Jung, too, was an innovator, like his mentor, and had read Freud's accounts of the "talking cure." Jung would try it on his new patient, Sabina Spielrein (Keira Knightley). Almost instantaneously, she recalls humiliating thrashings by her father, dating back to when she was four. Very soon thereafter, she adds she relished the abuse. That's short-term therapy if I ever saw it.

Lloyd I. Sederer, M.D., is medical director, NYS Office of Mental Health; adjunct professor, Mailman/Columbia School of Public Health; Huffington Post medical editor for mental health. His book, *The Family Guide to Mental Health Care*, will be published in 2013. [www.askdrllloyd.com](http://www.askdrllloyd.com)

Spielrein is a perfect patient for the talking cure—to distinguish this approach from the purgatives and emetics, bloodletting, cold baths, and restraints that constituted too much of 19th-century hospital psychiatric treatment. She was intelligent, highly educated, and suffered from the condition then known as hysteria. She was not psychotic, nor did she have depression or bipolar disorder. She had fits, like the infamous hysterics treated by the great doctors of 19th-century French psychiatry (especially Charcot and Janet). Bouts of hysteria are wildly expressive behaviors and Knightley embellishes them to a fare-thee-well. Sabina, like the grand hysterics of her era, was trying to communicate through her body and her symptoms what she could not say in words because of shame, repression, and the oppression that was the fate of being a woman in Victorian times.

### A PYGMALION AMBITION

Freud (played cautiously by the usually uninhibited Viggo Mortensen) claimed that his treatment could turn neurotic misery into ordinary unhappiness. Jung's ambition for Sabina was far greater; it was Pygmalion: He would help her become a doctor. Jung, married to a devoted and very rich wife who bore him five children, soon invites his patient to assist in his research. From bench to bedside, but not in the traditional sense of how science goes from the laboratory bench to its use in hospitals for patients. Instead, we see him do the ethically unspeakable, namely, have a torrid sexual affair with his patient.



While this indeed did happen, the dominance it has in the film is unfortunate—especially since what may be most disturbingly memorable from the film are the sadomasochistic sex scenes so graphically performed.

The relationship between Freud and Jung has intrigued many an author. *A Dangerous Method* dwells on the father-son aspects and caricatures both men. Freud is the rigid, doctrinaire Jew, aspiring to a place in society, who spent most of his adult life trying to earn enough to support his large Viennese family. Jung is the wealthy, aristocratic Swiss Protestant who is getting special messages from the universe that became instrumental in his later theories about archetypes. Freud saw human nature as driven by unconscious forces of sex and aggression where Jung saw a "collective unconscious," the repository of human experience from time immemorial. Where Freud saw fate perhaps it could be said that Jung saw opportunity.

### CONFLICT AND LEGACY

Sabina serves as a link and a source of conflict between the two men. Freud was appalled by Jung's taking his patient as a lover. He was also threatened by Jung's ideas and the impact they could have on the fledgling field of analysis. Jung was enraged by Freud's determination to rule psychoanalysis, dominate Jung, and dismiss his ideas.

*Continued on page 29*

*An earlier version of this review was published in the Huffington Post.*

# Greed in Bull Markets

John W. Schott

Managing greed in bull markets is the second most important psychological task in investing. Only coping with fear in a bear market is more important.



John W. Schott

At this moment, fear still predominates among investors, but there are increasing signs of growing greed in the investment community. Some of the telltale signs are statements such as, "I know the economy is going in the tank, but I know I have plenty of time to get out." Or, a statement is heard like, "There are no worries because the market is not overpriced."

It is well to think about greed because greed becomes infectious in a bull market as people begin to think of large gains and the accompanying growing greed as normal occurrences. As greed grows, the psychology of the crowd tends to sweep away the ordinary investor, creating a subtle hypomania alluded to in the Wall Street aphorism, "Never confuse a bull market with genius."

Crowd mentality seduces its members into feeling safe. To avoid crowd thinking during episodes of greed, the goal is to think independently. To achieve this, especially when it comes to greed, you need to know that our unconscious works to conceal greedy behavior from us. This is what makes greed so powerful as a mental force.

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

From early childhood, we are told by our parents that greed is bad. This becomes quickly incorporated into our super-egos, i.e., our conscience. It is then quite usual to rationalize any greedy thoughts or behaviors as they occur. In the realm of investing, this sometimes takes the form of saying, "ABC Corporation has gone up consistently. Buying more is obviously sensible."

## NINE SIGNS OF GREED

The neuropsychological correlate to this is that our frontal lobes release more serotonin with such thoughts, making us feel even better. If you feel this way when making profits, remind yourself that this is a potential danger signal. In this regard, here are nine of the most common warning signs:

1. Experiencing wonderful feelings of control.
2. Growing expectations of unrealistic returns.
3. Speculative investments no longer seem speculative.

4. Your stock choices favor overpriced stocks. (You can measure this with simple math by applying valuation ratios such as performance/earning (P/E) ratios, price/book value (P/B) ratios, performance earning/growth (PEG) ratios, price (P)/free cash flow ratios.
5. When you hear cocktail conversation about new stock ideas, you feel left out unless you buy, too.
6. Stock tips excite you.
7. Investing becomes a competitive activity for you.



8. You stop thinking about having a diversified portfolio and instead concentrate on whatever are the hot areas of the moment, such as Internet gaming companies.
9. You know for certain that "It's different this time."

## TRAUMATIZED INVESTORS

When I discussed this article with a colleague, his response was, "Boy, I wish I had to cope with greed again. I am sick of this sideways market." I understand his point. Even though the market is near its all-time high, no one is feeling rich. Everyone still feels traumatized by the 2008-09 collapse. We will not know until time elapses whether or not my warning is premature, but, with that in mind, I offer you the following market signals to watch that may alert you to greed again becoming rampant:

1. A sharp increase in initial public offerings (IPOs). Although not yet at levels associated with dangerously heated markets, there has been an increase in recent months.
2. Ratios of prices to companies' earnings, sales, and book values approach record heights.
3. Dividend yields are low, perhaps at record lows. (Currently these yields are quite low.)

Continued on page 25

Managing greed in bull markets is the second most important psychological task in investing.

# Bittersweet Farewell to a Boston Landmark

Alan Pollack

The Boston Psychoanalytic Society and Institute (BPSI) sold its beautiful Back Bay mansion at 15 Commonwealth Avenue in the spring of 2012. It was a difficult decision. So identified were we with our building that its image has been our logo, representing us visually on our website, diplomas, stationery, mouse pad, folders, and wherever else we put our stamp. The question of whether to sell was initially so divisive that it threatened to split the society. But wise leadership, seemingly summoned up by our need, led us through a long process of self-reflection and renewal to redefine our mission and to face some challenging realities, including fiscal ones. When we voted once more, after this process, the decision was unanimous.

Our unanimity was a triumph. We secured lovely new quarters, which fit our needs better than did 15 Commonwealth Avenue. We escaped the looming financial threat posed by maintaining an old building. We even pocketed a respectable sum for our endowment. And we were a rejuvenated and united society.

## SADNESS AND SUBLIMATION

But even triumphs can have their sadness. Amidst our celebration, we now turned together to the business of loss, the mourning for our beloved home of 60 years. How to memorialize it? Once again, need summoned up the appropriate response, this time in the person of Allen Palmer. Chair of the Committee of Training Analysts during our period of self-examination, Palmer well understood the meaning of the building to BPSI. And he happens to be a gifted photographer, whose sensitive and penetrating portraits of senior analysts graced the walls of our classrooms.

Alan Pollack, M.D., is a member of the faculty of the Boston Psychoanalytic Society and Institute, where he served as director of Psychotherapy Training for 24 years.



Alan Pollack

The book is titled, simply, *15*.

Fifteen Commonwealth Avenue was built as a grand residence in 1867 with money reaped from the China and India sea trade. In 1898 it was sold to the Ames family, whose wealth had been extracted from the bogs of New England in the form of bog iron. They promptly hired Ogden Codman to completely redecorate their home. Codman, architect to the Vanderbilts and Rockefellers, had just published with Edith Wharton their classic treatise on Beaux-Arts interior design, *The Decoration of Houses*. In Ogden's hands, 15 Commonwealth Avenue became an opulent home, replete with richly detailed wood carvings, molded plaster, elaborate wrought iron, and the like. Much of that elaborate ornamentation survives to grace the building today—and to be lovingly captured in Allen Palmer's photographs.

Palmer's book invites us into the building, starting with close-up photographs of the front door and context shots of the remarkable street in which the building is situated. In the middle of the first block of Commonwealth Avenue, adjacent to the Boston Public Garden, Number 15 is set in an extraordinary and graceful stretch of historic Back Bay architecture. Turning the

Palmer took on the task of capturing the spirit and architectural detail of our building in a series of photographs that have been compiled as a memorial volume and tribute.



BPSI's former home, 15 Commonwealth Avenue

pages of Palmer's book of images, we tour the interior of the building in two phases, divided in the center of the volume by a brief return outside to glory in the magnificent pink magnolia trees that frame the front door and line the entire block.

## PARALLEL PROCESS

The interior photos interpose close-ups of opulent architectural decoration with photos of the workspaces, library, meeting rooms, and classrooms of BPSI. This intermixture is fitting, documenting the way a living organization inhabited and honored this space built for another time and a very different purpose.

*Continued on page 29*



A room of gracious elegance

# New Voices

## Introduction

Michael Slevin

The American Psychoanalytic Association is rife with new voices. "New" has many permutations, and I have been eclectic in my interpretation. I have leaned heavily on the arts, but other special sections could easily emphasize research or engagement with the political or social worlds.

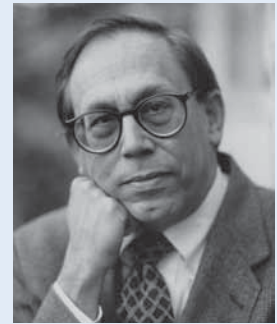
The intellectual fecundity of our membership touches all regions of our country. Two of the authors are from New York, one from Cleveland and one from St. Louis.

To start off, Adele Tutter, a remarkably prolific author, is emerging as a mainstay of psychoanalytic journals. She has been published in the *Journal of the American Psychoanalytic Association*, the *International Journal of Psychoanalysis*, and the *Psychoanalytic Quarterly*. She has an especial affinity for the interplay of psychoanalysis and the arts. Her article on Poussin's Narcissus reminds us that interdisciplinary work is a two-way street: Psychoanalysis can learn from the arts.

Our second and third authors have conceptualized rich panel discussions for our meetings. Phoebe Cirio, writing in the first person on desire, offers us a lovely

essay drawing, as does Tutter, on concerns of narcissism, this time when one is faced with the natural world.

She is an advanced candidate in adult psychoanalysis and a candidate in child and adolescent psychoanalysis.



Michael Slevin

Melinda Gellman, whose panel on "Silence" will be produced this January, discusses, like Tutter, psychoanalysis and the visual arts, Gellman turning over the facets of negative space and silence in our busy world. The analytic encounter is her subject. Gellman serves creatively and thoughtfully as a non-APsaA member of the Program Committee.

Finally, Vera Camden, a former Committee on Research and Special Training (CORST) candidate and now training and supervising analyst, is a John Bunyan scholar at Kent State University and co-editor of *American Imago*. She is likely new to many in the American Psychoanalytic Association. She writes about new voices herself, those of an emerging genre of domestic life, the graphic narrative. Not novel.

For each of these voices of APsaA, there is a score more to discover and to celebrate.

APSA

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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.

# The Echo of Narcissus

Adele Tutter



Adele Tutter

Certain works of art do more than just illustrate the classical myths: Rather, they illuminate the universal dynamics exemplified by these immortal stories. Nicolas

Poussin's 1631 masterpiece, the *Dresden Realm of Flora* (Fig. 1), supports a radical interpretation of the Narcissus myth when contextualized by a close reading of Ovid's *Metamorphoses*. In the canvas, the goddess Flora dances amidst the mythical figures that, in the *Metamorphoses*, she turns into flowers: Ajax, Clytie, Hyacinthus, Adonis, Crocus, Smilax, and finally Narcissus, accompanied by Echo. Echo loves Narcissus, but, as Poussin shows us, he is smitten with his own reflection, mirrored in a vessel of water. Many had been turned away before her:

Normally a meticulous and faithful interpreter of the poet, when Poussin departs from the text, he does so for a reason.

Largely credited with structuring the narrative of the linked myths of Narcissus and Echo, Ovid explains that one of Narcissus's rejected would-be suitors retaliated in fury, appealing to Nemesis to curse the object of his frustrated desire, making him "love as

Adele Tutter, M.D., Ph.D., is faculty of the Columbia and New York Psychoanalytic Institutes, and member of the editorial boards of *JAPA*, *International Journal of Psychoanalysis*, and *American Imago*. She has been awarded the Menninger and Affiliate Council Scientific Prizes.



Figure 1. *Realm of Flora*, Nicolas Poussin, 1631. Staatliche Gemäldegalerie, Dresden.

I have loved him... without obtaining his beloved.' Nemesis answered his prayer." Captivated by his image, Narcissus wastes away and returns as the narcissus flower that, in *Realm of Flora*, already blooms around him. Typically read as a punishment for his vain self-love (the traditional symbol of vanity being the mirror), Ovid's text specifies that

Poussin specifies Echo's special connection to Narcissus by joining them around the urn that bears his reflection. Matthias Winner, classicist and art historian, identifies this vessel as an *echeia*—a resonating vase used to amplify sound in the ancient Greek theater, derived from the same root as "echo" (ἠχῆ, *eche*; "sound"). The brimming *echeia* is in turn "echoed" by the overflowing fountain above it. But Ovid relates that Narcissus discovers his reflection in a natural pool, not a man-made vessel. Normally a meticulous and faithful interpreter of the poet, when Poussin departs from the text, he does so for a reason.

Narcissus's demise is more accurately understood as a result of his failure at mature love.

The *echo* is the auditory analogue of the *mirror*. In the *Metamorphoses*, the "mirroring" of Narcissus and Echo is symbolically elaborated on multiple linguistic levels: Their comingled stories are "mirrored" by shared themes of impossible love and violent acts of retribution; and their text is chiasmally structured, e.g., like a mirror, and pervaded by myriad semantic and syntactic doublings. The noted art historian Doris Panofsky observed that Poussin was the first painter to restore Echo to her full "Ovidian status."

## MIRROR OF SLEEPING WATER

Unexpectedly, *Realm of Flora* alludes to an anomalous metamorphic myth—one not involving flowers, but stone: the story of Niobe. The art historian Sheila Barker has discerned Niobe's iconographic posture in the bas-relief on the sarcophagus at the left of the picture. In this myth, the prideful queen Niobe angered the goddess Leto by insisting that it was she, not Leto, who should be worshipped for her riches and fecundity, having borne seven daughters and seven sons, the Niobids, as opposed to Leto's scant two.

*Continued on page 16*

## The Echo of Narcissus

Continued from page 15

She should have known better than to blaspheme the goddess with her hubris, as those two children were Apollo and Artemis, who swiftly defended their mother's honor by slaughtering Niobe's prized offspring with their bows and arrows. For her offense, Niobe was turned to stone, "rigid in her grief," and condemned to lament forever.

The rocky cliff-side in *Realm of Flora* contains another covert reference to this myth: It follows the profile of the "Weeping Rock," a stone formation atop Mount Sipylus in Turkey, fancied by the ancients to represent Niobe's petrified incarnation (Fig. 2). When wet, its porous limestone weeps, as if to "bathe the marble with her flowing tears." In the canvas, this rocky embodiment is situated above the fountain, illusionistically filling it, and thence the echeia, with Niobe's tears. Her pride in her fated offspring is paralleled by that of another mother—Lirioppe, who consulted the oracle out of worry for the life of her aggrandized child, Narcissus. Poussin alluded to this very connection in an earlier painting of Narcissus, in which his figure is adapted from a classical statue of a slain Niobid. The plot thickens when we realize that Ovid identifies Lirioppe as a water nymph and Narcissus's father as Cephissus, a river god. Given this aquatic ancestry, Poussin's conjuring of Narcissus's image in Niobe's tears suggests that the painter interprets his reflection as signifying the mirroring gaze of mother—in this case, a mother who cannot but mourn her idealized child.

In 1967, Winnicott wrote, "the precursor of the mirror is the mother's face," and offered that the mother's mirroring gaze gives "back to the baby the baby's own self." Heinz Lichtenstein also held that the mother "reflects back to the child a configuration of its own presence," stressing in 1964 that the "magnification and reduplication (echo)" of her "narcissistic libidinous mirroring" imbues this reflection with "the mother's unconscious needs with regard to the child." A decade before, while Jacques Lacan was formulating the "mirror stage" of development, M. Royden Astley made the comment that "the young child can use his mother's eyes as



Figure 2. Left, detail, *Realm of Flora*; right, "the Weeping Rock," Mount Sipylus, Turkey.

a mirror," relating the formation of his identity to this "primitive self-observation, the earliest mirror of self." And even earlier, in the 1940s, Harry Stack Sullivan spoke of mirroring as a reciprocal, interpersonal interaction between mother and infant. From the perspective of myth, Marie Bonaparte has elegantly demonstrated how the eerie silence of still water traditionally evokes "the death-aspect of the mother-deities": "the unforgettable smile of the mother," who "seems, under the mirror of the sleeping water, to call the children who have remained under her fascination."

Knitting together some of these threads, Leonard Shengold posits that water in the Narcissus myth "symbolizes birth and the mother; its surface is a mirror and its depths are the medium for symbiotic entrapment." Yet the role of Echo, the mirror, and the mother had long before been meaningfully interpreted within the legend—not by an analyst, but by an artist.

### AMPLIFICATION OF DYADIC MIRRORING

Over 300 years ago, Poussin couched in aesthetic terms what psychoanalysts have adumbrated, but not explicitly specified: that the overlooked presence of Echo in the myth of Narcissus evokes an essential dynamic—the echoing amplification of dyadic mirroring. The *Realm of Flora*'s suggestion that Narcissus's admiring mirror image is a revenant of his mother's admiring mirroring helps to explain Ovid's curious description of the visage reflected in the water as "an image of

an image." Poussin adds additional sensate dimensions to the seductive specular mirroring of the echeia via its proximity to the smiling Echo, whose postural mirroring of Narcissus complements her intrinsic auditory mirroring. And, by positioning the echeia between her legs, Poussin intimates that the site of Narcissus's death is the site of his birth.

Linking the gaze to oral incorporative processes, Otto Fenichel argued that at their inception, object representations are visual, their internalization into the forming self effected through mutual eye contact, "the magical property of a look." In the *Metamorphoses*, Ovid specifies that Narcissus is drinking the water that bears his reflection when he is "overcome by the beauty of the image that he sees," a most poetic evocation of the nursing infant riveted by his mother's eyes. Indeed, "Narcissus at 16 seemed to be both boy and man." Ovid further suggests a devouring, incorporative quality by referring to Narcissus's "insatiate stare" and by having him exclaim, "touching is forbidden / but looking isn't: *then let me look at you / and feed my wretched frenzy on your image.*"

Within the set of propositions outlined here, the transformative symbolization of Lirioppe's mirroring gaze into Narcissus's mirrored reflection in water preserves a metaphorical trace of his watery origin. This textual transformation recursively, brilliantly mirrors and represents the *developmental* transformation of the mother's mirroring gaze into the forming identity reflected back to the infant.

Continued on page 20



## Desire on Chincoteague Island

Phoebe A. Cirio

I sit on the deck of my friend's beach house on Chincoteague Island in Virginia. I hear the laughing gulls. Earlier, we had been on the beach of the adjoining



Phoebe A. Cirio

Assateague Island, a federal wildlife refuge, and host to a herd of wild Chincoteague ponies. The beach borders the Atlantic and has bracingly cool water even in July. All around these islands are eagles, hawks, cardinals, turkey vultures, terns, pelicans, and abundant gulls. There seems to be nothing more demanding to do today than watch the gulls fish for oysters and crab. They hover over the wooden pier with the shellfish in their beaks, and then drop them, cracking their shells, allowing access to the tender meat within.

One of the gulls dropped a crab on the pier so that it became lodged, pincer end down, between two planks. So confined, the hapless crab was devoured. My sympathy lies with the crab; but the gulls have to eat, and the crab provided a meal. This is the sort of place that allows me to forget about myself. Attending to the ponies and birds draws me out of myself and my mundane concerns. This is the appeal of trips into nature. It does not reflect back to me my worries and preoccupations, and it therefore makes me feel enlarged.



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Desire, too, pulls us out of narcissism. As infants we are hungry, we cry to be fed, but feeding never comes as quickly as we want. We have to wait. While waiting for a feed from the breast, the infant hallucinates the satisfaction that can be provided by the breast.

Marilia Aisenstein described how the capacity for desire arises in this time of waiting for the breast to arrive. Primary masochism facilitates desire, when the infant learns to find the pleasure in waiting. In her paper, for the panel at the January 2012 APsAA meeting "On Desire and Desiring," she describes the mother soothing her baby and helping it to wait. The baby, supported by the mother's cooing and gentle strokes, becomes able to wait, and eventually to find pleasure in the pain of delay. From this tolerance for waiting emerges the capacity for desire. In the empty space, the

void, between hunger and satiety, something takes place. Desire fills the space, and desire leads to thinking. Thinking of what is to come makes it possible to wait. Finding pleasure in the void makes it tolerable. And when the void can be tolerated, it is made use of by the

developing infant, and provides a platform for the emergence of a mind.

### FILLING THE VOID

The hungry gulls are, and are not, me. I understand hunger and the need for a meal, but I can also understand the suffering of the creature who gives up his life to feed me. All voids beckon to our narcissism to fill them, and nature is such a void, because humanity is missing. There are, of course, things we can see in nature that are like us. I understand hunger, and so do the gulls. But when looking into nature the human mind is absent.

Donald Moss, in his paper for the desire panel, described a patient who would not allow himself to feel desire. Moss's countertransference experience of being with this



patient was to feel "entombed." Such a patient forsakes desire, the wishing for something that is not yet here, to have the seeming safety of the eternal now. With such a patient there is no future, no place other than the present. There is no other; no not-me to seek or long for. Such a patient seeks a merger in the present, to erase time, space, and separation, and so erases the possibility of real engagement with another person. Desire introduces risk, and it allows for growth. We have to let go of what we have now to take a chance on the next thing. But it might not work out. By suppressing desire, this patient does not take that risk, and so does not form connections.

*Continued on page 20*

# Silence

Melinda Gellman

The silence of the patient and the analyst held a defining place in the history of psychoanalysis and its technique. Once thought simply to indicate abstinence or resistance to free association, silence is an element that often drops out of contemporary case presentations in favor of more dramatic and active tales of therapeutic action. The assimilation of intersubjective and relational perspectives and the widening scope of patients we treat, as well as pressures from economic and time constraints, have shifted our goals towards more fully engaging patients of different stripes within the dyad. What we share tends to emphasize the positive and interactive elements of our work: what we say and what we do.

My interest in silence is partly responsive to the noisy world I inhabit—an urban hub, shared with construction sites and growling garbage trucks, where finding a quiet office can be a challenge, and the retail establishments I enter have been acoustically designed to maximize sales and profits. The volume inside my professional head can grow quite loud in a different way. Thinking more inclusively than was permissible when our field was born, psychoanalysts today seek perspectives from neighboring institutes, multiple journals, and from abroad, and unexpected disciplines influence new clinical models. The abundance to integrate heightens awareness that wherever we are looking in our work, there is much content and texture not attended to. So what has become of silence in the process of our evolution? Are our minds so busy with multiple ways to make meaning that it is too daunting to also track the shifting nature of the quiet spaces in between? Do contemporary psychoanalytic trends press us too readily to bridge silences?

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Melinda Gellman

Interiority seems to be at risk at the very same time that psychoanalysts privilege the use of countertransference to guide our work. Crowded sessions at lesser

frequency can push contemplative experience outside of psychoanalysis and towards meditation, yoga, and other traditions that promote self-knowledge and healing.

I was a child who naturally loved going to art museums. My experience of looking at paintings deepened when I was later introduced to the discipline of looking at visual art and grasped concepts of formal composition and subjective meaning, as well as the relevance of historical context. Negative space was one concept that helped to build my visual muscle and changed the way I observe. Negative space in art is created when the positive form, or subject matter, is articulated against a background to create figure and ground. The artist's lines and brushstrokes that define the subject at the same time create the shapes, colors, and textures of negative space where the eye can rest from direct confrontation with the foreground. These often overlooked spaces between and around the subject are not just empty, but locations with their own distinct visual form and meaning while supporting the identity of the figure.

## CONTEMPORANEOUS ART

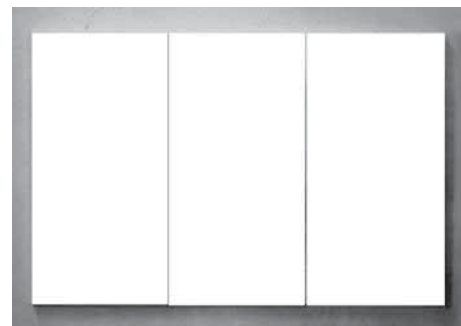
Reflecting on the works of several artists of the modern era, the same in which psychoanalysis developed, illuminates the importance of paying attention to the rich content to be found in what would otherwise be dismissed as negative space. Piet Mondrian was one of the first artists to move into pure abstraction. In distilling painting down to its essence of color, line,

and plane, he played with the ambiguity of figure and ground. Is that a narrow band of red painted on to a white background, or is the red background peeking out between larger squares and rectangles? Similar ambiguities concerned Matisse over his lifetime.



His early work exploded with color that deliberately blurred the distinction between foreground and background, and between inside and outside. Later in life, the success of his cutout series was based instead upon careful articulation and placement of shapes and colors of both figure and negative space.

Robert Rauschenberg challenged the very existence of empty negative space in his revolutionary *White Paintings* series. He applied ordinary white house paint to canvas using an ordinary painter's roller, indicating neither subject matter nor even brushstrokes, yet intended that there still be something to see.



Perhaps best expressed by his friend and collaborator John Cage, (in his book *On Robert Rauschenberg, Artist and His Work*) Rauschenberg's white paintings were not meaningless blank canvases but airports for the lights, shadows, and particles and suggested that they be examined in microscopic detail, for the white paintings caught whatever fell on them.

Continued on page 31

# A Narrative of One's Own: The New Voice of Alison Bechdel

Vera J. Camden



Vera J. Camden

Alison Bechdel is one of the most dynamic figures in contemporary literature and popular culture today. Her *Fun Home* (2006) and *Are You My Mother?* (2012),

offer two new voices from the cutting edge literary genre of "the graphic narrative." *Are You My Mother?* (the title derives from the eponymous children's book of the same name by P.D. Eastman) was reviewed in the April 23rd issue of *The New Yorker*. And *Fun Home* opened in October at New York's Public Theater as a new musical, directed by Sam Gold. Bechdel earned her reputation as a "comic" book writer in an underground series called "Dykes to Watch Out For." In what must be music to the ears of many American psychoanalysts, her recent narratives not only credit her psychoanalytic treatments for much of her personal growth and creative capacity, but also dramatize in inviting ways the history and theories of psychoanalysis itself.

## COMPELLING CONTENDER ON THE LITERARY SCENE

As a literary form, the graphic narrative is relatively new to the literary scene. Most readers of *The American Psychoanalyst* will be familiar with Art Spiegelman's Pulitzer Prize winning, *Maus: My Father Bleeds History* (1986). Told in comic book form, Spiegelman's daring, brilliant narrative of the Holocaust captured the attention of the reading public.

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Since then the graphic novel has been recognized as a serious form of both fictional and non-fictional narrative. With its imbrication of the visual into bold staccato scripts of memory and dialogue, its variegated shapes and folds on the page invite the reader into an alternative reading experience that is affectively arresting. At once jarring and stirring, it is a form given to memorializing history through the telling of one's life story. Its authors typically chronicle a search for an "authentic self."

Hillary Chute's critical study of this form entitled *Graphic Women: Life Narrative and Contemporary Comics* (2010) notes that this form is particularly given to the depiction of family trauma in the context of cultural history. Quoting Cathy Caruth's assertion that "to be traumatized is precisely to be possessed by an image or an event," Chute explains how the graphic life narrative "pushes on conceptions of the unrepresentable that have become commonplace in the wake of deconstruction, especially in contemporary discourse about trauma. Against a valorization of absence and aporia, graphic narrative asserts the value of presence, however complex and contingent."

As a psychoanalyst and literary historian, I have been intrigued by the ways that this literary form testifies to personal and historical trauma within its pages. This summer I taught a course, "From Trauma to Testimony: the Emergence of the Contemporary Graphic Narrative," to an undergraduate class at Kent State University in which we looked at the intriguing evolution of this new literary phenomena. Starting with the urtext of Art Spiegelman's account of the Shoah, we moved on to *Persepolis*, Marjane Satrapi's record of growing up during the Iranian Revolution, to Gene Yang's satirical rendering of his boyhood as an *American Born Chinese*, to Lynda Barry's creation of a family archive in *One Hundred Demons*, finally to the "lies, secrets, and silences" rendered in Bechdel's *Fun Home* and *Are You My Mother?*



Photo: Elena Seibert

Alison Bechdel

These life narratives, taken together, constitute the new voices that grapple with domestic dissent within the literary scene today. Because of Bechdel's commemoration of her personal psychoanalytic treatment and virtual memorializing of the place of psychoanalysis in modern history, it is her testimony that, I believe, emerges as the strongest strain in the chorus of these new creators.

## FINDING PSYCHOANALYSIS

Whereas Bechdel calls *Fun Home* a "Family Tragicomic," she calls her new narrative, *Are You My Mother?*, a "Comic Drama." Her frank sense of generic experimentation and radical innovation takes hold in this recent narrative. If in *Fun Home* she depicts her mother as a woman whose thwarted creativity and depressed resignation to the secret of her husband's closeted homosexuality ends up embalming the whole family in a suppressed secret, here Bechdel links her own "mother" hunger as a daughter to the transferences she is able to experience within two powerfully transformative psychoanalytic therapies. Indeed, she frames her graphic narrative around psychoanalytic dream interpretations that directly correspond to the major essays of D.W. Winnicott, whose voice thus becomes embedded as a kind of Virgil to her Dante on this journey into the underworld of the unconscious. Thus her chapters are entitled "The Ordinary Devoted Mother," "Transitional Objects," "True and False Self," and the like, each preceded by a graphically depicted dream sequence.

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## The Echo of Narcissus

Continued from page 16

By extension, the figure of Narcissus may epitomize how problems with loving often results from disturbances in identity, e.g., by the tendency to feel colonized, fragmented, or fused in intimate relationships. Certainly mothers like Liriope and Niobe can overwhelm and imprison their children with their seductivity, projected anxiety, and grandiose mandates, fostering a regressive, dependent attachment that interferes with the separation and identity development of the adolescent and young adult.

And if a child can devour his mother through his eyes, then the mother can also devour her child. The replacement of the mother's mirroring gaze by the symbolic mirror image in the Narcissus myth evokes how, in Stephen Frosh's words, "the extent to which what is *other* dominates our existence is too painful, too terrifying, to be maintained" by some individuals without regular escape to an omnipotent "fantasy of completeness, of narcissistic selfhood." Such a periodic retreat is in fact enacted in the text, wherein the bewildered Narcissus alternates between seeing his reflection as himself and seeing it as another. Poussin inventively visualizes this dynamic flux in *Realm of Flora* by rendering the ghostly image floating in the echeia ambiguous, legible as a face in not one, but two distinct spatial orientations: One accounts for the expected reflection of Narcissus, but the other is summoned by an invisible presence (Fig. 3). Thus does the painter represent the blurred relationship between the inchoate embryonic self and the ever-remembered gaze of the other, which can organize, cohere, and feed but can also dominate, consume, and drown.

Aesthetic transformation negotiates and manages these tensions, and more. Poussin's aesthetic interpretations open doors to meanings embedded in a timeless text—fittingly enough, one in which vision is both metaphor and vehicle of knowledge. In *Realm of Flora*, Echo's echeia is a synesthetic metaphor for the complex, resonating, multi-sensory experience of mirroring, and the tears



of a mother's eyes are the matrix in which Narcissus's image, his identity, is thus constructed. A far more interpersonal and object-related figure than is usually construed, Poussin's Narcissus is forever spellbound by

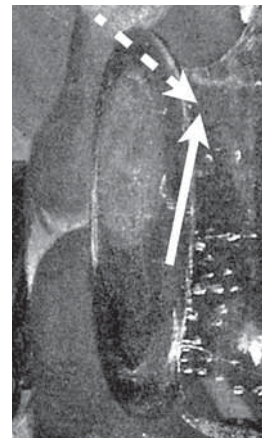
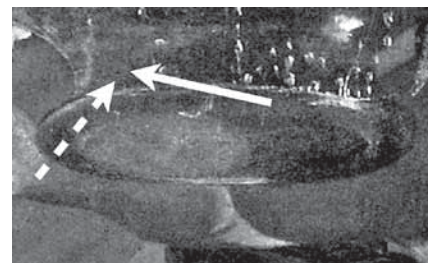


Figure 3. *Realm of Flora*, details. Arrows indicate the vertical axis of two distinct faces reflected in the echeia: Narcissus's reflection (solid arrow), better seen when the image is rotated to the left; and the reflection of an unseen presence, (broken arrow), better seen when image is inverted.



his elusive reflection, which carries the perpetual echo of the original unattainable love, the *other* that lingers "under the mirror of the sleeping water"—the enduring, alluring avatar of mother.

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## Desire

Continued from page 17

Nature, for Lacan, is the big-O Other. It is not-me. When I look at the wild ponies on Assateague Island, I know that in two weeks there is going to be a round up of the mothers and their foals. Because the island can only accommodate about 160 ponies, they have to cull the herd. This is accomplished by separating some of the foals and selling them. I can empathize with the mothers, who will shortly lose their yearlings. And with the foals, who as herd animals, will lose the only family they have ever known.

Their experience is similar but not the same as mine. Nature is Other. It is the not-me that reminds me of my limitations. My experience of my humanity is one where I am finite, limited. I have arthritis in my thumbs. But, it is also part of my human experience that I long for omnipotence. Why can't I go on forever?

In some way, these poles define the experience of being human. I am, and am not, a part of nature. I can reflect on life. The gulls, eagles, terns, and herons do not think, and so are not like me. I know I will age and die. They don't. I want things I do not have. They don't have a sense of the future.

Desire is born of wanting what we do not now have. This experience of wanting is deepened, and made tolerable, when we can find pleasure in it. Desire draws us out of our own narcissism. It pulls us into connection with others, and deepens our experience. But desire is also dangerous. If we take the risk of wanting what is not here now, we risk the disappointment of not getting it. Moss's patient is frozen in time and space, and defensively compromises his humanity by avoiding the risk of desire. Nature is unreflective; it just is. There is no tension about what is to come. In traversing the void, we have to chance loss to find meaning in life.

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# From the Unconscious

Sheri Butler Hunt



Monisha Akhtar obtained her Ph.D. in clinical psychology from Wayne State University in 1985. She pursued analytic training at the Michigan Psychoanalytic Institute completing her adult training in 2005 and child/adolescent training in 2008. She was in private practice in Southfield, Michigan, for over 20 years before relocating to Ardmore, Pennsylvania, in 2007. Currently practicing adult and child/adolescent psychoanalysis and psychotherapy, she is a faculty member of the Psychoanalytic Center of Philadelphia and an adjunct faculty member at Immaculata University in Malvern, Pennsylvania.

Her interests are issues of trauma and attachment. She is involved in a research project examining how trauma and attachment impact adjustment in orphans. This work is being carried out in New Delhi. Keenly interested in providing psychotherapy training to mental health professionals in India, she founded the India Institute of Psychotherapy Training in 2012 in New Delhi.

She has been writing poetry for some time and is contemplating putting together her first book of poetry.

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## Silent Unfolding

Mm, Ma, mama, mother

Sounds that follow one after the other  
Effervescent, ebullient, the cascading waterfall  
Seeks refuge, blending in the pool below  
Labyrinth of labor and love  
Mother and child  
Transforming sound and structure  
Sweet melody of ebb and flow  
Life and music in perfect harmony  
Silent rapture unfolds  
Gurgles of delight, a kaleidoscopic world

But lie quietly and you just might hear  
Grass growing  
A single droplet hung in midair  
Quiver of a sycamore tree  
Bent in the autumn wind  
Sound of an earthworm  
Burrowing stealthily deep into the ground  
Banyan trees bursting in the early spring air  
Marigold blossoms writhing in ecstasy  
Myriad of rainbow colors  
In the sky below

Sounds of silence are loud and clear  
Open your mind and you will hear  
Painstakingly woven into the fabric of our lives  
Medley of color, sound and sight  
Rich tapestry now unfolds  
The miracle of life does show  
Mother and child in unspoken sync  
Gesture, thought, a look askance  
Silent meanings where love grows  
In a flawless and synchronized world

—Monisha Akhtar



## Control of the Suicidal Patient

John C. West

Beginning in early August 2005, Monisa Reeves experienced a number of psychiatric symptoms. She was seen at a mental health facility on August 5 or 6, 2005, for psychotic symptoms, but she was not hospitalized. The next day she attempted to jump off a balcony into an empty swimming pool. The police were called and took her to a hospital emergency department. On that occasion, Reeves was involuntarily admitted to a mental health facility. However, three days later her status was changed from involuntary to voluntary and she was discharged.

When Reeves was discharged from the psychiatric facility, she was transferred to Horizons Crisis Group Home, a voluntary mental health facility. She stayed at Horizons from August 15 until August 17, when she was discharged at her request.

On August 23, she was taken to a hospital emergency department and was again admitted to Horizons. She was seen at Horizons by a psychiatrist, Mark Peterson, who diagnosed her with severe major depressive disorder with psychosis and bipolar disorder with psychosis. He prescribed medication for her. Reeves was again discharged from Horizons on August 29. Expert testimony later indicated that she had not been subjected to either a suicide risk or a self-harm assessment.

On August 31, Reeves poured gasoline on herself and set herself on fire. She did not die in the attempt.

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 legal counsel for legal concerns. For questions or comments contact john.west2@chartisinsurance.com.



John C. West

Reeves brought suit for medical negligence against a number of defendants, including Peterson. Peterson moved for summary judgment, which was denied. He moved for reconsideration, which was also denied. This appeal to the Court of Appeals of Georgia ensued.

### VOLUNTARY TREATMENT STATUS

The issue was whether Peterson could be held liable for Reeves's injuries when she was on a voluntary therapy regimen and Peterson had no control over her actions.

The Georgia Court of Appeals reviewed the evidence to date and affirmed the denial of the motion for summary judgment.

The court acknowledged that Peterson did not have control over Reeves's actions, but noted that the subject of control is not present in the statute on a physician's duty to his/her patient. (See Off. Code Ga. Annot. §37-3-4.) Rather, the court noted that the statute would hold a physician liable "for failing to meet the applicable standard of care in the provision of treatment to a patient." Reeves presented the affidavit of an expert that indicated that Peterson's care was not within the standard of care for a treating psychiatrist under the same or similar circumstances. The court noted that the standard of care can encompass the duty to involuntarily

commit a patient if she is a danger to herself or others.

Accordingly, the Court of Appeals held that there was a genuine issue of material fact regarding the appropriateness of Peterson's care for Reeves and affirmed the denial of the motion.

The management of the potentially suicidal patient is a perennial issue in mental health. In this case the issue is not whether Peterson had control over Reeves's actions, but whether he *should have had* control over her actions by involuntarily admitting her to a psychiatric facility. That is often the crux of the issue and it is not a decision to be made lightly.

A patient who is felt to be at risk of suicide (and someone with severe depression probably qualifies as an at-risk person) should be reassessed periodically for suicide risk, and should have a suicide risk assessment done at every juncture in care. The suicide risk assessments should be continued until the person is no longer considered to be at risk of self-harm. These cases often turn on whether the practitioner was duly diligent in assessing the patient. Was the initial assessment appropriate? Were ongoing assessments made at junctures in care appropriate? Were appropriate interventions put into place? Was the discharge assessment

These cases often turn on whether the practitioner was duly diligent in assessing the patient.

appropriate? Were potential threats identified and addressed? Was the patient and/or family appropriately instructed in after-discharge care? Was care taken at every turn to ensure, to the extent possible, that the patient would be kept safe?

The practitioner's control over the patient is always going to be limited, to some extent. The question will always be: Were all appropriate steps taken to provide care for the patient in a safe and effective manner? If the answer is no, liability may ensue.

*Peterson v. Reeves*, No. A11A1870 (Ct. App. Ga. March 30, 2012).



## Boundary Violators

*Continued from page 1*



Marvin Margolis

A rehabilitation program is next considered if agreeable to both the analyst and the institute. A special subcommittee of the Ethics Committee may be appointed to

oversee the rehabilitation program, which primarily consists of a return to analysis and supervision. These subcommittees must report regularly to the Ethics Committee, which in turn reports to the elected officers of the institute. If the colleague demonstrates growth, insight, and a deep sense of remorse, privileges may be gradually restored; for some, full restoration may not happen, i.e., the return to functioning as a training and supervising analyst. The support of colleagues and family is often critical for the sanctioned analyst's survival, for suicide is not rare among such colleagues. They are often profoundly humiliated by their unethical behavior.

Rehabilitation is broader than prescribing more treatment and supervision, for this is not just a clinical and educational matter. Most would agree that unethical colleagues have to make formal amends to both their former patients and to the analytic community. This often includes an apology to the patient, restitution of fees paid for the flawed treatment, and a deep recognition of the harm caused to the patient and the analytic community and to psychoanalysis itself.

Psychoanalytic communities require years to fully recover from these tragic events. While it must be primarily an internally driven healing process, outside consultants may help in sharing the experience gained in other communities who have faced similar problems. Many find that they have over-idealized colleagues in an effort to avoid dealing with early signs of unethical slippage. Perhaps such colleagues were beginning analytic sessions late on a consistent basis or disclosing excessive amounts of personal information to their patients.

The cultural climate of the institute may have been too permissive and forgiving of these lapses. De-idealization is a necessary step in all analyses, but it is a priority in these situations.

To this end, some suggest that attention be given to the history of unethical behavior; both local and national, in candidate education to further the process of de-idealization. Increasingly, colleagues are concluding that early detection and correction of minor boundary violations are necessary, since if unattended over time, they often balloon into major ethical breaches. It is granted that the major problem lies in the analyst's grandiosity, seductiveness, and unresolved core problems that require further treatment.

### COMMUNITIES LACKING REHABILITATION PROGRAMS

Some psychoanalytic communities do not provide rehabilitation programs for sanctioned colleagues. They are expelled for a given number of years and can then request reinstatement. There are many problems with this approach. The colleague usually feels abandoned and has to create a do-it-yourself rehabilitation program. Usually, this separation leads to a permanent alienation on both sides. The colleague needs support and advice. The Ethics Committee can provide guidance and monitoring of progress through a special subcommittee. The oversight and restrictions provided help the analyst regain the confidence of his colleagues. Some psychoanalytic communities export the rehabilitation to the Ethics Committee of the colleague's primary professional affiliation, e.g., the local medical society or psychology board. These efforts usually lack the rigor and analytic focus of our Ethics Committees. Outside analysts can help if they work very closely with the governing bodies of the institute and/or society since the analyst is living and working in that community and is well known to his colleagues.

### REHABILITATION IN THE WIDER COMMUNITY

Rehabilitation extends to both the analytic and wider mental health community. The psychoanalytic community may need to demonstrate to the larger mental health community

that we do not protect such colleagues, that we welcome their complaints of boundary violations so we can take appropriate remedial action. This goes a long way toward restoring trust.

Some analytic communities have established special study groups to deepen their understanding and find ways to improve the ethical climate. Colleagues and candidates need to have institutional pathways to safely bring forward their complaints and ethical concerns. Candidates are often positioned to be the first to detect an analyst's growing difficulty in maintaining an analytic frame. Help should also be provided to colleagues who were not directly involved but may have been the analysts of an unethical colleague, or classmates of an affected candidate, and have experienced considerable collateral damage.

Rehabilitation seems to work best when an ethics breach is self-reported early on in its development by an analyst who is in psychic distress over the breach, particularly when this is a singular occurrence that is due to situational traumatic events such as illness, divorce, or even death of a loved one. Ideally the degree of remorse has already led to efforts at reparation and restitution both to the patient and the analytic community. There are always exceptions—even colleagues who were involved in unethical conduct for many months, even years, have made substantial recovery. Rehabilitation should be available to all and we should reserve judgment about outcome, which in any case may not be known for several years.

The pain to our analytic community and to the individuals more directly involved has had some beneficial side effects. We are now more mindful of this ever-present risk in analytic work; we have deepened our understanding of our institutional, clinical, and theoretical responsibilities. As we all know, trauma can lead to enhanced strength both with individuals and groups. This can only occur if we are open, resilient, and scientifically modest before the daunting challenge of rehabilitation. It is in that spirit that we offer these initial observations. We hope they stimulate others to join in our conversation.

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## MOC/MOL and Status of Consent in Certification

Graham L. Spruiell

The American Medical Association endorsed a resolution in 1867 to secure legislation that would require all persons who wished to practice medicine to be examined by



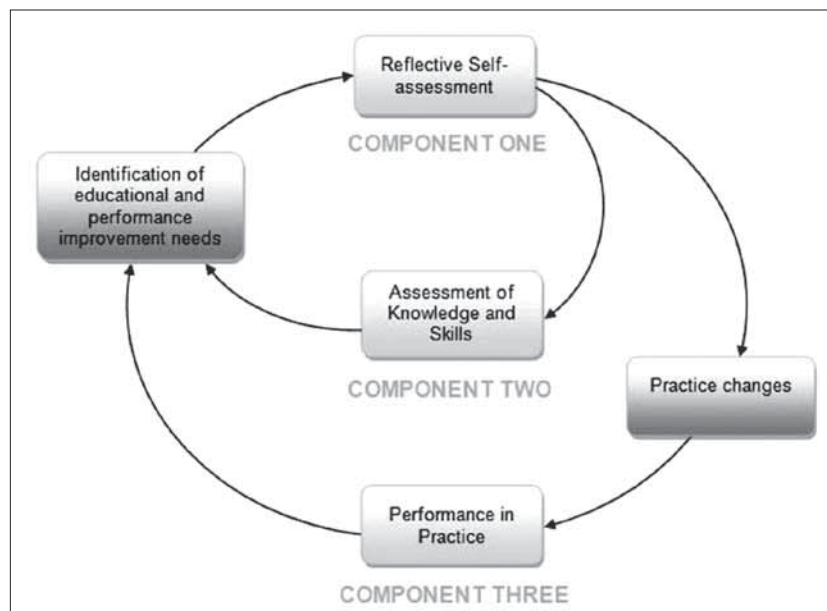
Graham L. Spruiell

the State Board of Medical Examiners in order to become licensed to practice medicine. Licensure was a requirement, and hence mandatory. The American Board of Medical Specialties (ABMS) was established 60 years later, representing 24 medical specialties, including the American Board of Psychiatry and Neurology. ABMS is the largest physician-led specialty certification organization in the United States. In contrast to licensure, certification has been voluntary, signifying academic achievement. Certification has never been considered a legal requirement to practice medicine.

Psychoanalysts, who are M.D.s and D.O.s, will be particularly affected by the alliance

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

between the Federation of State Medical Boards (FSMB) and (ABMS). In 2002, these separate organizations began a collaboration that embraced the goal of “life-long learning,” a program promoting “excellence in medical practice” through Maintenance of Certification (MOC) and Maintenance of Licensure (MOL). Similar to Continuing Medical Education (CME), the process of certification began as voluntary, but now threatens to become a requirement of licensure.



FSMB comprises 70 state medical and osteopathic boards. FSMB’s long-standing mission has been to protect patients from unlawful, unethical, and incompetent doctors. Having received recommendations from ABMS, FSMB will be implementing a new, expanded MOL on a trial basis in 12 states over the next decade. According to the MOL Overview web page, “MOL provides a needed alternative to our current system, offering a framework that requires physicians

to demonstrate skills and knowledge in their areas of practice on an ongoing basis—throughout their careers.” (See: <http://www.fsmb.org/mol.html>)

### SUMMARY OF THE THREE MOL COMPONENTS

1. Reflective self-evaluation, self-assessment, and practice assessment through continuing medical education. Unlike current CME requirements, educational activities will be tailored to meet the needs or deficiencies identified by an assessment of skills.
2. Demonstrate competence in medical knowledge, patient care, practice-based learning, and interpersonal communication skills.
3. Demonstrate accountability for performance in practice. Demonstrate application of quality improvement methodologies to clinical practice. Licensees will be held accountable for meeting MOL requirements to renew their licenses.

### COMPLIANCE ISSUES

Approximately 80 percent of physicians are currently certified in at least one medical specialty. ABMS has recommended that state boards accept certification as proof of, or in lieu of, compliance with components 2 and 3 of the new MOL. If state boards accept that recommendation, then certified physicians will be considered to

be substantially in compliance with components 2 and 3, without having to perform “demonstrations” called for in those components.

Even though most physicians are certified, there remain approximately 200,000 physicians in the United States who are not board certified. For those physicians (including some renowned psychoanalysts) there may be difficulties in achieving compliance with

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components 2 and 3. It is not yet clearly spelled out, but it appears that state boards will create an alternate route for maintenance of licensure, other than certification, whereby uncertified physicians can achieve compliance with components 2 and 3 by working through state boards. ABMS may be involved in such activities, but has stated that there may be issues about the confidentiality of physicians' test scores, and the costs of compliance of an alternate pathway for licensure are estimated to be greater than costs associated with MOC. Thus, when MOC/MOL is fully implemented, MOC will effectively become the path of least resistance to maintain licensure.

Physicians-psychoanalysts who are not certified will face a dilemma. They can either sign up to get certified and then recertified every 10 years, with numerous time-consuming and costly steps along the way; or they can work within the MOL framework of state boards, sacrifice privacy of test scores, and pay even higher fees.

ABMS recommends that physicians, who were granted lifetime certification prior to its 10-year recertification rule, should be exempted from MOL, components 2 and 3. ABMS nevertheless strongly encourages those physicians to participate in MOC/MOL and promises that even if they fail the recertification exam, they will not lose their lifetime certifications. Regardless of what ABMS and state boards decide, eventually credentialing offices and state boards may take it upon themselves to require participation in MOC/MOL in order to grant privileges to physicians. This will have a direct and immediate effect on physicians who practice in hospital settings or serve on insurance panels, both of which generally require board certification (and consequently will also require maintenance of certification).

#### OTHER CONSIDERATIONS

Whatever the implications are for all psychoanalysts, FSMB's new MOC/MOL is unprecedented and should be considered a violation of physician boundaries, because it radically redefines physician competency. Instead of being a function of acquired education and experience, and presumed on that

basis, competency under the new MOL is redefined in terms of compliance with (and submission to) an array of practitioner protocols prescribed by MOL. Instead of being presumed competent, such that the state boards must demonstrate that a physician is incompetent or has engaged in misconduct, every physician will be required to demonstrate evidence of "competency," continuously, by meeting whatever metrics state boards establish for components 2 and 3. Instead of "excellence of medical practice" being a function of the expertise and the conscience of the physician in the context of the physician-patient relationship, excellence of medical practice will come to mean compliance with MOC/MOL.

ABMS has, from the beginning, assured subscribers that certification would be voluntary and that life-long certification would be honored, as promised. ABMS continues to maintain that certification will be voluntary and life-long certification will be recognized, at least by ABMS; yet its alliance with FSMB regarding MOC/MOL could effectively violate both agreements with its subscribers.

The "transformation of health care" may entail the new MOC/MOL, as FSMB asserts. The American Medical Association, American Psychiatric Association, and many other physician-led organizations, along with accreditors and credentialing agencies, all agree and support the proposed MOC/MOL. (It is worth noting that the American Psychiatric Association supports MOC/MOL despite a referendum in which 80 percent of the voting membership objected.) The integrity of the physician's role in the physician-patient relationship constitutes the essential core of medical practice, and it is an unfortunate fact that our changing health care system increasingly creates tension between that core and the exigencies of the system itself.

Just as the Committee on Governmental Affairs and Insurance (CGRI) advocates for preservation of patient consent for disclosure of protected health information, so we are obliged to advocate preserving physician consent regarding certification, and to protect the boundaries of the physician, patient, and physician-patient relationship. We believe that these boundaries may be compromised

under the new MOC/MOL. If physicians are unwilling or unable to defend their own rights and ethical principles from being redefined by third parties, including the government, can we protect our patients' rights?

APsaA will be joining forces with other groups and organizations to oppose efforts by third parties to link certification (which should remain voluntary) with licensure (which is a requirement); and to resist efforts that attempt to radically redefine professional ethics, competency, and the agency of health care professionals.

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## Greed in Bull Markets

*Continued from page 12*

4. Volume is low on market up days and high on down days. This indicates the professionals are selling.
5. The advance-decline line (i.e., the ratio of the number of stocks that have advanced to the number that have declined) points downward over several weeks.
6. There is market divergence. This means that one segment of the market is advancing while another is not. Presently this is so because while the DJIA and the S&P 500 have been advancing on new highs, the DJ Transports are lagging.
7. *Time Magazine* and other important periodicals place a bull or bear on their cover. This signals a market turn.
8. When 60 percent or more of market newsletter writers are bullish.

All this begs the question as to what investors should do today. There are enough danger signals that investors should be increasingly defensive by decreasing the percentage of their portfolio invested in equities. The problem is where to go because bond yields are pitifully low. There is no really good answer to this. Most professionals have fled to solid dividend-paying blue chips. This is the safe haven of the moment, but the danger exists that this sector is becoming overpriced to the point of becoming a new speculative bubble.

Whatever you choose to do with the non-equity portion of your portfolio now, it should over-emphasize safety.

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## APsaA's Excellent New Fellows for 2012-2013

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

### Kristina M. Antonson, M.D., Ph.D.,

is a fourth-year resident at UC Davis Medical Center. She received her M.D. from Cornell and her Ph.D. in cell biology from Rockefeller University. This year she is beginning the Psychodynamic Psychotherapy Training Program at the San Francisco Center for Psychoanalysis. Antonson and her husband Paul are attempting to publish their first children's book together.



Kristina M. Antonson

women's health, geriatric psychiatry, and end of life care.

### Elizabeth Freidin

**Baumann, Ph.D.,** is a postdoctoral fellow at McLean Hospital, Harvard Medical School, where she conducts psychological and neuropsychological assessments with children and adolescents. She holds a B.A. in creative writing and psychology from Columbia University and a Ph.D. in clinical psychology from the City College of New York, City University of New York. She has a research interest in attachment theory and completed her dissertation on the influence of attachment and trauma on sexual risk-taking in adolescence. Throughout her training Baumann has been deeply committed to psychodynamic work, especially from the perspective of attachment, trauma, and community mental health. She has fostered a passion for multicultural and psychodynamic work within community settings and has presented on the topic of invisible and visible minority identities at multiple conferences.



Elizabeth Freidin Baumann

Bodenheimer has published in peer-reviewed journals on the role of non-erotic love in the treatment relationship and on the relational history of Sigmund Freud and Sandor Ferenczi. She is currently working on a book that aids clinical social workers become oriented to the field. The book is informed by her work with recent graduates in clinical supervision groups. Bodenheimer's primary treatment population is LGBT adults struggling with addiction and trauma.



Danna R. Bodenheimer

### Alexis D. Armenakis, M.D.,

is a chief resident at the University of California, San Francisco. She received her B.A. summa cum laude in psychology from Boston University. Prior to medical school at the University of California, San Francisco, she conducted clinical research focused on the neurobiology of schizophrenia and worked abroad in Latin America with the global health organization Child Family Health International. Throughout her psychiatric training, Armenakis has been interested in clinical education, psychodynamic/psychoanalytic therapy, and working with older adults. She will be taking classes at the San Francisco Center for Psychoanalysis this year. After finishing residency, she plans to complete a geriatric fellowship and aspires to a career as a clinical educator with an emphasis on psychodynamic therapy,



Alexis D. Armenakis

### Sylvia Shin Huey Chong, Ph.D.,

is associate professor of English and American Studies at the University of Virginia, where she also directs the program in Asian Pacific American Studies. She received a B.A. from Swarthmore College, an M.A. from Stanford University, and a Ph.D. in rhetoric from the University of California, Berkeley. Chong comes from a strong background in psychoanalytic theory and has become increasingly interested in its history and practice. Her first book, *The Oriental Obscene: Violence and Racial Fantasies in the Vietnam Era*, investigates the role that race plays in narratives of "national trauma" used to describe the Vietnam War. Her current project,



Sylvia Shin Huey Chong

**Danna R. Bodenheimer, M.S.W., D.S.W.,** is a lecturer at the University of Pennsylvania's School for Social Policy and Practice and also maintains a private practice in Center City, Philadelphia. She graduated with a B.A. in Women's Studies and an M.S.W. from Smith College, and received her doctorate in social work from the University of Pennsylvania.

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*Yellowface Peril*, draws parallels between the performance of race in films and the “science” of race being developed by social scientists around the mid-20th century.

**Alicia J. Christoff, Ph.D.**, is Mellon Keiter Postdoctoral Fellow and Visiting Assistant Professor of English at Amherst College. She received her B.A. and M.A. from New York University and her Ph.D. in English from Princeton University. Her teaching and research interests include Victorian literature and culture, the novel, critical theory, psychoanalysis, and the history of psychology. Christoff’s book project, *Novel Feelings*, explores the way the Victorian novel teaches us to read, to feel, and to experience our own subjectivity, both by placing the 19th-century novel within the history of psychology and by helping us to understand feeling as a matter of literary form. Her work has appeared in the journals *English Language Notes* and *Psychoanalysis, Culture & Society*. As a fellow, Christoff’s particular interest is connecting literary theory with contemporary psychoanalytic thought.



Alicia J. Christoff

**Emily K. Gray, M.D.**, is a second-year child and adolescent psychiatry fellow at MGH/McLean, Boston. She attended the University of California, San Diego, for undergraduate, medical school, and adult psychiatry training. While in college, she studied psychology and competed on the varsity crew team as a three-time All-American. As an adult psychiatry resident, she led a process group for pediatric residents, participated on the Well-being Committee for impaired physicians, and contributed to research on the treatment of disruptive behavior disorders in children. During her



Emily K. Gray

child and adolescent training, Gray has become interested in eating disorders and athletes. She co-facilitates a teen mentor group through the Harris Center at MGH targeting body image and self-esteem and plans to do research on eating disorders, athletes, and oxytocin.

**Hsuan-Ying Huang, M.D., M.A.**, is a Ph.D. candidate in the Department of Anthropology, Harvard University. He received his M.D. and psychiatric residency training at National Taiwan University. Since 2007, he has studied the recent rise of psychotherapy in urban China, with a particular focus on psychoanalysis or psychoanalytic-oriented therapies. Huang graduated from the Boston Psychoanalytic Institute’s Fellowship Program in 2008. Between 2008 and 2011, he spent two years doing ethnographic research in Beijing and Shanghai and is currently working on his doctoral dissertation.



Hsuan-Ying Huang

**Nora M. Hymowitz, M.D., M.P.H.**, is chief resident of outpatient psychiatry at the University of Pennsylvania. She received her medical degree, along with a master’s in public health, from New York Medical College. For her thesis, she studied mental health policy among veterans returning from Iraq and Afghanistan. Prior to medical school, Hymowitz studied literature at Amherst College, where she cultivated an interest in character narratives, in particular in relation to one’s culture and background. During her training in residency, she has become interested in how a traumatic childhood might inform a patient’s current life predicament. She is particularly interested in resiliency in trauma and plans to combine



Nora M. Hymowitz

clinical work with her background in mental health policy.

**Peirce W. Johnston, M.D., M.F.A.**, is assistant professor of psychiatry at the University of Cincinnati and is the U.C. College of Medicine’s psychiatry clerkship director. He is a former English professor with a B.A. from Kenyon College, an M.A. from Miami University, and an M.F.A. in fiction from the University of Massachusetts, Amherst. His interests include emergency psychiatry, narrative medicine, and medical student and resident education, as well as his outpatient practice, where he combines psychopharmacology in refractory illness with most aspects of psychotherapy, especially insight-oriented approaches. One current focus is bringing tenets of psychodynamic psychotherapy to his work supervising psychiatry residents.



Peirce W. Johnston

**Ryan E. Lawrence, M.D., MDiv**, is a third-year psychiatry resident at Columbia University/New York State Psychiatric Institute in New York City. He received his MDiv from Gordon Conwell Theological Seminary and his M.D. from the University of Chicago. During medical school and residency, he studied interactions between physicians’ religious commitments and their ideas about the ethical practice of medicine, publishing on a variety of topics including freedom of conscience, substituted judgment, birth control and assisted reproduction, and substance abuse.



Ryan E. Lawrence

**Lisa Madsen, M.D.**, is a faculty psychiatrist with the Seton Mind Institute in Austin and assistant professor at the University of Texas

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## 2012-2013 Fellows

Continued from page 27

Southwestern Medical Center Austin. She received undergraduate degrees in psychology and French from the University of Iowa and her M.D. from McGill University. Madsen completed her psychiatry residency at the Emory University School of Medicine, where she served as outpatient chief resident and president of the Psychiatry Resident Association, and was awarded the Emory Medical Student Teaching Award. Throughout her training, Madsen has been deeply interested in psychodynamic psychotherapy and psychiatric education. She is dedicated to caring for patients, teaching, and advocating for patient-centered medicine. Madsen is currently working on designing an innovative psychotherapy curriculum and serves as chairperson for the Student Resident Associate Committee of APsA.



Lisa Madsen

**Anna M. Parkinson, Ph.D.**, is assistant professor in the Department of German at Northwestern University. She received her B.A. in English and German from the University of Melbourne, Australia, and her Ph.D. in German Studies from Cornell University. Her work draws on theories of psychoanalysis, intellectual history, and theories of gender and sexuality as they relate to literature, film, and other cultural artifacts. Parkinson is completing a book manuscript, *In an Emotional State: The Politics of Emotion in Postwar West German Culture*, which elucidates the often-repeated claim that after 1945 the German population evinced an inability to mourn. She argues that this claim overlooks the ways in which



Anna M. Parkinson

intellectuals and authors reworked and drew on aspects of affect as they reflected on the past in the immediate postwar period.

**David A. Ross, M.D., Ph.D.**, received his M.D. and Ph.D. degrees from Yale University, where his dissertation research explored the neurobiology of music perception and “perfect pitch.” He remained at Yale for psychiatry residency and joined the faculty in the clinician-educator track in 2009. Ross divides his time between clinical work at the West Haven VA Hospital treating veterans with post-traumatic stress disorder, and his position as one of the associate program directors for the Adult Psychiatry Residency Program. His primary academic interest is finding innovative ways to apply principles of adult education to resident training. Over the next year, he looks forward to considering novel ways to introduce trainees to the core concepts of psychodynamic psychotherapy and to exploring areas of commonality and difference between CBT and psychodynamic approaches.



David A. Ross

**Lisa C. Valentine, M.D.**, is a fourth-year psychiatry resident in the Menninger Department of Psychiatry at Baylor College of Medicine. She received her undergraduate degree in biomedical ethics from Brown University and her medical degree from Baylor College of Medicine, where she also completed additional study in ethics. In residency, she has been involved in both basic science and clinical teaching to medical students and has coordinated the department film club. Her interests include the intersection of psychiatry and ethics as well as the use of humor in psychotherapy and its role in therapeutic change.



Lisa C. Valentine

**Yan Xuan, M.D.**, is a fourth-year psychiatry resident at the University of Pennsylvania. He received his B.A. magna cum laude in biochemical sciences from Harvard College and his M.D. from the Perelman School of Medicine at the University of Pennsylvania, where he conducted research in transcranial magnetic stimulation. His interests include food and cooking and their relevance to psychotherapy and mental health, the development and ethics of neuroenhancement and “cosmetic psychiatry,” and the impact of technology and the Internet on psychiatric practice. He is also interested in the interface of psychiatry and psychodynamic thinking with society and the law and plans on entering a fellowship in forensic psychiatry at the conclusion of his residency.



Yan Xuan

**Genevieve Yuen, M.D., Ph.D.**, is an assistant attending at New York-Presbyterian Hospital-Cornell and a postdoctoral research associate at the Weill Cornell Institute of Geriatric Psychiatry, where she also completed clinical fellowship training in geriatric psychiatry. She received a B.S. in biology from Yale University where she first became interested in neurobehavioral research, a Ph.D. in neuroscience from Rockefeller University where she studied the role of estrogen in the regulation of hippocampal synaptic plasticity in the aging female brain, and an M.D. from Weill Cornell Medical College. Yuen completed her residency at the Payne Whitney Psychiatry Program. She is currently engaged in clinical research focused on the neuroanatomical substrates of apathy in late-life depression and is interested in contributing to a better understanding of how the mind works in depressed and non-depressed states.



Genevieve Yuen

## Boston Landmark

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And there is resonance for psychoanalysis in all the fin de siècle finery. Ogden Codman was shaping 15 Commonwealth Avenue just as Freud was creating psychoanalysis. The Ames family moved in the same year that Freud published *The Interpretation of Dreams*.



One can imagine fine homes in Vienna, at the time psychoanalysis was born, ornamented very much like Number 15.

It is the photos of empty offices and classrooms that I keep coming back to. They are haunting. There are no people, although the desks and tables remain cluttered with the stuff of a busy working office. The way these empty rooms remain fully intact creates an elegiac mood. It is as if the people of BPSI had suddenly been evacuated, leaving the building waiting, in vain, for our return. The building almost grieves for us—"almost," because it seems not yet to have quite accepted that we will not be returning. Palmer has effected a subtle reversal here, projecting our grief onto the building. It is poignant and perfect for evoking simultaneously our sadness and our love for our Commonwealth Avenue home.

The volume concludes resplendently, with a photo on the back cover of the block at night, lights aglow. Number 15 is framed on either side by trees wrapped in glowing white Christmas lights. Allen Palmer's book captures the glow of our feelings for this remarkable building, the building that we were proud to call home for 60 years.

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**Editor's Note:** The book 15 is available on [Blurb.com](http://Blurb.com). Allen Palmer's artistry can also be sampled at his website, [AllenPalmerPhotography.com](http://AllenPalmerPhotography.com). Among other delights found there are his superb portraits of senior analysts. Click on the Additional Projects tab, then on The Face of Experience.

## A Dangerous Method

Continued from page 11

Sabina does become a doctor and psychoanalyst who challenges Freud himself but returns to her perverse relationship with Jung, and then rejects him. Yet there is far more going on, and the film seems not to appreciate the history of early 20th-century Europe with the rise of totalitarianism, the persecution of Jews, and the nightmare of Hitler. It also does not credit these two psychiatriest pioneers with advancing theories of the mind that changed the Western World.

Freud had to flee his country to escape the Nazis. Many contend that Jung became a Nazi sympathizer. Jung had a severe and several yearlong episodes of psychosis, recently illustrated in the publication of *The Red Book*, full of mysticism and primary process material. Freud did open his mind to the role of the ego, the rational part of the mind, and his daughter, Anna, was extraordinary in her work. She explained how our mind works through "defenses," like denial, intellectualization, repression, sublimation, and passive

aggression, which are now part of our vernacular. Jung recovered from his psychosis and has left us with a better understanding of the deepest of individual and social determinants of behavior. There was far more going on than Carl bedding and beating Sabina or Freud frowning upon that disgraceful behavior, which the film tends to leave you recalling.

David Cronenberg, the film's director, and the writers appear to have missed the plot. They had a phenomenal story and the finest of actors. The audience could have left the



theater without indelible images of abuse in the forefront of their experience. They could have been illuminated by the mental and spiritual human wellsprings revealed by these great men, despite all their limitations, that are among the most profound influences we have on our minds today.

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## Film Seminar Saturday, January 19, 2013

### The Life and Work of Sabina Spielrein in Film and Historical Documents

Chair: Bruce H. Sklarew

Co-chair & Presenter: Henry Zvi Lothane

Presenters: Harold P. Blum, Lissa Weinstein and Michael Vannoy Adams

From being a footnote in the *Standard Edition*, Sabina Spielrein was catapulted to the larger idea of boundary crossing in the course of therapy, a topic exploited in plays and films. The presentations will be accompanied by clips from three films: Elisabeth Marton's 2002 documentary *My Name was Sabina Spielrein* and two feature films, Roberto Faenza's 2002 *Soulseeker* and David Cronenberg's 2011 *A Dangerous Method*.

**Editor's Note:** Bruce Sklarew's film column will return in the next issue of TAP.

## Alison Bechdel

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Illustrating both the influence and the impact of Winnicott's work on her psychic and creative transformation, Bechdel inscribes key passages from his essays over the pages of her own journals, strewn amidst the scenes she portrays from therapies with two different female therapists who speak from the pages of her memoir. Cutting and pasting his prose into her book, Bechdel grafts Winnicott's writing into her own, creating her own textual transitional phenomenon. What's more, Bechdel illustrates the imagined history of the young Winnicott's own analysis as he journeys through the London Underground, to his destination on the couch of James Strachey. Bechdel reenacts and records Winnicott's free-associating to dreams about his own depressed mother upon this couch that she has recreated from

reading his biography, personal letters, and interviews. In such manner she interpenetrates the history of psychoanalysis itself into her own personal quest and utilizes its vivid, iconic moments to memorialize her own history. In a winsome turn to historical fiction, Bechdel goes so far as to draw pictures of this same young Donald Winnicott passing, en route to his analysis, the figure of Virginia Woolf as she strolls in Gordon Square, Bloomsbury, on her way to publish the papers of Sigmund Freud.

Thus creating a chorus of guardian angels to her autobiographical aspirations, Bechdel turns adaptation into a fantasy of adoption as she searches for the lost mother among transference figures of the past. As she sighs, at one point, to her therapist: "I wish Winnicott was my mother!" Indeed, Woolf and Winnicott, among others become idealized literary parents—bookends—to substitute for the profoundly disappointing and narcissistic parents

that she portrays in her autobiographical graphic novels. They provide a creative nursery to foster her nascent self.

Thus Bechdel's new narrative demonstrates how literary and psychoanalytical texts take on allegorical personification in Bechdel's life, even as they populate the pages of her books. Literally walking off the pages of their books onto hers, the dramatic embodiments, drawn in vivid and engaging comic illustrations make a home in her imagination like so many idealized, longed for parental imagos. *Are You My Mother?* takes up these titans of modernism and psychoanalysis in ways that remind us of the endurance of the embodied self in an artistic and literary tour de force that should tantalize readers of *The American Psychoanalyst*. She is someone indeed to watch out for by any American psychoanalyst who seeks attunement to our times. Hers is a new voice to heed.

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### Journeys in Psychoanalysis: The Clinical Experience On Three Continents

March 8 and 9,  
2013  
La Jolla, CA

The International Psychoanalytical Studies Organization (IPSO) is an organization for psychoanalysts in training. Candidates in psychoanalysis, practicing psychoanalysts and others interested in the study of human behavior are encouraged to participate.

Participants will analyze the clinical handling of child and adult cases from North American, European and Latin American perspectives; identify and discuss the impact of different cultural perspectives on the analytic process; discuss the effect of language and culture on the analytic process of child and adult cases; and, integrate cultural factors in assessing psychoanalytic process.

#### Featuring:

*Peter Fonagy, Ph.D. (United Kingdom), Daniel Jacobs, M.D. (United States),  
Virginia Ungar, M.D. (Argentina)*

[www.sdpsi.org](http://www.sdpsi.org) - Community Events / [sdpsi.michelle@gmail.com](mailto:sdpsi.michelle@gmail.com)

## Silence

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John Cage, musician and composer, made the point even more clearly that silence has meaning and is not just the absence of sound. In his famous composition 4'33" (Four minutes and 33 seconds), the pianist walks to the piano, sits down, and opens the lid. Then 4'33" later, he closes the piano and the piece is over. In the absence of piano notes, the audience hears not silence but the presence of unintended sounds. The absence of intentional composition creates space to hear the ambient sounds often overlooked, sounds the composer did not intentionally put there. The piece thus varies depending on context where it is performed, whether an orchestra hall, the outdoor urban garden, or in a silent chamber quiet enough to hear only the sound of one's breath and heartbeat.



John Cage performing 4'33" at a toy piano.

The analogy to psychoanalysis is apt. We are not limited by the deliberate notes our patients orchestrate or by the predictions of any singular theory. While we are inclined to track and share changes in the positive form of what is symbolized and verbalized, psychoanalysis is distinguished by its attention to what is not apparently perceptible but there to be found. We mine all that can be projected or enacted around defined foreground. Focus in treatment oscillates between figure and ground, shifting between the known and the unconscious, reality and fantasy, and between multiple ways of organizing experience.

Silence can represent the continuity of space that contains the analytic relationship and from which the symbolized emerges and the time or timelessness through which they move. The line that frames the beginning and end of each session also demarcates the absence of contact in between. Silence as negative space between sessions is not just absence but replete with possibilities for continuity or disconnection, for the ongoing self-reflection we value and hope to engender in our work, or for its failure.

Like Rauschenberg's white paintings or Cage's composition, silence inside the consulting room is neither meaningless background to the process nor emptiness, but the opportunity to collect sounds, thoughts, and feelings yet to be formulated. Silences that punctuate or trump the flow of an analytic hour hold meanings unique to the given treatment dyad at a moment in time. Silence can appear quiet and calm or can be intentional and very busy. Clinical experience tells us that the silent patient may be frightened and avoidant, or profoundly thoughtful. Silence can hold anger, submission, and false compliance or peacefulness and trust. It can reenact profound loneliness or suggest evacuation and retreat from danger and turmoil within. Or silence can indicate a less toxic and more productive pause from the interactive nature of analysis to claim space for self-directed contemplation and consolidation. The analyst's silences range as well, from those reactive to all that might be communicated by the patient to those responsive to the analyst's inner life and preoccupations.

### IN THE CONSULTING ROOM

I recognize that I am not quiet just to hear my patient nor in compliance with technique. I ground myself in silence to push away what lingers from the previous session and from intrusive personal concerns. I connect with the interior space that allows access to inner reverie as experience unfolds in the context of the unique relationship created with my next patient. She texts that she is running a bit late, even though she arrives on time. The motivation and sincerity she exhibits about getting to my office contrasts with her characteristic avoidance of silence and reflection

once she gets there. Using her phone to create activity she preempts contact with potential associations and deeper anxieties. Her text message diverts our exchange from an exploration of what lateness stirs in her imagination into the realm of social civility. With seemingly eager intentions she continues to control the session by filling it, speaking in full paragraphs. She does not allow me to enter her space until there are few minutes left in the session. She fears the uncertainty of her own mind and the possibility of feeling between us in quiet moments. Speech itself creates subject matter, and negative space is restricted.

The edge of silence sharpens the edge of what is said in sessions. My patient creates noise to avoid this articulation, not yet ready to shape personal meaning or demarcate the unique products of each mind in the room. Refrain from speaking allows a working space for expressed words and feelings to be turned over and viewed from different angles, questioned and elaborated on the way to taking positive form. Laser techniques in art history show us the many changes in the artist's mind and canvas on the way to a completed painting. Silence in the relationship is the living canvas inviting patients to hear their own thoughts, and formulate and revise self experience and understanding in our presence, with clearly delineated sense of ownership of their work.

Contemporary culture threatens to fill patient and analyst alike with the noise of plenty. Technology has offered a class of concrete objects that physically occupy much space and functionally provide constant access to connectedness that can easily dominate the foreground. Communications from multiple devices shrink the negative space of silence that encourages us to hear the contents of our own minds to gather our thoughts and feelings and remember our dreams. The cacophony from our culture and from within our expansive field cannot help but impinge upon the interiority precious to psychoanalysis. As guardians of the process, we need to preserve and respect, regulate along with words, affects, and actions, the meaningful and generative possibilities of quiet negative space.

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Their Fates May Differ"

Rosemary M. Balsam, "(Re)-Membering the Female Body in Psychoanalysis"

Visit [apsa.org](http://apsa.org) to view the preliminary program!