APsaA

the AMERICAN PSYCHOANALYST

FALL 2013
Volume 47, No. 3

Quarterly Magazine of The American Psychoanalytic Association

POLITICS and PUBLIC POLICY

Private Practice in the Lion's Den

Advocacy Push to Preserve Independence

Graham Lindley Spruiell

The implementation of the Patient Protection and Affordable Care Act (ACA) has raised questions concerning the future of fee-for-service in outpatient private practice.

In March 2010, President Obama signed the ACA into law. This sweeping and transformative legislation was always controversial, and its enactment precipitated multiple legal challenges. A majority of the states filed joint or individual lawsuits to overturn the ACA on constitutional grounds, arguing its "individual mandate," requiring every citizen to purchase health insurance, exceeded the powers of Congress under the Commerce Clause. In June 2012, the Supreme Court of the United States upheld the ACA in the *Sebelius* case, ruling that while the individual mandate indeed violates the Commerce Clause, it is constitutional if it is a tax; hence the ACA could proceed towards implementation in 2014 with the force of law.

Implementation of the ACA however, has run into obstacles as it has become known what the largely unread law actually entails. Various insurers, corporations, small businesses, and unions have requested exemptions from the ACA; by February 2013 more than 1200 entities were granted waivers. The AFL-CIO, after giving highly visible support to the ACA, has requested and received an exemption. The National Treasury Employees Union, providing insurance to employees of the Internal Revenue Service (IRS), was exempted, even though the IRS oversees the individual mandate. Astonishingly, *Politico* reported in April that, after passing ACA, Congress now seeks to exempt its members and their staffs. In July, the president delayed the individual mandate for businesses, but not for individuals. Clearly, there seems to be an element of buyers' remorse and less than transparent procedures for granting exemptions. No one can predict what will happen when the irresistible force of law runs up against the immovable object of citizen dissent. But no matter what happens, private practice, as psychoanalysts have known it, will be transformed.

Continued on page 7

Graham Lindley 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.*

INSIDE TAP...

Special Section on Saving Private Practice . . 3, 6–10

Candidates' Council 11

APsaA Elections . . . 12–18

A Tribute to Homer Curtis 31

Rembrandt's *Belshazzar's Feast* (1635)
National Gallery, London

CONTENTS: Fall 2013

SPECIAL SECTION
Saving Private Practice

1 **Politics and Public Policy:** Private Practice in the Lion's Den: Advocacy Push to Preserve Independence *Graham Lindley Spruiell*

3 **From the President:** The Canary in the Coal Mine: APsaA's Central Role in Preserving Fee-for-Service *Bob Pyles*

8 **Cases from the Frenkel Files:** Health Information—Keeping It Confidential *John C. West*

9 Electronic Medical Records—No More Mr. Nice Guy *Paul Mosher*

4 Highlights of Executive Council Meeting

5 Separation and Individuation: A Developmental Model *Lee I. Ascherman and Elizabeth Brett*

11 **Candidates' Council:** Creativity *Navah C. Kaplan*

12 **APsaA Elections:** Campaign Statements

20 My European Education *Fred Busch*

21 **Film:** Macbeth: Genesis of Tyranny *Samuel T. Goldberg and Bruce H. Sklarew, Film Column Editor*

23 Reflections on *Rear Window* *Peter B. Dunn*

25 **Poetry:** From the Unconscious *Sheri Butler Hunt*

26 Psychoanalysts Welcome in the House of Medicine *Janis L. Cutler*

28 **COPE:** Developmental Curriculum *Karen Gilmore*

31 Tribute to Homer Curtis: 1917–2013 *Ralph E. Fishkin*

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

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.

ISSN 1052-7958

The Canary in the Coal Mine

APsaA's Central Role in Preserving Fee-for-Service

Bob Pyles

Bob Pyles

Although I could not have appreciated it at the time, in retrospect, it has become clear to me that I had the privilege of training in what surely was "the golden age" of health care in this country. The centrality of the doctor/therapist-patient relationship was unquestioned. Confidentiality and privacy of medical information was inviolate and required the specific permission of the patient for its release.

No more. The doctor/therapist-patient relationship is specifically under fire for being a primary driver of health care costs. There is enormous pressure to completely phase out the "fee-for-service" health care system. Individual health care information has become a marketable commodity as electronic medical records make the wide distribution of private information almost inevitable.

Our practice survey of 2011 makes it clear just how unique we are as a profession. Over 80 percent of the income of our members comes from private practice and fewer than 20 percent are willing to serve on managed care insurance panels. What this means is that we are squarely in the crosshairs of government and insurance sponsored pressures to reform health care. We are at once the most endangered species, and the best example of the importance of the centrality of the doctor/therapist-patient relationship, as well as the effectiveness of fee-for-service health care. We are truly the canary in the coal mine.

I can think of two personal examples to illustrate just how far we have fallen.

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

In 1962, I was a third-year student at Harvard Medical School, assigned to Children's Hospital for a pediatric rotation. The pediatric resident I was assigned to was Martha Carpenter. (I still remember her name.) A six-year-old boy had been admitted who was dying of a bacterial meningitis that none of our medicines seemed to be able to treat. The message from all of our instructors was in essence, there is a solution, and it's your job to find it no matter how long it takes.

Carpenter and I stayed up all night trying different histological stains to identify the organism. I remember vividly at 5:00 a.m. we tried an unusual stain preparation, and saw the distinctive dumbbell shape of the Klebsiella bacteria. Putting the boy on the proper antibiotic had him conscious and recovering within hours.

This would be unlikely to happen today. Too autonomous and too expensive.

By contrast, I had a recent health care experience myself. I developed complications to major knee surgery and had to be hospitalized on an emergency basis at one of the leading Harvard affiliated hospitals in Boston. As I recovered, I was stunned to see, up close and personal, what health care has become, even in this supposed mecca of academic medicine. I hardly ever saw a doctor, maybe for a total of five minutes over the entire four days. The nurses and nurses' aides seemed permanently attached to computers on rolling dollies. Their visits to my room consisted mostly of standing with their back to me, entering data into the computer. Doctors were almost never available because they were confined to a glassed-in room, with a series of computers in front of each of them. They spent their entire time hunched over their computers, entering data. I began to realize that health care had become almost completely depersonalized. I received much better care at a small community hospital far away from the teaching centers of Boston medicine.

ROOTS OF MANAGED CARE: NIXON'S REVENGE AND ELLWOOD'S DEPRIVATION

The destruction of what was arguably the finest health care system in the world began in 1973 with the "managed care act" during Richard Nixon's administration. This act has been called "Richard Nixon's revenge on the American people." Managed care itself was originated by Dr. Paul Ellwood, Jr., and his think tank in Jackson Hole, Wyoming. Ellwood's father was a general practitioner who he felt spent too much time with his patients. Ellwood came to regret the creature that he had hatched.

From the very beginning, the idea of managed care was to get a "manager" in between the health care professional and the patient. Medical decisions would be made by someone who had no particular commitment to the patient and would be made entirely on objective and financial grounds. This developed into the corporatization of health care. The computer, and, for us, the *Diagnostic and Statistical Manual of Mental Disorders* (the *DSM V*), have "objectified" health care delivery even further.

As health care professionals, we are subjected to an increasing mountain of bureaucracy, to the point where, as I witnessed, far more time is spent on entering data or filing proofs of therapeutic efficacy than actually seeing individual patients or clients. Physicians in particular have been targeted, and are subjected to such measures as "Maintenance of Certification," which requires expensive and often useless courses to be taken in order to provide presumed proof of competency. In some areas this is being linked with the ability to renew one's license in what is called "Maintenance of Licensure." Expertise in using electronic medical records is one of the requirements.

If one participates in insurance panels, payment is "value based," which means that cookbook formulas for treating various conditions have to be followed and documented. In addition, patient feedback for satisfaction is often required. A particularly egregious example is the new CPT codes required by Medicare.

Continued on page 6

Highlights of Executive Council Meeting

With no Scientific Meeting scheduled for June 2013, the Executive Council met for a condensed half-day meeting on June 9, 2013. In spite of the shorter meeting time, the Council deliberated and approved a number of governance-related issues, several important organizational issues affecting APsaA internally and externally, as well as a number of revised and new position statements. The Council also heard updates about several ongoing Association initiatives.

The Executive Council approved a new committee on Advocacy for Children. It also approved two position statements brought forward by the new Committee on the Status of Women and Girls. One statement expressed APsaA's support for the United Nations Convention on the Elimination of All Forms of Discrimination against Women, and the other position statement endorsed the U.S. ratification of the Convention of the Rights of the Child, neither of which has yet been approved by the United States. The Executive Council also approved an updated position statement on physical punishment and heard a report that this is one of the most visited pages on APsaA's website.

Seven extraordinary individuals, including researchers, clinicians, and writers, were unanimously awarded Honorary Membership. These are Jack Barchas, Beatrice Beebe, Jeffrey Berman, Erik Hesse, Frank Lachmann, Allan N. Schore, and Jonathan Shay.

Warren Procci highlighted several initiatives connected to the implementation of APsaA's Strategic Plan in his detailed update for Council. A campaign to support research in the efficacy of psychoanalysis is being planned. The coming fiscal year's budget was based on the strategic priorities identified in the plan for the first time. A new Membership Committee is forming to focus on making sure the membership is aware of the value of APsaA membership. Implementation of the top priorities of the strategic plan is ongoing.

Among the governance issues, the Council acting as the Nominating Committee selected candidates to run for president-elect, treasurer, and councilor-at-large in January. The Council also elected members from the Council to fill vacancies on six Council committees, and the Council elected new members of the *JAPA* Editorial Board. Proposed bylaw revisions were approved which would allow for (a) one BOPS Fellow from each APsaA institute not needing to be certified or a training analyst; and (b) the creation of a new membership category for non-clinical candidates. The membership will vote on the proposed bylaw revisions in January 2014.

ORGANIZATIONAL ISSUES

Procci, as chair of the Council Task Force on Temporary Objective and Verifiable Requirements for TA Appointment, updated the Executive Council on the plans being put in place to operationalize the Executive Council's policy of appointing training analysts on the basis of objective and verifiable criteria.

Richard Lightbody, chair of the Task Force on Externalizing Certification, presented the report of this BOPS task force. The task force outlined a plan that would establish an independent entity, the American Board of Psychoanalysis (ABP). The APB would initially conduct a certification process similar to that currently operating within APsaA but would implement changes to the process going forward. The discussion that followed in the Executive Council meeting revealed that, though there had been strong support in Council for externalizing certification, this particular plan outlined by the task force was seen as only one of several options that needed further consideration by the Executive Council.

Other organizational issues addressed during the Council meeting included the approval of the proposed FY 2014 budget, a name change for the Committee on the Status of Women to the Committee on the Status of Women and Girls, the creation of a Committee on Advocacy for Children, and the approval of the 2013-2014 Class of Fellows.

Separation and Individuation: A Developmental Model

Lee I. Ascherman and Elizabeth Brett

In normal human development, the road to separation and individuation is never linear. There are starts and pauses, forward movement and regressions; however, ultimately, autonomy and differentiation are inevitable. So too will be the course for the externalization of functions of the Board on Professional Standards as we move forward to maturity as an organization and profession. While not without the pains and angst of growth, the process has well begun for the externalization of certification. The background for this process will be reviewed below, followed by an update to the membership of the progress and challenges ahead.

During the past several years there has been remarkable and unusual agreement between the Executive Council, the Executive Committee, and the Board on Professional Standards on the importance of the externalization of certification. This is based on recognition that the existence of a certifying body within a membership organization is an artifact of the past. The Board on Professional Standards researched the professions of social work, psychology, and all medical specialties and learned that all have certification processes external to their membership organization or firewalled for autonomy, consistent with expectations of the public and

In normal human development, the road to separation and individuation is never linear.

HISTORY AND RATIONALE

In this country, psychoanalysis has evolved from small interest groups to a large national organization affiliated with the International Psychoanalytical Association. The certifying and accrediting functions of our organization have been internally located within the Board on Professional Standards. The governance of APsaA was designed so that the certifying and accrediting functions would be independent of membership considerations.

Today, however, professions must demonstrate a more stringent separation of certification and accreditation from the membership of the profession. In order to insure that the certifying and accrediting activities are truly independent and therefore fully protect the public, they must be external to the membership organization or solidly firewalled within it. Externalizing certification would be the next step in APsaA's professional development.

Lee I. Ascherman, M.D., *is chair of the Board on Professional Standards, and* Elizabeth Brett, Ph.D., *is secretary.*

the Department of Education that certification not be influenced by membership pressures. Based on this support and Executive Council directive, in June 2012 the Board on Professional Standards launched a Task Force on Externalization of Certification to proceed with outlining the road to certification external to APsaA.

During the past year this task force worked diligently to chart this path. Their first step was to open communication with other analytic organizations to explore their level of interest in joining us in this process. Subsequently the task force identified a course for bylaws, budget, incorporation, and a board for the new organization, to be called the American Board of Psychoanalysis (ABP). Ultimately, this board will not be exclusively composed of members of the American Psychoanalytic Association. Ongoing research into the reliability of the examination will be a crucial component of the ABP, building on earlier, important work of Stuart Hauser and the Certification Advisory Research and Development Committee (CARD), more recently led by Paul Holinger. The certification examination will also not be restricted to APsaA members. The goal is that the ABP will provide a credential of certification that is meaningful to the profession, public, and government, all of whom expect an independence of professional certification from political pressures of a membership organization.

POLITICS OR PROFESSIONALISM

At the recent June governance meetings of APsaA, an update on the work of the Task Force on Externalization was provided to the Board on Professional Standards and the Executive Council. Following the presentation to the Executive Council, some members of the Council seemed to voice withdrawal of their support for externalization, stating that while the goal remained consistent with other professions all of whose certification processes are external to the membership organization, there was not support for the externalization of a certification process that would not be the vision of what they wanted certification to be. Such a position seems to miss the very purpose of externalization; the creation of a certification process that is independent of the membership organization so that it can function with the professional credibility of autonomy from membership interests and pressures, consistent with all other professions. The position that externalization can be supported only if it exists in the form envisioned by some members of Council also misses the fact that its Board will be open to non-APsaA members. It also disregards the important research of the late Hauser and subsequently by CARD into the reliability of certification, the changes made to the certification process in recent years, the development of the pre-graduation certification pathway, the positive feedback from applicants who have taken the examination in recent years including those who have been continued, and the communication from candidates that they want rigorous standards and a certification credential that has meaning in the external world including one that involves an in depth assessment of clinical work. It has recently been said by some candidates that the antagonism of some towards certification feels to them like old ghosts from

Continued on page 25

Canary in the Coal Mine

Continued from page 3

These codes became a requirement as of January 1 of this year. The problem for therapists is that the codes do not fit anything that we actually do. I know of no one, including myself, who has managed to get reimbursed, because the codes are incomprehensible. Medicare representatives seem as confused as everyone else and can offer little direction. There is every incentive not to accept Medicare patients, except that some states are considering required participation in Medicaid and Medicare as a condition for licensure.

> Medical decisions would be made by someone who had no particular commitment to the patient and would be made entirely on objective and financial grounds.

We will soon see the full implications of the Affordable Care Act (ACA), which will create even more pressure to phase out fee-for-service health care. The act grants sweeping new powers to the IRS to oversee compliance with the new law. It does not give one a feeling of comfort to learn that the IRS has already accessed 60 million medical records in California seeking information on a single person. Interestingly, we have seen groups central to the passage and implementation of ACA arranging to exempt themselves from being covered by it. This includes Congress, the major unions, and the IRS itself.

From our position of having a superb health care system that was the envy of the world under the fee-for-service model, we have become the most expensive health care system in the world. The United States spends two-and-a-half times more per capita for health care than any other industrialized nation. We have also fallen to somewhere around mediocre in the quality of our care compared to these other nations.

The reason for all this is twofold. One is that the "management" costs are exorbitant due to inefficient bureaucracy. The other is that the whole managed care model is absolutely and totally antithetical to human nature. I have always particularly admired the founding fathers, and especially James Madison, often called the "Father of the Constitution." Madison specifically rejected "management" as being against the inherent nature of man. Instead he created a system of "checks and balances," which rely on individual autonomy and liberty. Managed care, by contrast, is all about the centralization of power and the deprivation of individual choice, substituting a kind of corporate fascism for what has always been the cornerstone of good health care, the doctor/therapist-patient relationship.

ROOTS OF THE THERAPEUTIC DYAD: MADISON AND HIPPOCRATES

Should the government attempt to control groups? Madison argues that "such a remedy…is worse than the disease" because it would eliminate liberty. Any government attempting to do this would be battling against the core of human nature.

Rather than engage in such a hopeless effort, sooner or later bound to fail, Madison's solution is to create a structure, in this case a representative democracy that would include all groups and all opinions. Everyone has a voice. The safeguard upon which Madison relies is that an educated people would generally make a reasonable majority decision… that is, the goodwill of educated people can be trusted. This is the bedrock principle on which our Constitution stands and which was finalized at the Constitutional Convention in Philadelphia in 1787.

Madison goes further. He argues that the primary purpose of the Constitution is to protect citizens *from* the government. He recognizes that those in power will be motivated to pass laws to perpetuate and centralize their power, as we see increasingly in managed health care.

In looking at our health care system through the vision of Madison, it is bound to fail, because incentives are entirely in the wrong direction. Citizens and health care professionals are deprived of the ability to make decisions and find creative solutions. The central principle is that citizens and health care professionals cannot be trusted and must be "managed."

Most enduring laws are built on, rather than frustrate, human nature. In the Declaration of Independence, it is stated that all men are endowed by their creator with certain unalienable rights and among them are "life, liberty and pursuit of happiness."

The trend throughout the history of our nation is expansion of individual rights and autonomy—equal protection under the law, elimination of slavery, desegregation of schools, voting rights for women and minorities, and interracial marriage. Laws that restrict individual rights and freedoms do not fare as well, for example, the 18th amendment adopted in 1920 prohibiting "the transportation, manufacture of or sale of intoxicating liquors," which was repealed by the 21st amendment adopted in 1933. While defending the use of intoxicating liquors might be difficult, it is clear that the public did not want the federal government making that decision for them. The same must be even truer of purchasing health care.

FREE ASSOCIATION AND FREEDOM

As psychoanalysts, we are a primary example of the importance of the privacy and autonomy of the therapist-patient relationship. Our profession cannot operate in a situation of coercion and control. The essence of "free association" is that it aims for freedom. We are perhaps in the most advantageous position to speak for the importance of maintaining a vigorous fee-for-service system.

In preservation of the physician/therapist-patient relationship the desires and expectations of patients are reflected in the standards of professional ethics dating back to the fifth century B.C. Fee-for-service medicine preserves individual freedoms and public expectations regarding the provision of health care, and it is up to us to fight to preserve those freedoms.

The Lion's Den

Continued from page 1

FEE-FOR-SERVICE BLAMED FOR INCREASING COSTS

Passage and implementation of the ACA has instigated important policy debate on the public health implications of the fee-for-service model. As Julie Barnes wrote in *The Atlantic,* "Moving Away from Fee-for-Service": "This antiquated model is the culprit behind exponential health-care cost growth." Another article, published in *Medical Economics*, refers to the National Commission of Physician Payment Reform and asserts that that the best way to rein in health care spending is to abandon fee-for-service.

Opponents of fee-for-service claim that this method of compensation results in "cherry picking" of the most desirable patients (i.e., patients with acute medical conditions), leaving the higher costs of treating chronic patients to the ACA. Further, they assert that fee-for-service creates a two-tier system that disenfranchises those who cannot afford private insurance. It is accurate to say that under fee-for-service, clinicians are compensated on the basis of volume of services provided to individual patients, rather than on whether treatments are, from a public health perspective, evidence based and effective.

BRIEF HISTORY OF PRIVATE PRACTICE

Private practice has always been the norm for the medical profession. In the U.S., the first transformation of the private practice occurred when physicians began accepting indemnity insurance. After World War II, corporations offered indemnity health insurance to attract potential employees. With the introduction of indemnity insurance, private practice came to mean a mixture of private-pay and fee-for-service. Some doctors abandoned private-pay altogether in favor of reliable reimbursements and referrals that accrued from doing business with insurers. These were considered the boom years of private practice.

Under this system of reimbursement, patients' demand for medical treatments steadily accelerated, and clinicians were happy to provide those treatments and charge accordingly. Insurers were agreeable in the beginning, as long as they could pass those added costs onto employers and ultimately patients. But eventually those costs became prohibitive and insurers began pulling back. Up to that time insurers were silent third-party payers who were deferential to the clinician-patient relationship, but this soon changed.

Graham Lindley Spruiell

The Employee Retirement Income Security Act (ERISA) and managed care organizations were designed to contain costs by denying authorization for treatment if the insurer determined that treatment was not medically necessary. But as we have seen, managed care failed to contain costs as premiums for patients have soared, compared to other sectors of the economy, notwithstanding static or decreasing compensation levels for clinicians. Not only was it costing more under managed care, but patients were dissatisfied because they were being denied treatment while paying higher premiums, and there were growing concerns about confidentiality. Clinicians were dissatisfied because they had less authority over indications for treatment and over how treatment was conducted and compensated.

The dissatisfaction and failure of managed care has led to variations on the managed care theme. Some are hopeful that the Paid Provider Organization (PPO) will be successful. In the PPO model, similar to managed care, the individual clinician contractually gives up private practice to join a group practice in which reimbursement levels are set according to the calculated costs of providing treatment. For the same reason psychoanalysts were reluctant to become managed care providers, psychoanalysts are also reluctant to join a PPO, because in both cases clinicians are contractually obligated to abandon private practice.

Perhaps sensing that traditional fee-for-service may not have a future in the ACA framework, medical specialties including psychoanalysts have hearkened back to the classical model of compensation, private-pay, both as a business decision and for personal reasons. Increasingly, this form of practice is being seen as the only exit if fee-for-service is curtailed or abolished under the ACA. The idea of private-pay might be jarring to some who are accustomed to the security of the fee-for-service and assurance of referrals, and who are concerned that there may not be enough patients to sustain a private-pay practice, particularly if most patients are absorbed into the ACA.

Supporters of private-pay argue on the other hand that by not having to spend time dealing with third party regulators and regulations defying common sense, clinicians are better able to focus on individual patients in the context of the clinician-patient relationship. They are able to practice according to their ethics and conscience without intrusions by third parties. Further, they can assure their patients of confidentiality by abstaining from disclosure of personal health information to the electronic health record (EHR).

We might be approaching a tipping point, because clinicians who have adopted private-pay arrangements with their patients are remaining solvent and in some cases are earning more than what they would have earned through fee-for-service or working through an exchange. Similar to psychoanalysts who utilize private-pay, these clinicians report greater freedom and job satisfaction.

Rather than choosing between fee-for-service versus private-pay, psychoanalysts and other clinicians will likely continue fee-for-service arrangements as long as that form of compensation is permitted, but they will also be receptive to private-pay practice, hedging our bets so to speak. Excluding Medicare-eligible patients (who are obligated to receive treatment in-network if they want to use their insurance), private-pay will remain a viable option if fee-for-service is eliminated, as long as the ACA does not adopt stringent policies similar to those of Medicare, requiring clinicians to opt in or out

Continued on page 10

CASES from the *Frenkel Files*

Health Information—Keeping It Confidential

John C. West

FACTS

R. K. was admitted to St. Mary's Medical Center as a psychiatric patient in March 2010. He was in the midst of divorce proceedings at the time. (The nature of his illness was not disclosed in this decision.) During the hospitalization, hospital employees improperly accessed his records. They disclosed to R. K.'s estranged wife and her divorce attorney that R. K. was a patient at St. Mary's and also disclosed certain psychological information to them.

R. K. found out that his confidential medical information had been improperly disclosed and asked St. Mary's for an audit of his records. The audit confirmed that inappropriate access and disclosure had been made. R. K. brought suit in which he made claims for negligence, outrageous conduct, intentional infliction of emotional distress, negligent infliction of emotional distress, negligent entrustment, breach of confidentiality, and invasion of privacy. The suit sought damages and punitive damages.

The trial court dismissed the action holding that the Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. §1320d preempted R. K.'s state law claims. This appeal was taken to the Supreme Court of West Virginia.

ISSUE

Does HIPAA preempt all state law claims concerning the privacy of medical information?

John C. West, J.D., M.H.A., *is a senior health care consultant with AIG. This column constitutes general advice not legal advice. Readers should consult with legal counsel for legal concerns. For questions or comments, contact the author at john.west2@aig.com.*

ANALYSIS

John C. West

R. K. conceded, and the court found, that HIPAA does not provide a private cause of action for a violation thereof. See *Doe v. Board of Trustees of University of Illinois*, 429 F. Supp. 2d 930 (N.D. Ill. 2006); *Slue v. New York University Medical Center*, 409 F. Supp. 2d 349 (S.D.N.Y. 2006). However, R. K. also argued that he did not plead a claim for violation of HIPAA; he only sought relief for state law causes of action. St. Mary's argued that R. K.'s pleadings were immaterial and that HIPAA should be applied to preempt R. K.'s claims. The court put this issue aside and focused on the issue of preemption.

The court reviewed the statute and noted several important points. HIPAA has a specific preemption clause that preempts state law if state law is contrary to it. 45 C.F.R. §160.203(b). "Contrary" means, for the purpose of the statute, that a covered entity would find it impossible to comply with both the state and federal requirements. 45 C.F.R. 160.202. Additionally, state law is not preempted if it is more stringent than HIPAA in the protection of the confidentiality of medical information. 45 C.F.R. §160.203(b). The court also noted that other courts have found that HIPAA does not necessarily preempt state law. *See, e.g., Yath v. Fairview Clinics, N.P.,* 767 N.W.2d 34 (Minn. Ct. App. 2009); *Fanean v. Rite Aid Corporation of Delaware, Inc.*, 984 A.2d 812 (Del. Super. Ct. 2009).

After carefully reviewing the statute, the court ruled that state law in this case was not contrary to HIPAA in that the hospital could comply with both state law and HIPAA. The relevant state law was actually complementary in enhancing HIPAA's protections. Accordingly, the court reversed the decision of the trial court and held that R. K.'s claims were not preempted by HIPAA.

RISK MANAGEMENT CONSIDERATIONS

This case reinforces the need to be duly diligent to prevent the unauthorized disclosure of medical information. Although all medical information is confidential, the disclosure of records pertaining to psychiatric disorders or substance abuse may cause a higher degree of outrage on the part of the patient and lead to greater liability. There is greater sensitivity for such information and the potential for harm if this information is improperly disclosed can be significant. This is not new: The protections for substance abuse information, for example, are stringent and predate HIPAA. See 42 C.F.R. Part 2.

Health care entities should take no solace in the fact that HIPAA does not provide a private cause of action. It does provide for civil penalties for violations. Additionally, states invariably will have a statutory or common law remedy for plaintiffs in this position.

While the details of this disclosure were not revealed, every effort must be made to ensure that all employees and physicians understand how the disclosure of medical information can be made. Health care professionals need to have policies on disclosure that include all mechanisms by which disclosure may be sought: by authorization, by requests from family or other parties involving a deceased patient, by subpoena, and by court order. Employees must know how to respond to any form of request for medical information. This should not be confined to the employees who work in health information management—it must include everyone who has access to health information.

R. K. v. St. Mary's Medical Center, Inc.,
No. 11-0924
(W.Va. November 15, 2012)

Electronic Medical Records—No More Mr. Nice Guy

Paul Mosher

Paul Mosher

This article is occasioned by the lead front page story in *The New York Times* on Feb. 20, 2013, entitled "A Digital Shift on Health Data Swells Profits in an Industry." (http://goo.gl/8Wt6H). The story describes the way in which several large software companies have been able to push small players out of the electronic medical record (EMR) business, have reaped enormous profits, and are selling software that many physicians are finding very difficult to use despite increasing government pressure to adopt such systems.

Paul Mosher, M.D., *is the former chair of the APsaA Committee on Confidentiality, a former member of the American Psychiatric Association (APA) Committee on Confidentiality, and a current member of the APA Committee on Electronic Medical Records.*

JUMPING THROUGH CYBER HOOPS

Along the same lines, the blog, "Health Care Renewal," which is written by a sophisticated physician/health information technology (IT) professional who is a critic of the headlong rush to implement what he views as inferior software, ran a story about the extremely poor design of some of the software now in use. It is entitled "Are the Health IT Hyper-Enthusiasts Inept, or Merely Insane?" (http://goo.gl/MvkWD) This posting is worth reading just for the tragicomic value of the description of the cyber gymnastics one must perform to enter data into one of these systems. Here's some information about the person who wrote that piece: "Health Technology's 'Essential Critic' Warns Of Medical Mistakes" http://goo.gl/stkXP.

ANTICIPATING HARSH PUNISHMENT

But the worst aspect of what is happening is that the continued leaks of information out of these electronic record systems is causing the government to become ever more aggressive in cracking down on those responsible for the leaks. As I warned years ago, this burden is going to fall on the physicians and other clinicians who use these systems, not on insurance companies and others, who were imagined at that time to be the larger part of potential confidentiality and security problems. Encouraging the health care system to adopt the changes that are really needed to keep electronic records relatively secure is going to require some very harsh examples of government punishing the careless.

As you know, enforcement of the HIPAA Privacy Rule and the HIPAA Security Rule ("rule" is a gov-speak euphemism for hundreds of pages of regulations) has been relatively gentle up to now, so that those who were found to be in violation of the regulations were most often simply told to correct the problem and report back when they had taken corrective steps.

Not any more. According to an article in the Feb. 4, 2013, issue of *American Medical News*, the enforcement of these HIPAA related regulations is about to become much more aggressive and quite punitive with the risks of heavy fines for certain violations. Read this article to get a hint of what it all means for future enforcement of the privacy and security regulations by visiting "HIPAA Gets Tougher on Physicians" at http://goo.gl/X2toa.

The Lion's Den

Continued from page 7

absolutely; or, worse yet, policies requiring all clinicians to abandon private practice and work entirely within the ACA. Because if that were to happen, it would sadly spell the end of private practice as our members have known and enjoyed it.

If fee-for-service cannot be saved and clinicians do not want to move towards a private-pay model, then it would seem to me that our choices are bleak. Either clinicians would abandon private practice and work within the network, or else consider alternative work or retirement. Assuming that most of our members are not inclined to look for alternative work or retire, assimilation may be the only choice for those members who reject private-pay.

CGRI'S EFFORTS TO PRESERVE AUTONOMY

APsaA's Committee on Government Relations and Insurance (CGRI) has adopted a dual strategy with respect to the differing interests of our members. CGRI will advocate for the maintenance of fee-for-service as an important feature of private practice. Additionally, CGRI will advocate that the ACA should reject policies similar to Medicare in which clinicians must opt in or out. Rather it should be possible to work within the ACA framework while at the same time keeping a private practice.

For psychoanalysts who want to work within the ACA framework, CGRI will advocate for research demonstrating that psychoanalysis and psychoanalytic psychotherapy are effective evidence-based treatments, and hence should be preserved in the ACA. CGRI will advocate, according to the Patient Bill of Rights, that the EHR should become patient centered and that personal health information should not be disclosed without patient consent. CGRI will also support parity (mental health services being treated equally with medical services) and will advocate for prosecution of parity violators. As reported in a previous article, Meiram Bendat, a member of the CGRI committee, has independently filed a class action suit alleging parity violations *[TAP 47/2]*. If there is an opportunity to submit an amicus in behalf of this suit and similar cases, CGRI will consider doing so.

For members who tend to lean in the opposite direction, away from the ACA and the EHR, and towards maintaining private practice, specifically a private-pay practice, CGRI has advocated for private-pay-provision in the Final Parity Rule and will attempt to get similar policy included in the ACA. CGRI will advocate for high-deductible insurance and expansion of medical savings accounts, so that patients are covered for catastrophic illnesses, but can pay for ordinary treatments out of pocket and are able to deduct a percentage of those expenditures. CGRI will support the notion of "patient choice" for Medicare beneficiaries found in H.R.1310—Medicare Patient Empowerment Act of 2013. Although passage is unlikely, we agree with the meaning of this language. This bill would permit "patients and eligible professionals to freely contract, without penalty, for Medicare fee-for-service items and services, while allowing Medicare beneficiaries to use their Medicare benefits."

In short, if fee-for-service is curtailed or eliminated in the next five to ten years, CGRI will argue that private-pay should be preserved as a constitutional right of patients and clinicians to freely contract with each other, while also advocating that licensed clinicians, who have private practices, should not be excluded from participation in either Medicare or the ACA. APsaA

Editor's Note: *According to the Book of Daniel, King Belshazzar called upon Daniel to interpret a message supernaturally written in Hebrew on the wall of his banquet hall.* Mene Mene Tekel Upharsin *literally means "counted, counted, weighed, wanting." Daniel told the king he had been weighed in the balance (or scale) and found wanting, and that he would soon lose his kingdom, giving rise to the modern expression "the handwriting on the wall."*

New Members

102nd Annual Meeting of Members

Renaissance Washington, DC Downtown Hotel

ACTIVE MEMBERS

Andrew S. Berry, Ph.D., Psy.D., ABPP

Robert J. Calcaterra, M.D.

David Cole, M.D.

Jason G. Garvin, D.O.

A. Chris Heath, M.D.

Dana Ellen MacMillan, M.D.

Lisa Anne Miller, M.D.

Ira Moses, Ph.D.

Gertrude Pollitt, D.Psa.

Wioletta Rebecka, M.A.

Anne B. Simpson, Ph.D.

Michael K. Smith, Ph.D.

Miriam Steele, Ph.D.

CANDIDATE MEMBERS

Sergio Badel, M.D.

Tom M. Christian, Ph.D.

Jacquelynn Cunliffe, Ph.D., M.S.N., PMHRN

Jamey Hecht, M.A., Ph.D.

Alexandra Sacks, M.D.

ACADEMIC ASSOCIATE MEMBER

Mark Fisher, M.D.

candidates' council

Navah C. Kaplan

Creativity

Navah C. Kaplan

A connection that has become a topic *du jour* in recent months is the connection between creativity and candidacy.

Otto Kernberg, who presented at the Presidential Symposium at APsaA's 2013 National Meeting in NYC, has famously written and spoken about ways in which our institutes function to promote or impede creativity during candidacy. In another sighting, pointing to the timeliness of this topic, I recently attended a panel entitled "Candidates and Creativity." It was part of the Columbia University Center for Psychoanalytic Training and Research monthly scientific meetings and consisted of a panel of senior educators in our field who had been assembled by a Columbia candidate, Luke Hadge, to address this issue. At my own institute, the New York Psychoanalytic Society and Institute (NYPSI), our listserv was recently the stage for a lively exchange on creativity, candidacy, and how creatively our institute responds to candidate requests for inclusion in the decisions about how we are taught and integrated into our institute during candidacy.

What is meant by creativity during candidacy? I think we are all clear on what it means to be a candidate, but what does it mean to be a creative candidate? At the Columbia panel, a member of the audience posed the question by distinguishing two possible connotations. He pointed out that the panelists spoke as if there were a single understanding and, therefore, they had not bothered to define creativity as applied to candidates' education and development. Was creativity to be understood as a basic requirement for developing an analytic mind? In this linkage, we must all be creative in order to graduate, pass certification exams, and demonstrate analytic proficiency if we want to become supervisors and training analysts. So, learning to think analytically is a de facto creative process.

What about nurturing other creative expression that goes beyond learning to be competent analysts? What about opportunities to contribute to the field, to take one's work and find an outlet to share our ideas? Now the question is: Do our institutes provide enough opportunities for candidates to participate more broadly in their analytic institutes, offering them opportunities to present their work, serve on committees and organize scientific presentations with guest panelists of interest to the current candidate body?

The Candidates' Council (CC) addresses the second connotation of being creative during candidacy. We offer many opportunities for candidates to develop and express their creativity through participation on our various committees. In addition, involvement in the CC is a springboard for many opportunities candidates find once they begin to attend the APsaA meetings. President-elect Phoebe Cirio's recent publication in *JAPA* is a direct demonstration of the professional rewards that can come from participation in APsaA's Candidates' Council. Her 2011 proposal of a major panel was accepted and eventually took place during the 2012 National Meeting. It was entitled "Desire and Being Desired." Phoebe was asked to be the reporter and her Panel Report was recently published.

The members of the Candidates' Council are working on various projects, administering the existing programs and also creating new opportunities for candidate participation in APsaA. Treasurer Jamie Cromer attends APsaA Finance Committee meetings as well as those of the American Psychoanalytic Foundation. At the latter, she learns what kind of proposals are likely to receive a grant, and she educates candidates who are interested in submitting a proposal for a project in need of funding.

Secretary Gennifer Lane Briggs is working on a proposal to help small institutes and classes make up for the difficulties that arise. She is also interested in exploring how to make the candidates' listserv more successful in promoting candidate engagement with each other.

The CC officers and I are working to construct a candidate survey that we urge you to complete when it arrives. We want to take the pulse of candidates' ideas about APsaA as a national, professional organization. This is a first mention of the project and more information will be given as it progresses.

I have been reviewing all the CC committees to determine the ongoing purpose of each. I have appointed new chairs, created two new committees, renamed one, and eliminated a few that had ceased to function and appeared to have lost relevancy. Most of the committees are open to new candidate involvement and all of the chairs welcome candidate inquiries.

Continued on page 19

CAMPAIGN STATEMENTS

Richard Lightbody


Richard Lightbody

The American Psychoanalytic Association has matured and grown over its century. It persists as a premier national organization whose publications and meetings garner both interest and participation. It has also maintained internal conflict that seems to demoralize and discourage members and candidates. To a point, conflict and tension can fuel change. Unfortunately we seem to have gone past that point, so we find our leadership at loggerheads, and the membership distressed, impatient, or disengaged. We need to find a way to create a more harmonious organization.

Executive Council has rightly asserted its fiduciary role as the board of directors. BOPS provides benefit far out of proportion to the small size of its budget; we gain immensely from the facilitative and regenerative nature of its compact group of subcommittees. Important challenges like training analyst appointment, candidate development, and institute and practice survival are on the table.

However, the prevailing disconnect between Council and BOPS is problematic and must be addressed. It seems reasonable to me that Council contribute to policies developed by BOPS. There is currently a bylaw proposal before us that would open BOPS to some graduates without certification; I support this as a step in the right direction. I would also try to enlist Council leaders to serve on BOPS committees. We have to be ready to listen and tangle with each other in every legitimate way, including debate and dispute within committees throughout.

I learned in the foundation movement, led by Harvey Rich and Marvin Margolis, of the value of outreach, inclusion, and a democratic way of proceeding. We need to make use of this approach in our internal debates so that we maintain an organization that is vigorous and optimistic.

In the 1980s APsaA was just as bitterly divided as it is now; then, the fight was about admitting non-medical applicants. The Association survived that crisis, at a cost—and it grew. That a lawsuit was an important agent of change should not be lost on us today. The current furor is about which part of the organization sets educational standards, specifically about appointment of training analysts: Is it up to Council as board of directors? Or to BOPS which has been delegated the task in our bylaws. There is no obvious answer. The irreducible core of the problem is our twin mission as both a membership and a training organization. In recent decades we have seen strong growth in the voting membership of APsaA, which has tipped power in the direction of the Council. Not only are all graduates and candidates automatically eligible to vote, but there are also new lateral members from IPA and the "substantial equivalence" assessment through MRRC. Membership issues are on a rising trajectory of urgency. Practices are in trouble.

APsaA slowly is adapting to this evolution, as it needs to. If the bylaw amendment before us passes, graduate analysts without certification will have more direct influence on education and training by serving on BOPS and BOPS committees. TA appointment itself has some flexibility already, with 1) the Developmental Pathway and 2) the opportunity for institutes to allow matriculation of candidates who are in well-established analyses with experienced analysts who are not certified.

Externalizing certification of individual analysts would be a further step in the direction of clarifying APsaA's overloaded mission. There is a consensus that certification of graduates does not belong within a membership and/or training organization. Whatever its use in APsaA, a board certification with an honorific like "Fellow in Clinical Psychoanalysis" would be of enduring value to individuals and our profession in an increasingly bureaucratic world.

The American Psychoanalytic does a lot of things well, but it seems to have a hard time tolerating itself these days. The fight seems too strident. I believe I personally have sufficient curiosity, intelligence, experience, and humor to create and sustain a meaningful discussion about how to move along. I listen to people and take seriously what they tell me. I take notes. I reflect and integrate what I hear. For 21 years I have immersed myself in the work of this organization, half of the time in the Executive Council side of APsaA, half in BOPS. Overlapping everything have been serious tasks for the IPA and recent work with the National Association of Parliamentarians. This is not the place to enumerate my experience; my CV and other documents are on my website, www.richardlightbody.com.

I have become thoroughly acquainted with APsaA over the years. I have gotten to know many members and the staff in the National Office; I have witnessed how the Association has changed over time. I gravitate to the organizational governance side, and have been pleased to have been involved with exciting developments. I believe I have contributed in many ways and expect to continue.

It will take time and willingness to work together to restore a sense of unity in our national Association. I think I can contribute effectively as president-elect.

***Richard Lightbody** reports a settlement in 2002 of a malpractice claim without admission of liability.*

Harriet Wolfe


Harriet Wolfe

Our Association is at such a crisis in its history that some of us sued ourselves to resolve conflict. There has been a loss of faith, among many, in the fair and open process of discussion. I am running for president-elect out of a strong desire to help heal our political rifts, create a platform for effective conflict resolution, and assist our organization and fellow members in turning our attention back to the vital concerns that brought us to psychoanalysis and the Association in the first place. I want us to focus on the clinical, social, and intellectual potential of psychoanalysis and move away from internal political preoccupations.

My goals for APsaA include its return to a position of prominence in mental health. I think this can happen if we further our efforts to promote scientific rigor in psychoanalysis, advocate for privacy, shape diagnostic criteria, and educate the public about the evidence for the utility of psychoanalytic thinking. We can serve our members better in many ways, including careful attention to the immediate post-candidacy years when new graduates are seeking a role and developing their analytic identities. If we help them deepen their clinical skills, enhance their organizational and group process knowledge, and nurture collegiality, we will encourage them, and ourselves, to take on tasks that are bigger than ourselves in a confident and effective manner.

My approach to leadership reflects the example of psychoanalyst mentors in my psychiatric residency. They were calm in the face of conflict, were extraordinarily good listeners and were dogged in their efforts to improve patient care. Mentors with group process training taught me the necessity of a rational organizational structure and the importance of clarity about lines of authority, responsibility, and accountability.

A formative leadership experience was my tenure as president of the San Francisco Psychoanalytic Institute and Society 2000-2003. Organizationally we were growing and needed to plan strategically. We were also faced with a deeply unsettling ethical matter that challenged our integrity as a group. We risked a split as alarming as the one APsaA faces at this time. I handled the situation by strengthening the Board of Trustees' awareness of its role and responsibilities, engaging responsible and responsive counsel, and meeting with members to hear their concerns and explain what could be said and why it had limits. As a result of that complex experience, we have come a long way in how we think about and pursue ethical complaints. In the setting of crisis the ability of the Board of Trustees to exercise its moral, legal, and fiscal responsibilities was realized. As chair of the SF Psychoanalytic Center's Board 2011-2013, I have seen the benefits of collaborative leadership with non-analysts who bring us real world expertise in marketing, finance, public health, and the law. Thanks to the expert help of a non-profit leader, I co-chaired a successful 1.2 million dollar capital campaign to finance the renovation of our new home in downtown San Francisco, where our ability to forge meaningful links to the modern urban world is growing substantially.

My parallel involvement in APsaA has included progressive, future-oriented activities with visible results: chairing the Council of Society Presidents, serving as executive councilor, co-chairing the Fellowship Committee, chairing the Committee on Psychoanalytic Education.

No stranger to controversy, I chaired two iterations of the Task Force on Expanded Membership Criteria. We were asked by Newell Fischer to take up the question of why APsaA did not admit esteemed psychoanalysts who had not trained in an APsaA institute. I approached that task as I would approach our current dilemmas: I was open to disagreement and persistent about dialogue; I identified structural fault lines and sought to repair them. Our first proposal of specific guidelines met strong resistance, but our second effort took a broader and deeper look at the question. With co-chairs from Executive Council, BOPS, and the Candidates' Council and a diverse group of task force members, we arrived at a majority endorsement of the principle and brought Council and BOPS a report that articulated our thinking, included our areas of disagreement, and basically bookended the issues. We prepared the way for the Membership Requirements and Review Committee to develop procedures. The "alternative pathway to membership" that resulted is a pathway that changes APsaA from an alumni group to a professional organization with increased creative potential: an Association of like-minded and similarly educated psychoanalysts.

The challenges facing APsaA are enormous. Psychoanalysis has diminished clinical and social status. Its intellectual power within academia is often based on principles that are outdated, i.e., on Freud's theory from 1920 as opposed to psychoanalysis in 2013. Passive cultural retreat is not serving us well. We must communicate what we know more effectively. We need to own and claim what we do and think. I would like to help our organization continue to bring its practices forward without sacrifice to integrity or quality, in thoughtful progressive ways that are true to more than politics and keep the profession and our Association socially and scientifically vital. I would appreciate your vote and your active support of these goals.

***Harriet Wolfe** reports no ethics findings, malpractice actions, or licensing board actions.*

Peter Kotcher


Peter Kotcher

At its June 9, 2013, meeting, the Executive Council of APsaA learned that the Nominations Committee had been unable to find a candidate interested in running against Bill Myerson after he had offered to serve a second term as treasurer. As a result, Dr. Myerson was initially the sole nominee for the office. Subsequent to that action, review of APsaA bylaws revealed that they specify the nomination of two candidates. In order to meet that specification, I have volunteered and been nominated by the Executive Council as the second candidate for the office of treasurer.

I have agreed to be a candidate at this time because I believe it is best for APsaA to adhere to its bylaws when that can be done. Bill Myerson has done an excellent job in his time as treasurer. The difficulty in finding an opponent to his candidacy is a testimony to the contributions he has made in his role. Not only has he demonstrated knowledge of financial management principles and careful attention to our budget, he has also been a voice of wisdom and healing as we discuss the conflicts that roil our organization.

In short, I am an available alternative to Bill Myerson, and believe I could fill the role competently. However my preference and advice is that we all accept Dr. Myerson's generous offer to continue in his current office as treasurer for another term.

***Peter Kotcher** reports no ethics findings, malpractice actions, or licensing board actions.*

International Psychoanalytical Association
Election Results: 2013–2015 Term

TREASURER

Current treasurer, Juan Carlos Weissmann, was reelected unopposed

NORTH AMERICAN REPRESENTATIVES

NOVICK, Jack 405 Elected
PYLES, Robert Lindsay 359 Elected
FISCHER, Newell 315 Elected
LEVINE, Howard B. 297 Elected
MURPHY, Maureen 294 Elected
RICHARDS, Arlene Kramer 289 Elected
O'NEIL, Mary Kay 282* Elected
JAFFE, Lee 281*
GLOVER, William C. 263
ASCHERMAN, Lee I. 251
NERSESSIAN, Edward 240
TURO, Joann K. 195

**Result was confirmed by a recount.*

LATIN AMERICAN REPRESENTATIVES

de LEÓN de BERNARDI, Beatriz 630 Elected
LEVY, Ruggero 621 Elected
SIEDMANN DE ARMESTO, Mónica 606 Elected
MATOS DE ANDRADE JR., Altamirando 535 Elected
BARREDO, Carlos Ernesto 467* Elected
BIEBEL, Daniel Alfredo 466**
BRUCE, Jorge 368 Elected
AXELROD PRAES, Ruth 291 Elected
CARVAJAL CORZO, Guillermo 266
HARGITAY WIESER, Margareta 150
BUENO-OSAWA, Rosalba L. 136

**Result was confirmed by a recount.*

***Although Daniel Alfredo Biebel received more votes than Jorge Bruce and Ruth Axelrod Praes, he could not be elected due to rules about balancing representation among countries.*

EUROPEAN REPRESENTATIVES

AISENSTEIN, Marilia 856 Elected
NICOLÒ, Anna 824 Elected
ERLICH, Shmuel 672 Elected
WELLENDORF, Franz 648 Elected
de COULON, Nicolas 639 Elected
AMBROSIO, Giovanna 562 Elected
ROSENBAUM, Bent 531 Elected*
CID SANZ, Milagros 524*
ŠEBEK, Michael 439
PANITZ, Denny 377
GHOSHAL, Arup Kumar 318

**Result was confirmed by a recount.*

William A. Myerson


William A. Myerson

I am seeking your support for a second term as treasurer of our Association.

When I asked for your vote for this office three years ago, I committed myself to leading by a core set of values: transparent communication, a businesslike approach to the management of our Association, the growth of our local centers, institutes and societies, and the active involvement of the entire membership. I have kept that commitment and have acted in a deliberate and open way to promote dependable governance in which the process is as important as the goal. As a result, I have been able to work effectively with all parties. I ask for your vote again, based now on how I have performed in my role as treasurer.

Transparent communication. I have implemented changes to the budgeting process in an effort to align the budget with the Strategic Plan. By explicitly linking our fiscal decisions to elements of this plan, we are creating a new level of transparency that allows the entire membership to understand and depend upon the decisions of the treasurer and the Executive Committee. Despite the conflict in our Association, the treasurer and the executive director have now presented two budgets to the Executive Council (board of directors) that have been widely viewed as models of productive teamwork and useful compromise. The budgeting process can be used as a model to help APsaA restore its productive capacity.

Businesslike approach. I have also worked to increase the use of Robert's Rules of Order in the Executive Committee with the aim of making the Executive Committee's work a model for transparent and collaborative decision making. Relying on Robert's Rules has put every member on equal footing and has promoted greater trust in the Association's governance. APsaA can be a more effective advocate for psychoanalysis by continuing to strengthen its finances. During my term as treasurer, the Executive Council's directive to diversify our investments has been implemented, the board of PEP-Web has dramatically increased their revenues, and *JAPA* has markedly increased its subscriptions and revenues. I have strongly supported these businesslike endeavors and the Association is benefiting substantially from them.

Local training centers. As the current APsaA treasurer, immediate past-president of the Center for Psychoanalytic Studies (CFPS)–Houston, and a former president of the Houston Psychoanalytic Society, I deeply believe that the success of psychoanalysis depends on the growth of our local training centers, institutes, and societies. When I was elected president of the CFPS–Houston, we were very close to collapse. To be successful, we needed to reestablish dependable governance, embrace the importance of teamwork and learn how to work with individuals with whom we had significant differences. As we proved ourselves to be reliable partners for our trainees and our community, we were able to begin carefully reworking elements of CFPS's structure, administration, and governance. Our efforts have produced dramatically positive results: Trainee enrollment has sharply increased, new training programs are being developed, faculty morale has dramatically improved, and we are currently operating in the black.

In collaboration with the central office and our team of local administrators, I have developed a new business consultation arm that is available to all of our local training centers. Now, any training center that requests it can receive expert help in enhancing its business procedures. Additionally, we are expanding the central office's efforts to support local administrators and interested faculty in improving the financial viability of our training centers.

Involvement of the entire membership. I have had the opportunity to talk and work with members of all our core constituencies: the Executive Council, the Executive Committee, the Board on Professional Standards, the Candidates' Council as well as individual members representing many different groups. All of them care passionately about the survival of the Association and have valuable proposals to help us succeed. I believe that we must recognize the necessity of integrating these differing perspectives and working together for the best interests of the Association.

I am optimistic about our profession and our Association. As a member of the Executive Committee, I have participated in offering a sincere invitation to the William Alanson White Institute to join APsaA. Also, since the treasurer of APsaA is the co-trustee of the Mary S. Sigourney Award Trust, I have been able to work with my other trustee in creating a new International Advisory Board that has greatly expanded the visibility of the Sigourney Award, both within APsaA and within the International Psychoanalytical Association. We have opened the award ceremony in New York to the entire membership of APsaA and will participate in the IPA conference in Prague.

I remain passionate about the value of psychoanalysis and our psychoanalytic perspective. It is vital for our patients and our communities that we keep psychoanalysis and its unique perspective alive and growing. If reelected treasurer, I will continue to support transparent communication, the businesslike management of our Association, the growth of our centers, institutes and societies, and the active involvement of the entire membership.

We must work together to succeed.

wmyerson@wmyerson.com;
713.527.9854

***William A. Myerson** reports no ethics findings, malpractice actions, or licensing board actions.*

Michael Gundle


Michael Gundle

These are challenging times for our members. In order to support our members and attract new ones, APsaA must adapt. Our current officers understand this. I ask for your vote in order to have the opportunity to work closely with them as a councilor-at-large on APsaA's board of directors.

The conditions of practice are changing for all us, especially those early in their careers. It is critically important that APsaA policies be flexible enough to support the practices of our members. I have some awareness of practice conditions as I recently agreed to be progression chair at my institute.

Council's decision to mandate objective and verifiable criteria for the selection of training analysts is an important step toward making the training analyst system fair and effective. Like many of you, I have respect and affection for my teachers of past years. It is clear, however, that the authoritarian model that was so much a part of my education will not help psychoanalysis to thrive and grow in the 21st century. It is the Executive Council's responsibility, as our board of directors, to consider modifications to the training analyst system that will keep psychoanalysis vital and relevant to our members and their patients. In order to accomplish this we must formulate policies that give our societies and institutes the opportunity to innovate and adapt to local conditions.

I served as my society's councilor for 10 years, and I have continued to attend Council meetings as our alternate. During my tenure as councilor, I served as chair of the Committee on Council for six years. I am pleased that we brought about the creation of a number of true Council committees, in addition to proposing other changes, which now make Council a more effective board of directors. I have worked closely with all the current officers. I have also been serving as a BOPS Fellow for the past 10 years. Having taken part in the discussion of our current issues in both Council and BOPS over many years, I am prepared to contribute to the constructive change that APsaA needs to remain relevant and effective for our members.

My work in the IPA has given me a perspective on the myriad ways that psychoanalytic organizations function in other parts of the world. It has been enlightening to see that other psychoanalytic organizations face similar dilemmas and find a variety of creative ways to address them.

I welcome hearing your thoughts and questions. You may contact me by e-mail at mikejg@u.washington.edu or by phone at 206-860-2440.

***Michael Gundle** reports no ethics findings, malpractice actions, or licensing board actions.*

David V. Orbison


David V. Orbison

As I write this in June to meet the TAP deadline, the court hasn't yet issued its ruling determining, in effect, whether the Executive Council is fully authorized to act as the board of directors of APsaA, with BOPS then answering to the board as one of its committees. I expect that the judge will rule in favor of APsaA, the defendant. If this prediction is correct, we can at last begin to mourn the loss of the APsaA we once knew (one which only seemed to be a bicameral organization), the loss of turned-off members, the painful loss of prestige in the world of helping professions, a world in which permitting self-appointed members of a member organization credentialing some individual analysts as competent, while rejecting others, has no place.

I was very involved in this organization from early in my candidacy and chaired the first Candidates' Council. I witnessed the initial, increasingly shrill and bilious interchanges over certification. I saw how changes toward more inclusiveness and de-linking, necessitated by the decline of the profession, were rationalized, how they precipitated increasing polarization of the leadership, and how intoxicating the fighting (purportedly over standards, but truly as a defense against loss, in my view) became for some. When I ran for councilor-at-large 11 years ago, my position statement in TAP included the following: "The internecine war which issues from the Association's well-intentioned, but increasingly failing, attempt to integrate credentialing (often conflated with education) and membership functions squanders money, talent, and good will." That statement still rings true for me.

Given the unfortunate place of certification in our Association bylaws and the inherent difficulty of changing controversial bylaws, I favor conferring certification upon graduation, thus allowing T/SA status to be contingent upon objective and verifiable criteria, such as a degree of immersion in practice and the completion of some coursework on the new responsibilities that the analyst would now be free to carry out, analyzing and supervising candidates. BOPS would be charged with greater responsibility for making certain that our approved institutes offer quality education.

My candidacy is about the rebuilding of APsaA from the ashes of this expensive lawsuit. We need to repair the morale of our members and help the institutes now in jeopardy to have more TAs. I support president-elect Smaller's emphasis on diversity, our effective lobbying efforts, curricula that include psychotherapy training, and the wonderful educational offerings at our meetings. Psychoanalysis must continue to evolve, as it has all along. We must mourn and grow.

***David V. Orbison** reports no ethics findings, malpractice actions, or licensing board actions.*

Robert A. Paul


Robert A. Paul

I am deeply committed to the survival and indeed the continued flourishing of psychoanalysis both as a clinical practice and as an intellectual enterprise because it represents the best example available in contemporary culture of a discipline that takes seriously the value of self-understanding and the deep exploration of personal existence, in an era when these are more and more threatened by technocratic, bureaucratic, and economic forces both in the clinical and academic arenas. As a training and supervising analyst in private practice, and as a professor of Anthropology and Interdisciplinary Studies, as well as a seasoned academic administrator (I was dean of Emory College of Arts and Sciences from 2001 to 2010), I see my value to psychoanalysis in my position as a bridge between clinical practice and the world of the academy and of contemporary thought and science about human life. As neuroscience, cognitive studies, and other related fields gain influence as ways of understanding the mind, psychoanalysis should have a strong voice in the discussion; while the endangered humanities already benefit greatly from the insights of analytic theory, and need to be supported and strengthened.

In the American Psychoanalytic Association as well as at Emory University, I have devoted much of my analytic career to furthering scholarly and scientific interchange between the academy and psychoanalysis. I am currently the chair of the Committee on Research and Special Training, and also chair of the Task Force on University and Medical Center Initiatives, and I have served on many committees in APsaA that deal with the academy. At Emory, I founded the Psychoanalytic Studies Program, which offers a certificate to graduate students pursuing the Ph.D. in the Arts and Sciences, and I was among those who created the innovative curriculum at Emory University Psychoanalytic Institute which allows for graduate students and candidates to take seminars together for the first two years of training. I would devote my energy as a councilor to furthering such efforts nationally.

As a councilor who is also currently a BOPS Fellow, I would also make every effort to help get APsaA past the divisive governance issues that divide us today. It is clear to me that organized psychoanalysis needs to make major changes to accommodate itself to contemporary realities; I would hope to help make this happen without sacrificing the unity we need to accomplish our goals in relation to the wider public. My experience as an administrator has given me some diplomatic perspectives that might prove useful to APsaA in weathering the current storms.

***Robert A. Paul** reports no ethics findings, malpractice actions, or licensing board actions.*

Fredric Perlman


Fredric Perlman

I am honored to be a candidate for the position of councilor-at-large. APsaA is the best hope for American psychoanalysis and I seek to help us fulfill its promise.

I have worked energetically within APsaA and elsewhere to protect patients' rights, ensure the right to private practice, and promote public information about psychoanalysis. We need to act vigorously—on our own and in collaboration with others—to promote our common interests. Toward these ends, we need to muster and align the energy and vision of our members.

Sadly, our capacity to act in common cause is thwarted by familiar organizational ills: cronyism, self-perpetuating bureaucracies, and hierarchies of privilege and power that divide us into classes with different statuses and different interests. These divisions are wholly unnecessary and destined to produce progressive discontent and decline.

The TA system is a primary source of these problems. It undermines the integrity of every candidate's personal analysis and confers extraordinary power on TAs in relation to candidates soon to be colleagues. When TAs accumulate organizational power on the basis of these relationships, the democratic and collegial character of local societies and of our national Association is damaged. This is bad enough. But the TA system is also damaging because appointments to TA status are not typically based on uniform or objective criteria. This leaves fateful decisions to idiosyncrasies of clinical thought and personality—and to the politics of personal ambition and group process.

We can certainly do better. A TA system that is objective, responsible, and national in character would promote fairness, produce a larger pool of TAs, enable candidates to choose TAs with whom they are unlikely to be engaged at their local institutes, and better ensure that every candidate's personal analysis is actually personal.

Such a system cannot be imposed on our local institutes. But our national Association can surely develop it, refine it, and offer it as an option to every institute that seeks to implement it. As we reform the TA system, we can reinvigorate BOPS with a new mandate to develop and advance our educational expertise. The challenge of psychoanalytic education is continually changing with our changing student bodies, with our accumulating knowledge, and with advances in allied sciences. We need our educators in BOPS and in each of our local institutes to collaborate actively and creatively to generate new ideas and more sophisticated educational models. A revitalized BOPS with an ambitious educational agenda will promote our core goals while providing opportunities for the restoration of our unity and vitality as an Association.

***Fredric Perlman** reports no ethics findings, malpractice actions, or licensing board actions.*

Sandra C. Walker


Sandra C. Walker

I believe that psychoanalytic perspective, thought, science, and clinical practice are vitally important in our global, 21st century. Psychoanalytic thought stems from our attempts to understand personhood and meaning as they manifest themselves in lives lived. Much of what we do in our own lives as analysts, therapists, researchers, teachers, citizens, spouses, parents, and friends stems from our passion for deep understanding of the mind. We need psychoanalytic thought, and the ever-evolving world needs us.

But, far too often in our organizational functions, we become myopic. Our organizational struggles seem to sap so much of our personal and organizational strength. We struggle with each other and magnify our small differences. We often appear to revere an age gone-by and fantasize one in which the world will hold us in the esteem and awe that we attracted in our historic youth.

But, our environmental niche has changed. We need to adapt. To do so, we need to focus on our role in the ever-shifting world, even as we strive to improve our understanding of mind and meaning and of how to use that knowledge to help those who need our help. We do this, but we also lose sight of some of the best of what we do.

I am not a psychoanalytic partisan. Our organization needs the talents and dedication of our members in a broad array of areas. Our educational, scientific, social, cultural, guild, and political objectives are, and should be, many. But we are few, and need to be strategic.

Recently, at the annual "Breakfast with Champions" at Seattle's Matt Talbot Center, former NFL running back Shaun Alexander asked the Matt Talbot community of supporters to remember that Together Each Achieves More. I hope that APsaA can share in that way of thinking.

Although we largely explore individual psychology in depth, we need to come together to champion the value of what we, often quietly, contribute to so many. Why? One day, our institute educational models could be robustly championed by all our members. One day, our member researchers could be seen as at the forefront of meaningful clinical science. One day, our recognition of the importance of meaning and personhood to individual and cultural vitality will again be widely recognized in the 21st century world.

So, that's what prompted me to run for councilor-at-large. If you tend to agree with my hopes for a 21st century APsaA, please vote for me. I will do my best.

***Sandra C. Walker** reports no ethics findings, malpractice actions, or licensing board actions.*

Creativity

Continued from page 11

Following are the CC committees and their chairs:

Child and Adolescent Psychoanalysis (Adam Libow):

Adam serves as candidate liaison to COCAA. You can read his article in the June issue of *The Candidate Connection* newsletter about his committee, and he welcomes candidates interested in joining.

Digital Media and Communications (Anton Babushkin):

Anton has worked on creating a Facebook page for candidates at his institute (Michigan Psychoanalytic Institute) and is very interested in improving communication for candidates. He and the CC are in the process of identifying what those communication needs are. He is happy to have interested candidates join him in this work.

Education Committee (Navah C. Kaplan):

Due to a last minute need to replace the chair of this committee just prior to the January meeting, I was appointed by COPE chair Harriet Wolfe to chair our COPE Candidates' Study Group on Issues of Candidacy. We held our second meeting this past January, honing in on the broad topic of the development of an analytic mind during candidacy. The study group is actively seeking new members as well as a new chair, since my present role is to bridge a gap.

IPSO Liaison (Deisy Cristina Boscan):

Deisy encourages candidates to make use of the Visiting Analyst Program, which provides candidates the opportunity to visit institutes around the world and be hosted by local analysts, making the travel affordable. She encourages candidates to expand their analytic participation beyond North America to the world. The IPA meeting in Prague in July had IPSO Pre-Congress events. I am told that, as lovely as our candidate parties have been, we have not truly partied until we see how it is done IPSO-style.

***New:* Master Teacher Award** (Valerie Golden):

This project under development will be an award for exceptional teaching as judged by candidates. Those who receive the award will be invited to have their teaching recorded. The plan is to create an archive available to future generations of candidates to experience the teaching style of the legendary Master Teachers.

Newsletter (Holly Crisp-Han and Marian Wiener-Margulies):

Holly and Marian began their term as co-editors of the newsletter with the June edition. The topic was Candidacy and Creativity. Marian presented the first in a three-part series of articles exploring the topic through interviews with candidates and senior analysts who are top educators in our field. This issue is available online at the APsaA website.

***New:* Policies and Procedures** (Angela Retano):

This replaces the old Bylaws Committee, a misnomer the current title corrects. Angela has experience and interest in the structure and procedures used by organizations for the benefit of serving its members. Because the CC does not have legal standing and obligations, the rules we live by, unlike bylaws, are easily revised by the present leadership. Angela has undertaken a review of our current rules by which we govern the CC to see if they require change.

Scientific Paper Prize and Writing Workshop (Sabina Preter):

This is Sabina's second year chairing this committee. I encourage you to submit your work for consideration of the prize.

Scientific Programs and Training (Sarah Lusk):

Sarah is working on the programming for the 2014 National Meeting in New York. Anyone who is interested in submitting an idea, please contact Sarah.

***New:* Social Issues Committee** (Alexandria Sawicki):

Alexandria initiated this committee when she requested to become the candidate representative to Prudy Gourguechon's Social Issues Department. We hope to develop many opportunities for candidate participation on this committee. Prudy invites candidates to request a formal appointment to any of the committees within her department. Contact Alexandria to answer questions and for more information.

I look forward to working with all the enthusiastic, passionately involved and creatively productive candidates mentioned here. I invite all of you not yet involved to join us. The Candidates' Council needs your participation, and APsaA needs an influx of present generation candidates who will become the next leaders and creative contributors to psychoanalysis.

Editor's Note:
This column was adapted from Navah Kaplan's column in the June 2013/Volume 15, Issue 2, of The Candidate Connection *newsletter.*

Navah C. Kaplan, Ph.D., *is president of the Candidates' Council.*

My European Education

Fred Busch

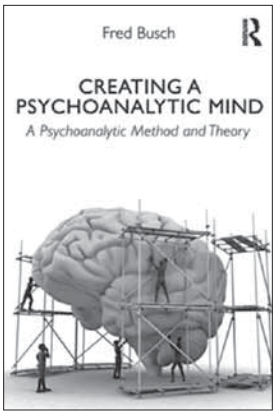
Fred Busch

Many years ago I figured out that I write to understand something that is puzzling me in psychoanalysis, and in this way gradually refining and clarifying what was puzzling to me. So, in 2006, when I was feeling especially puzzled (and intrigued) by a number of issues regarding the psychoanalytic method, I started working on what eventually became my latest book on psychoanalytic technique, *Creating a Psychoanalytic Mind: A Psychoanalytic Method and Theory* (Routledge, October 2013). The premise of the book, and what I understand as the profound nature of the psychoanalytic endeavor, was captured by Marilia Eisenstein when she said:

> Analysis is uncompromising in relation to other therapies because it alone aims, other than bringing relief from a symptom, at aiding our patients to become, or to become again, the principal agents in their own history and thought. Am I too bold in insisting that this is the sole inalienable freedom a human being possesses?

BRIEF HISTORY

Until the late 1990s, I was exploring what I saw as a new role for ego psychology in more precisely understanding the use and function of psychoanalytic interventions.



Then, starting in 2000, I became increasingly involved in discussions about European views of psychoanalytic technique. One luckily unavoidable partner in these discussions was a Swiss trained analyst, Cordelia Schmidt-Hellerau. Also, regularly attending the meetings of the European Psychoanalytic Federation and the International Psychoanalytical Association, and collaborating and debating with colleagues from different countries and schools on panels and in workshops, opened my eyes for other views than those prevalent in my own North American culture.

As it is true for most analysts throughout the world, we feel most comfortable in using the methods of clinical work as we have learned them, and being confronted with a different approach may first render us uncertain or even aversive. However, my journey turned out to be more exciting and stimulating than I could ever have anticipated.

PARADIGM SHIFT

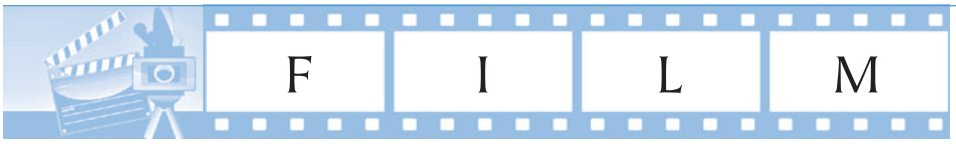
Over the last decades, psychoanalysis in the United States underwent some major necessary corrections and changes with regard to the analyst's subjectivity and the interrelationship of both partners in the consulting room. Usually new ideas attract our attention to a degree that tends to outshine older valuable ones, and we moved toward a greater focus on the experience of the relationship, and the waning of interest in understanding the analysand's mind, and the methods that aid this process (e.g., free association, defense analysis, dream interpretation, the significance of the unconscious, along with the decreased emphasis on the erotic in favor of early deprivation, attachment, and the focus on trauma rather than conflict).

When I was studying how these later issues were treated in other countries, I noted some developmental shifts in the psychoanalytic method amongst the major theories that have brought us closer together than has often been recognized. Today French psychoanalysts, some London Kleinians, some Latin American analysts, and contemporary American Freudians are, in many ways, thinking along similar lines, even though our languages and some concepts may still keep us apart. As I understand it, the basic paradigm shift in the psychoanalytic method in these cultures revolves around thinking about thinking.

As an aside I probably need to point out that one cannot think about thinking without appreciating the multiple feelings and fantasies that affect it. Further, it does not rule out the importance of the relationship in psychoanalysis. However, this paradigm of thinking about thinking has allowed us to better understand unique ways patients communicate or attempt to not communicate. We have also come to know more about patients' states of readiness for interpretive success, and the ways we may help or hinder this process. We've also come to realize that how we help a patient know his own mind is as important as what he comes to know. Thus, I point to similarities between Andre Green's (2005) statement, "the aim of an interpretation is not to produce insight directly but to facilitate the psychic functioning that is likely to help insight," and my own view that one purpose of an interpretation is the capacity to think of one's thoughts as mental events. These ideas are similar to those of Betty Joseph whose assumption is, "that real psychic change is more likely to be promoted by the detailed description of how the patient is using the analyst, using interpretations, *or* using her mind in a given session, and *then* to move to the way the patient's history, and unconscious phantasies express themselves in the immediacy of the processes and interactions in the session" (Feldman 2004). Ferro, writing from a Bionian perspective, suggests there is not an unconscious to be revealed but a capacity for thinking to be developed.

Continued on page 29

Fred Busch, Ph.D., *is a training and supervising analyst at PINE Psychoanalytic Center, a geographical supervising analyst of the Minnesota Psychoanalytic Institute, on the faculty of the Boston Psychoanalytic Institute and Massachusetts Institute of Psychoanalysis, and a member of IPTAR.*

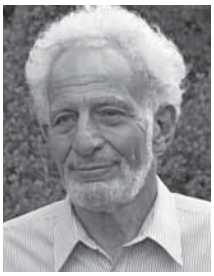


Macbeth: Genesis of Tyranny

Samuel T. Goldberg

Bruce H. Sklarew, Film Column Editor


Samuel T. Goldberg


Bruce H. Sklarew

Among movie presentations of *Macbeth*, Roman Polanski's is cinematically best. Still, the deepest genius lies in Shakespeare's text. It teaches this lesson: What we do makes us who we are. Deeds not only express, but also create character. Macbeth's choice to murder Duncan tilts his psyche toward internal consequences unanticipated and desperate. Driven to annihilate what should be sacred—life, children, the natural bonds of human compassion and friendship, and conscience itself—he destroys himself psychologically.

Fearless on the battlefield, Macbeth nevertheless is terrified to see himself yielding to the temptation of murder. So vivid and powerful is his anticipation of killing Duncan that it "shakes (his) single state of man," dividing him against his moral self, loosening his self-integration, and undoing his integrity, his "single state." It also disrupts his single sense of reality, so that "nothing is but what is not." He now also must live doubly, keeping what he inwardly feels and intends private, while in public masking "with false face what false heart doth know." Macbeth progressively divides himself away from his friends, his countrymen, and even his wife. While Banquo promises to Macbeth an "indissoluble tie," Macbeth is driven to "cancel and tear to pieces that great bond which keeps me pale!"—the bond not only of Banquo's tie to life, but also the "bond" of friendship by which these comrades were united in a shared identity and purpose.

With progressively greater success, Macbeth attempts to rationalize and evade his own horror at what he does. Ultimately, he undergoes a metamorphosis, conscience itself withered and murdered by "withered murder." Knowing that his plan to kill Duncan is wrong, he negotiates with himself. When he first hears that the witches have spoken true, he hopes that he may become king by chance alone. With passivity, he may be able to keep his murderous urges at bay. When in the next scene he is frustrated to hear Malcolm named successor to the throne, however, Macbeth again acknowledges active strivings: "Stars, hide your fires, Let not light see my black and deep desires." His eye, his reasoning, self-observing conscience, will wink and collude in a pretense that he will not see and know what his own hand will do. He must dissociate himself from the deed.

Just as her husband asks that stars' light be hidden, Lady Macbeth also calls for thick night to drape itself in "the dunnest smoke of hell"—the witches' fog and filthy air—to keep heaven from holding back the deed. When she asks "that my keen knife see not the wound it makes," she, like her husband, wishes to separate herself from the deed her heart desires. Conjuring the "spirits that tend on mortal thoughts," just as the witches conjure Hecate, Lady Macbeth acts as if she were a witch herself. Asking to be "unsexed," she takes on ambiguous gender, just as Banquo noted that the witches' beards made their gender uncertain. As Janet Adelman writes in *Suffocating Mothers*, both they and she appear to represent the unleashed power and malevolence of women, threatening to depose and dominate the masculine order.

For Lady Macbeth, her husband has "too much of the milk of human kindness," invoking the most tender relation of nurturance and compassion, mother nursing babe. Lady Macbeth, however, defines her husband's softer, empathic side as pathetic womanliness, as if only pitiless hardness makes a man. She implies his receptive femininity when she says she will "pour my spirits in thine ear," as if to inseminate him with manly valor she has but he lacks. Bidding the murdering ministers to "come to my woman's breasts and take my milk for gall," Lady Macbeth rejects her inborn maternal nature, and becomes the masculine woman, filled "from the crown to the toe, top full of direst cruelty."

Unable to grasp or empathize with her husband's revulsion at murder, Lady Macbeth castigates him harshly for his hesitation, belittling his love for her, his sexuality and manhood, goading and coercing him to extreme masculinity that is undaunted and ruthless. Most shocking of all is her annihilating attack on any remaining maternal nurturance: Sadistic and brutal, she would dash out the brains of her suckling infant. Having just conjured the image of "a naked newborn babe" to represent pity itself, Macbeth seems overwhelmed and intimidated by this terrifying image. Murdering Duncan has become the test of manhood, and failure to be a man might leave him as vulnerable to her undaunted steely mettle as a baby or female.

It is Lady Macbeth who unmakes her husband, dashing out his brains, putting his conscience to sleep, just as she drugs Duncan's guards. In the face of her beguiling, threatening,

Continued on page 22

Samuel T. Goldberg, M.D., *a training and supervising analyst at the Baltimore Washington Center for Psychoanalysis, has lectured on tragedies of Shakespeare at the Folger Shakespeare Theater in Washington, DC, and elsewhere. He practices in Columbia, Maryland.*

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

Macbeth

Continued from page 21

and humiliating speeches, Macbeth, as described by Harold Blum in 1986, becomes like a dependent son to a demanding omniscient mother, clinging to the passive position without responsibility. In the same manner by which he turns to the witches, projecting power, knowledge, and initiative, he is entranced and overpowered by his wife, whom he can neither control nor impregnate. Swept along, he permits himself to be used, living out her omnipotent fantasies. In their irrational exuberance, the Macbeths form a *folie-a-deux*, caught up together in a delusion of power and invulnerability. Instead of Macbeth, soft Duncan now becomes the vulnerable infant to be destroyed.

In *Shakespeare's Window into the Soul*, Martin Lings points out that when Macbeth tells the servant, "Go bid thy mistress, when my drink is ready, she strike upon the bell," he unknowingly prepares to drink his own poisoned chalice, the bell tolling not only for Duncan, but for him too, for psychologically he is taking his own life. In killing Duncan, not only does Macbeth "cancel and tear to pieces" his bond to an external sovereign, but also that to his inner sovereign, his conscience, which warned him against his lust for greatness and which might have provided internal approval and honor.

Macbeth returns from Duncan's chamber "afraid to think of what [he has] done." Now unable to wink, he must look at his bloody hands, yet can hardly realize that they are his own, asking, "What hands are here?" Quite disrupted is his single state of man. Most starkly, he says, "To know my deed, 'twere best not know myself." He must split his awareness of himself. To be the Macbeth that murders, he must sacrifice being the Macbeth who conceives himself acting by ideals and commitments, for the two are irreconcilable.

Having staked everything on becoming king, Macbeth experiences no satisfaction, but only futility and dread of retaliation. Childless, he frets bitterly that, while the witches prophesied that Banquo's children would be kings, they have placed "upon my head a fruitless crown… no son of mine succeeding. If't be so… I [de]filed my mind, … to make the seeds of Banquo kings!"

Now arranging Banquo's slaughter, he is grimly compelled to compound evil with evil. Failing to recognize that his sleeplessness and dread derive not from any external threats issuing from Banquo and Macduff, but from the relentless internal pressure of his conscience, which he has now disavowed and externalized, he refuses to atone for his transgression, instead rationalizing that his malice has been inadequate. The very insouciance with which he jokes after Banquo's death, telling the killer, "Thou art the best of the cutthroats," shows how effectively he's expurgated pity, remorse, and concern.

Yet, not only will "terrible dreams … shake [him] nightly." A nightmarish hallucination spills over and invades Macbeth's waking life. Banquo's ghost confronts Macbeth most forcefully with the reality of what he has done, that events, and his own mind, are spinning out of his control. Not only is he separated from his comrades. Macbeth is dissociated from and has lost himself. Having waded midway across a river of blood, he is at the point of no return. Thereafter, he is all ruthlessness, except for defiance and outrage, emotionally deadened. Again embracing darkness, he returns to the "black and midnight hags."

Far from nurturing milk, Macbeth has nothing to drink but the hell-broth of witches' cauldron, into which are thrown perversions of procreation: "finger of birth-strangled babe, ditch-delivered by a drab (prostitute)." He demands that they answer him, "though the treasure of nature's (seeds and young sprouts) tumble all together," as if to confirm his war not only on children, but on all regeneration and growth, on the propagation of bloodlines, first of all Macduff's.

Impotent in his barren scepter, Macbeth will have murders for children. Eschewing cooling words, he opts for unreflected action, passionate deed without deliberation. What remains of life is rage and cold indifference. Having supped full of horrors, Macbeth no longer can be startled by his own slaughterous thoughts. Yet, he remains able to reflect on the changes in himself, observing that he has a mind diseased, unable to respond

even to the death of his wife. He recognizes himself as the "poor player strutting and fretting his hour upon the stage, then to be heard no more."

Still enmeshed in a regressive world of female enchantment, Macbeth believes he bears a "charmed life which must not yield to one of woman born." It is Macduff, from his mother's womb untimely ripped, who finally emancipates Macbeth from his submission to the witches' prophesies, telling him, "Despair thy charm." (Barron 1960) Macbeth finally disbelieves the "juggling fiends," and is slain.

In *Shakespeare: The Invention of the Human*, Harold Bloom argues that, in a nihilistic universe of amoral drives, Macbeth's crimes against nature cannot be righted, because "Nature is crime." In this view, nature's relation to the moral concerns of human beings consists in profound indifference. By contrast, one might argue that Macbeth's persistent violation of the natural order for a thoroughly social animal makes his inner and outer destruction inevitable. Having rended and defiled the structure of his psyche, he is condemned to live as the new and horrid Macbeth, his self his punishment. In this view, morality emerges from and is woven into the very structure of nature. Which view was Shakespeare's? Characteristically, the Bard stays aloof.

Reflections on *Rear Window*

Peter B. Dunn

"Fear isn't so difficult to understand. After all, weren't we all frightened as children? Nothing has changed since Little Red Riding Hood faced the big bad wolf. What frightens us today is exactly the same sort of thing that frightened us yesterday."

—Alfred Hitchcock

If someone who never saw a Hitchcock film asked me to recommend one, I would suggest *Rear Window.* It has everything that makes a Hitchcock movie great. It mixes comedy and romance, suspense and terror, and it features two iconic Hollywood movie stars. Jimmy Stewart plays Jeff, an action photographer confined to a wheelchair, and Grace Kelly plays his girlfriend Lisa who takes the opportunity of his confinement to press for a commitment. Lisa is dazzlingly glamorous, but for Jeff she might as well be chopped liver. He is not interested in her at all.

What he is interested in is spying on his neighbors, especially a beautiful, blonde dancer he nicknames Miss Torso. Day and night he scans the windows across his courtyard searching for glimpses of erotic intimacies. Then one evening he accidentally stumbles on a murder. The police do not believe him but Lisa does. At great personal risk Lisa enters the murderer's apartment searching for clues, and while Jeff watches her intently through his binoculars he comes to feel the erotic excitement that he could not feel when she was with him in his apartment. By the end of the movie, the police have their man, Lars Thorwald, and Lisa has hers.

Peter B. Dunn

Rear Window has the narrative structure of a detective story and it can be appreciated as a spellbinding murder mystery or responded to for its deeper levels. The primary subtext is the unbridgeable gulf and bloody conflict between the sexes. In this film's totality Hitchcock portrays women as fundamentally deceptive, offering false promises of sexual gratification and bent only on domesticating and emasculating their man in order to make him easier to exploit. Depending on the fragility of the man's gender identity, this emasculation will awake fears of castration or worse, and these fears will provoke in the man a violent rage culminating in a wish to dismember the woman in revenge, because this is what he fears she will do to him.

Thorwald does not just strangle his nagging wife. He decapitates her. He then places her head in a hatbox and buries it like a corpse beneath a flowerbed. He also cuts off her ring finger to recover her wedding ring for his new bride and slices the rest of her body into little pieces and scatters it around.

The idea that women tyrannize men and men seek bloody revenge threads through all of Hitchcock's movies. It was once considered unscientific to link a movie with the psychological world of its creator, but this view no longer holds sway among psychoanalytic film critics. So it is worth noting here that Miss Torso is a clear representation of the many cool blonde stars that Hitchcock cast as his leading ladies and often treated cruelly; the character of Lisa is based on Hitchcock's wife Alma, who was Hitchcock's collaborator in making murder mysteries just as Lisa is Jeff's collaborator in solving them. The character Jeff is perhaps the character that Hitchcock most identified with and it may not be too far of a stretch to say that *Rear Window* can be read as the director's psychological autobiography.

PRIMAL SCENE SCREEN MEMORIES

Were Jeff (or his creator) a patient in analysis we would suspect that such violent fantasies about observing marital intimacies derived from primal scene memories and their fantasy elaboration. In fact the movie contains three of the most graphic and detailed and least disguised portrayals of the primal scene in the history of cinema. The first scene conforms closest to a typical child's actual experience. Jeff is sitting in the dark trying not to be noticed, spying on a couple in a barely lit room while he drifts in and out of sleep unsure of what is dream and what is reality. He is startled by a cry, but whether it is a cry of passion or pain neither Jeff or the audience can be sure. There are fragmentary glimpses of movement but not a drop of blood is in sight. On the basis of this and little else the protagonist concludes something terrible has happened to the woman.

The second portrayal of the primal scene has the quality of being the dramatization of an unconscious fantasy. Here Jeff watches helplessly as Thorwald discovers Lisa in his apartment and strangles her. Jeff's identification with Lisa is evident as he holds his own neck in mute terror until the police come to Lisa's rescue. Finally, the third primal scene enactment follows Thorwald's discovery of Jeff. The audience, like children fearing discovery themselves, hear Thorwald's steps getting louder as he prepares to pounce on Jeff. In this scene in particular Jeff is as helpless as a little pre-school boy, weightless and weak, facing the brute force of an angry father.

The movie is also infused with the quality of primal scene memories and fantasies in its granular detail. Such fantasies are expressed through humorous asides, nicknames, pictures that look randomly placed on the wall, action that seems to coincidentally capture a character's interest, for instance, songs on the radio.

Continued on page 24

Peter B. Dunn, M.D.*'s film screenings/ discussions for New York Psychoanalytic Society & Institute are among the most popular events offered in their newly renovated auditorium. He is the director of NYPSI's Low-Cost Treatment Center and a psychoanalyst in private practice.*

Rear Window

Continued from page 23

Take just the opening few minutes (denoted as such) of *Rear Window*:

(1:00) The movie opens and the whole screen is not a screen at all but a window with closed shades. As the shades rise we look out from that window across a courtyard into the bank of windows on the opposing building. We see into the inner space of five apartments the last of which is the home of a beautiful blonde woman who is bending over provocatively.

(2:00) The camera angle shifts and we see a man in a wheelchair with a broken leg in a large white cast looking into the windows of the neighbors.

(3:00) The action is interrupted by a phone call from the man's boss who gently criticizes him for having broken his leg while getting too close to the action of an auto race while trying to get a picture of a crash.

(4:00) The boss tells a humorous story of having barged in on his own boss having sex with his secretary.

(4:00) As they talk the photographer looks at the same dancer we saw before assuming one intimate pose after another and notices as well two nude sunbathers on a roof balcony. At this moment a helicopter comes into view, dipping down to look at the same sunbathers.

(5:00) The boss puts in a word for his marrying his long-term girlfriend, Lisa, saying it is time for him to settle down. The photographer replies, "Can you imagine me married…coming home to a nagging wife?" The camera scans to the sight of Thorwald coming home to his wife who appears to be feigning illness in order to get him to serve her dinner in bed.

(6:00) Before the scene closes, I notice a picture on the wall. It is a picture of a car crash. The two cars are in a violent embrace. The wheel of one car has been dislodged and its naked axle has impaled the driver of the other car. The arms of the impaled driver are splayed backwards and the face is contorted in pain. The wheel that has been torn off the car is hurtling off in space in the direction of the photographer, accounting for the photographer's broken leg.

To compare the construction of this movie to a mosaic of tiles, it is as if the total mosaic constitutes a picture of a primal scene while on each of the individual tiles are variations on the same theme. Such repetition suggests that primal scene screen memories and fantasies are the deep structural organizers of the movie.

My most astonishing observation was the shot of the car crash, which required me to freeze-frame my iPad. Before me was a precise symbolic representation of the primal scene fantasy at the heart of this movie: Sexual intercourse as a violent embrace in which father (one car) violently assaults mother (the second driver impaled by the first driver's tire axel) and the child (Jeff), who is identified with her, is castrated (the broken leg) by the father as well (the tire hits Jeff).

VOYEURISM

The film also invites speculations about voyeurism and I will offer mine. I was struck watching the film how miserable Jimmy Stewart looked when Lisa forced him to relate to her directly. It struck me that what Hitchcock was conveying was that the fundamental problem in voyeurism is not the voyeurism itself but the inability to experience life directly as a participant.

Perhaps at its core voyeurism reflects fundamental problems in anxiety tolerance. Primal scene fantasies might then be useful to "reformat" direct experience as experience being observed. Perhaps the predominance of primal scene fantasies in voyeurs does not reflect prior primal scene trauma but the tendency of developmentally normal primal scene fantasies to proliferate because of their adaptive value. In addition to obvious voyeuristic activities (reading, cruising the Internet, reviewing one's dreams watching movies or TV), a common symptom of voyeurism is to become the observer of one's own thoughts, perhaps a necessary adaptation when one's thoughts are too disturbing.

As an analyst the primary manifestation of voyeurism might not be the excessive interest in the intimate details of the lives of one's patients but a reluctance to engage the transference. I intend to watch *Rear Window* again and see what else I can learn.

Upcoming NYPSI Screenings

October 9
Lois Oppenheim interviews Oliver Sacks, including a screening of ***Awakenings—The Documentary***

October 17
The Trip to Bountiful
Muriel Morris, Discussant

November 8
Shock Head Soul
Richard Gottlieb moderates a panel discussion with Harold Blum, Zvi Lothane, Clive Robinson, Helen Taylor Robinson and film director Simon Pummell.

December 5
The Green Room
Francis Baudry and Rita Sharon, Discussants

Visit www.nypsi.org for more information.

A Developmental Model

Continued from page 5

the past that disregard what many of today's candidates want: a board certification credential with the credibility of other professions in the modern world. Perhaps most importantly, returning to our developmentally based understanding of separation and individuation, for healthy development to occur, a parent cannot and should not dictate to a child what it must be when it separates. Similarly, for a parent organization to dictate what an externalized certification must be when it separates misses the point of externalization: autonomy of board certification for professional growth and credibility free of politics.

STRAW MEN AND REAL PROBLEMS

Our profession and organization are facing urgent problems threatening our survival. Some have wanted to believe that if only there were not certification or a Board on Professional Standards we would thrive. We believe certification and the Board on Professional Standards are straw men that serve to scapegoat and polarize when unity is essential, distracting from urgent attention to the overarching cultural and economic shifts that have so impacted on our professional practice and educational models. Many of our institutes have responded with creative, adaptive initiatives worthy of commendation. A significant number of others, despite such efforts, face real peril.

Threats to our survival cast a large shadow on all of us. We must move beyond blame, scapegoating and acrimony that provide brief comfort and balm distracting us from the elephant in the room. We must face the need for serious dialogue as to what the future of psychoanalytic practice and training will be, and what we will pass on to future generations. The form board certification will take, though important, is just one piece of this future. We must consciously consider if and how we can chart a future that preserves some serious psychoanalytic education and practice as we know it, or whether we will only offer psychoanalytic experiences and moments, with little canon or credibility for future practice beyond this generation.

From the Unconscious

poetry

Sheri Butler Hunt

Richard Tuch, dean of training at the New Center for Psychoanalysis, Los Angeles, has written a reflective poem about the inner workings of marriage. He brings a mature, appealing humor to his subject. This is the opening poem in a soon-to-be released book entitled, *The Stories We Tell Ourselves,* by J. Mark Thompson and Richard Tuch, Contributors: Lawrence Josephs. The book is scheduled for release this September by Routledge.

Tuch is also a training and supervising analyst at the New Center for Psychoanalysis, LA, and the Psychoanalytic Center of California, and clinical professor of psychiatry, David Geffen School of Medicine, UCLA.

Marriage's Promise?

All marriages are challenging
But only some prove troubling

What troubles a couple varies
Some say they got a raw deal
That marriage itself, or their particular mate
Didn't pan out as planned
Plain and simple

Some complain they'd been gypped
That marriage promised much and delivered way too little
It was to have made a world of difference
Which it did, but not in the way one hoped
Rather than bringing the best out in one another
It somehow did the opposite
Much to the chagrin of each
Without either quite knowing who or what to blame
For love's demise

Marriage is meant to bring a couple closer
To make each feel both loving and loved
It offers a chance to know and be known
To feel touched by another and to feel our affect on that other
Such that each makes a difference in the other's life
Ideally for the positive
If not always

Marriage is meant to create a reassuring bond
That feels safe
Saving us from feeling isolated and alone
Lost in our singularity
Without the added definition
That comes from such warm and enveloping words as
We, us, our

Marriage delivers much, but it also demands much
That much it can promise

—**Richard Tuch**

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

Psychoanalysts Welcome in the House of Medicine

Janis L. Cutler

Nearly 20,000 new medical students matriculate at U. S. medical schools each year. They represent our future medical colleagues and referral sources, as well as potential psychiatric colleagues and even psychoanalytic candidates. Two psychoanalysts and a recent candidate describe the relevance of psychoanalysis for their work with medical students. We hope that you enjoy these accounts and that they inspire you to volunteer at your local medical school.

Janis L. Cutler

THE JOY OF TEACHING MEDICAL STUDENTS IN THEIR "DOCTORING" COURSE

Jonathan M. Amiel

Jonathan M. Amiel

One of my earliest medical school memories is the day my Clinical Practice small group convened in that first fall soon after orientation. Clinical Practice was a course that brought together the content areas of patient interviewing, health systems, and behavior change with the process of working with peers, witnessing one another at work, providing feedback, and reflecting on one's strengths and weaknesses. The course, very much informed by Rita Charon's work in narrative medicine, challenges students to engage deeply and authentically with one another and asks of the preceptor to build a safe space in which this work can unfold. Every medical school has some version of a course like this, often known as a course on "doctoring."

On that first day, I did not know my classmates yet and we needed a little nudge to get talking. Our preceptor was a young psychiatrist and he gently and almost imperceptibly began the process of helping us to construct a safe environment in which we could trust one another and confide that, though we were generally enthusiastic to begin our training, many of us had the feeling that we did not know quite what we had gotten ourselves into. Our preceptor helped us normalize these anxieties for one another and allowed us to move forward in our development as doctors-to-be.

A few years later, near the end of my residency, I had the opportunity to become a preceptor in the course, now known as the Foundations of Clinical Medicine. I have been reflecting on what skills those of us trained in psychoanalysis and psychodynamics have that make us particularly well suited to teach these small group courses. Many educators and social psychologists have commented on the importance of group dynamics in teaching, so I will focus on a few psychodynamic principles that have been particularly helpful to me in my work.

On the whole, medical students have tremendous intellectual and psychological resources that can enrich group process. A strong alliance with the group allows students to overcome a certain amount of performance anxiety that is ubiquitous and to contribute to discussions. I have found that maintaining a relatively neutral position in many classroom debates helps to bring the students' multiple perspectives into words. I have also found that a degree of abstinence, particularly in affectively charged group silences, can be useful in allowing the group to contend with their feelings in class.

Every small group has its outspoken members and its shy members, the consensus builders and the strident debaters. Recognizing the prominent transferences at play at any given time can help the facilitator enrich the group process. When I suspect a shy student is quiet because he fears criticism, I might say, "Some of you are keeping the best insights to yourselves." The range of transferences that come up in the group are rich and varied.

The analyst-teacher has many other skills to offer students and the students reciprocate in spades. I have been very gratified to develop from student to teacher and highly recommend the experience.

TEACHING THE ART AND SCIENCE OF LISTENING

Margaret Hamilton

My first teaching opportunity came, as a high school senior, when my Latin teacher had to attend a week-long conference, and I was invited to substitute teach the second-year Latin students. Since then, teaching has been an important part of my life. Thus, when, in my last year of residency, there was an opportunity to teach medical students I jumped at it. I have been teaching medical students for more than 20 years, and it is one of the most enjoyable and rewarding parts of my career. It is also an opportunity to re-experience the beginning of medical education.

Continued on page 27

Janis L. Cutler, M.D., *chairs APsaA's Committee on Medical Student Education, is professor of clinical psychiatry and psychiatry clerkship director at Columbia University College of Physicians & Surgeons, and faculty at Columbia University Center for Psychoanalytic Training and Research.*

Jonathan M. Amiel, M.D., *is an assistant professor of clinical psychiatry and associate dean for curricular affairs at Columbia University College of Physicians & Surgeons. He was recently a candidate at the Columbia University Center for Psychoanalytic Training and Research.*

Margaret Hamilton, M.D., *is an associate clinical professor of psychiatry at Columbia University College of Physicians & Surgeons and associate director of the Columbia University Center for Psychoanalytic Training and Research.*

Andrew C. Furman, M.D., *is an associate professor of psychiatry and behavioral sciences at Emory University School of Medicine and an associate teaching analyst at Emory University Psychoanalytic Institute.*

One of the most important skills physicians bring to our work is the ability (and enjoyment) of listening to our patients. We begin to understand why they sought our help. It is important, not only to understand their medical problems, but also to understand these problems in the context of the whole person—their bodies, their families, their psyches, their personal histories—their lives. This is not only a skill that must be learned (and taught), it is a privilege of the work we do.

For some physicians, this skill comes easily, based on something innate or experiences in their past lives; for others it must be learned; for all, it can be improved upon over time. Those who learn it well become better physicians, more able to help their patients and less likely to get bored as they age. Our training as psychoanalysts focuses on this kind of intense listening. Our unique skills make us ideal teachers for young physicians in the art and science of listening. Analysts are an important resource in medical education.

For most medical students, the introduction to a psychiatry course is not only their first exposure to psychiatry, but for many it is also their first exposure to interviewing patients. While the class is designed to teach them about psychiatric illness and diagnosis, it is also an opportunity to introduce the students to a way of thinking about patients, not simply as a list of symptoms, but as individuals with unique histories and lives that determine their reactions to their illnesses. It is not really useful for either physicians or patients to get entrapped in the "disease" model. "I just saw a myocardial infarction." "I am a diabetic." The human beings, physician and patient have disappeared. This introductory psychiatry course enables students to become better physicians. I make the point to my students that my goal is to help all of them, whatever type of physician they want to be, to learn how better to listen to their patients. This ability to listen will enable them to diagnose and care for their patients more skillfully, effectively, and humanely.

Medical students (and others) are often anxious in the presence of psychiatric patients. They don't know what to expect; they don't know how to act. My task is to humanize these patients for the students; to help the students see that psychiatric patients are individuals. Their illnesses have varying degrees of severity, but all of them can benefit from being listened to and understood. This will enable these future physicians to reduce some of the stigma of mental illness that unfortunately is so prevalent in our society.

THE PSYCHOANALYST AS MEDICAL EDUCATOR

Andrew C. Furman

What can a psychoanalyst teach medical students about ascending cholangitis? More than you might initially imagine. Approximately seven years ago, the Emory University School of Medicine made a significant change to its curriculum, a change designed to expose the medical students to clinical work earlier in their career and to move away from the traditional two years of basic sciences followed by two years on the "wards." Fundamental to this change was an integration of the clinical and the basic sciences and a shift from primarily lecture-based teaching to small group interactions with an emphasis on problem-based and group-based learning. From the first day of school, students were assigned to a small group with whom they would meet regularly, often two to three times a week over their medical school years, to learn from each other and from a small group adviser. The adviser's role was to guide the students as they became doctors, learning about history taking and the physical examination, anatomy and pathophysiology, as well as what it meant to become a physician and to care for another in a meaningful and therapeutic way.

As a psychiatric and psychoanalytic educator, I jumped at the chance to move out of my comfort zone and into the world of general medical education. My peers were mostly internists; I was the sole psychiatrist. Although I initially questioned what I could bring to the table, after all, we would be spending exponentially more time on pulmonary medicine, or gastroenterology or endocrinology, than we would on psychiatry, let alone dynamic psychotherapy, I realized that as a psychiatrist and psychoanalyst, I had certain skills and stood at a certain vantage point that could be uniquely helpful. My not being an expert was to my advantage. I could model and explore how a physician thinks and struggles through problems, how we relate to patients and families, how we wrestle with death and with nakedness and with anger, without necessarily knowing the answers. I viewed myself as a guide for learning and for forming an identity, not as the giver of received wisdom or the arbiter of arcana. This stance, not unlike the therapeutic stance we know well from our own clinical experience, promoted their growth as physicians. They could be dumb with me, or afraid, or triumphant, or mortified. All the while, they learned about illness and suffering and science and themselves.

As for psychoanalytic ideas proper, I integrated core dynamic principles into our thinking about patients and their illnesses, the doctor-patient relationship, and the myriad of feelings that emerge in the process. The concepts of resistance, transference and countertransference, and unconscious forces and motivations are all of importance in thinking through the clinical encounter. My goal has not been for the students to think of these ideas as psychoanalytic, but as part and parcel of the human condition and necessary for good doctoring. I rarely discuss psychoanalysis proper; my agenda is different. I want my students to think of these ideas as normal and commonplace and helpful. Not as only a part of an esoteric and sometimes baffling therapy, but as ideas that are ubiquitous and natural. I do, of course, slip. I cannot help but mention that the eponymous Charcot's triad (of ascending cholangitis) is named for the same man who so heavily influenced Freud in his work on hysteria.

I have found these experiences to be profoundly rewarding and urge other analysts, if given the opportunity, to get involved in medical education. The change in the students over the four or more years is astounding, all the more so because they have been shaped and informed by dynamic ideas. The students have not become analysts. They have become better doctors.

Editor's Note: *For more information, contact Janis L. Cutler at cutlerj@nyspi.columbia.edu.*

Developmental Curriculum

Karen Gilmore


Karen Gilmore

The COPE study group on the role of developmental curriculum in clinical teaching, Teaching Development to Adult Candidates, arose out of a debate among psychoanalytic educators about the value of developmental knowledge for psychoanalytic theory and practice. The proponents are certain it is central; the opponents say it has little or no value. The study group aims to take up this debate in order to clarify the role of developmental curriculum in psychoanalytic education.

Our study group, which met face to face for the first time in January 2013, has progressed through a series of projects. The first project was organized through phone and e-mail contacts prior to meeting in person. We surveyed institutes' curricula and assessed the range of developmental educations they offer. Differences among institutes were considerable. At one extreme were those that require four years of development courses, alternating adult and child process and infant or normal child observation, and at the other extreme, a few that have only a single year-long development course and a single eight- week exposure to adolescent process.

Karen Gilmore, M.D., *is senior consultant at Columbia Center for Psychoanalytic Training and Research, served as director of the Child Division, is a training and supervising analyst and clinical professor of psychiatry at Columbia University College of Physicians and Surgeons.*

The survey led to the question: How are we to assess the impact of this range of curricula on candidates' knowledge of theory and practice? We planned two approaches to the question that we could pursue at the January 2013 APsaA meeting: 1) a day-long meeting with two case presentations given by senior candidates or recent graduates to a larger candidate group in which these differences in immersion were represented; 2) a review of case write-ups utilizing an objective measure to assess the use of developmental concepts.

In regard to the first approach: The conference produced very rich and lively conversations among the candidates, as they discussed the two adult cases currently in analysis. Due to constraints of time and available study group members, we could not conduct individual interviews with the candidates in order to assess individuals' reliance on developmental thinking and how much it shaped their observations. In the context of a group discussion, there were clearly differences in candidates' developmental thinking, but they were not directly correlated with their formal educations and in fact seemed entirely independent of where they trained. Moreover, it was difficult to clarify whether we were observing differences in theoretical orientation, personal or professional experience, supervisory input, skill, analytic talent, or something specific to developmental education.

In regard to the second approach: This aspect of our research involved looking at the candidates' description of their own clinical material, a method we hoped would offer better access to their comprehensive approach to patients and thereby clarify the role that developmental concepts played in their thinking. One group member, Jeanine Vivona, did a masterful job of developing a rubric for assessing written case reports and applying it to case write-ups elicited from our participants. The candidates were asked to choose a single example among their existing case write-ups, one that they felt represented their best work. Based on preliminary findings, this approach seems to hold more promise in regard to differentiating individual candidates' clinical thinking.

We are considering a number of approaches to this material, including correlating the candidates' rubric scores with formal development education and further individual interviews to trace the origins of their developmental knowledge, bearing in mind the possibility (referred to below) that such origins may be as elusive as the origins of individual psychology and neurosis. *[Editor's note: For a copy of the rubric, please contact Jeanine Vivona at jvivona@tcnj.edu.]*

INNATE OR ACQUIRED?

Conversations among the active participants in the study group have raised a number of interesting and complex issues. A fundamental and persistent question we have is whether the study group's mandate is framed correctly. Given our observation that developmental awareness and knowledge seem to arise from many sources, is it of value to assess whether the formal curriculum accounts for a lot or a little? Is it useful or possible to know where a given person's developmental knowledge comes from? Is it an intrinsic component of good clinical thinking that just comes naturally to talented analysts?

ORGANIZING OR CONSTRAINING?

Moreover, what aspect of developmental thinking is helpful? Is it useful to know something about the impact of certain common experiences and when they occurred (such as sibling birth or death, divorce) or does such knowledge prejudice our listening and thinking, creating templates that force clinical material into what Jacob Arlow calls prescribed pathways? Is it helpful to think about the forward movement of developmental transformations of the mind? Does the developmental point of view have any bearing on how we arrive at genetic interpretations? Does developmental knowledge establish a set of propositions about "what is possible" and "what is normative" and are these helpful or constraining?

Continued on page 29

Putting aside developmental curriculum for a moment, we are well aware that developmental theories exist, more or less, in every (pre-postmodern) psychoanalytic school and that these lead, either explicitly or implicitly, to those storied psychoanalytic babies, i.e., pictures of the infant mind derived from the fundamental theoretical assumptions central to each school.

There is the Freudian baby buffeted by drives and seeking stimulus reduction; the Kleinian baby tormented by aggression, utilizing projective defensive maneuvers from birth and possessing a perinatal consciousness of oedipal triangulation; the ego psychological baby equipped with emergent ego capacities which are recruited into conflict and compromise formation. Indeed, most so-called classical psychoanalytic schools (those that arose before the postmodern era) offer clear, albeit often unintegrated, propositions that describe the emergence of the human mind; these propositions deeply affect the way the adherent analyst hears, understands, conceptualizes, and approaches patients.

Interestingly, in 1905 infant and child observation was promoted by Freud himself to gain "a satisfactory degree of certainty" about central developmental hypotheses, but the usefulness of such observations and research has been hotly debated in the contemporary analytic world. Peter Wolff, a prominent infancy researcher/analyst published a paper entitled "The Irrelevance of Infant Observations for Psychoanalysis," and asserted that the latter is concerned with "meanings, unconscious ideas, and hidden motives" all of which are inaccessible in infants. I will not here recap the lively exchange that ensued when eight prominent child theorists, researchers, and clinicians provided commentaries accompanying the publication of that paper. Suffice it to say neither Wolff nor his interlocutors changed their minds.

In a monograph dedicated to the same question some years earlier (*The Significance of Infant Observational Research for Clinical Work with Children, Adolescents, and Adults*), Arnold Cooper noted the inevitable presence of developmental theories, personal experience, exposure to developmental science, and culturally induced blind spots in clinical work. He wholeheartedly endorsed the importance of developmental education by his pragmatic assertion that developmental knowledge, from whatever source, scaffolds our thoughts about the genetic histories of our patients (and by extension, about transference manifestations) as these emerge in the clinical encounter. Absent education, this uninformed "knowledge" can only perpetuate some of the historical errors of our theory making, including assumptions about female development and homosexuality.

THEORETICAL INFLUENCES ON RESEARCH

The counterpart of the question is whether psychoanalytic theory influences infancy observation and research; about this, there is little debate. Barbara Fajardo neatly demonstrated how different orientations inform the hypotheses, methodology, and observations of an infant researcher of a particular persuasion. Her position does not require choosing one or the other orientation, since she embraces a systems approach: Intersubjectivity, attunement, emerging ego capacities, primitive affect can all be integrated into an inevitably eclectic way of thinking and all find application in adult analytic work. Insights and meanings derived from the mother-infant relationship can illuminate aspects of the treatment relationship, but a study of development supports the important caveat that no adult behavior or relationship can ever be an exact replica of the infant antecedent; intervening development ensures that any apparent reenactment in the here and now is far more complex and multi-determined than the dynamics of the mother-infant dyad (however complex that too was likely to have been). Does making such links lead to misunderstandings and missteps in interpretation or does it inform the clinical analyst's empathic understanding? I have written that there is no question that developmental ideas can perpetuate errors in theory. It is harder to show whether the impact of developmental education results in a more grounded theoretical approach. Or does theory stand apart; is it impervious to developmental information?

In this regard, another study group project under way is the exploration of the relevance of developmental concepts to the "here and now" analytic work with adults. A few seminal developmental papers (from a variety of theoretical perspectives) will be chosen to illustrate the application of the developmental concepts elucidated therein to clinical examples from adult analyses.

We are hoping to develop other projects going forward. There is interest in assessing candidate exposure to contemporary revisions of hallowed psychoanalytic concepts that are intrinsically developmental and also influential in a wide swath of analytic theorizing. Scott Dowling, Lawrence Inderbitzen, and Steven Levy have examined how enlightened developmental thinking has elucidated the concept of regression, radically challenging the idea of a linear return to earlier mental organizations. Have these new ideas entered into analytic teaching and clinical thinking and helped candidates understand what happens to certain adult patients under stressful circumstances, such as an analysis? It seems evident that moments of what is typically described as regression invoke the analyst's understanding of prior modalities, but it remains to be studied how the analyst's hypotheses are modified and refined by new ideas and how this helps in the interpretive moment.

My European Education

Continued from page 20

SHADOW ZONE

Stefano Bolognini wrote in 2010 of a "shadow zone," where we hold on to excessive simplification of the theoretical field by staying within the confines of our own psychoanalytic culture. "The symptom of this shadow zone is precisely the incapacity for an interchange with the 'non-self,' which is unconsciously feared as dangerous and too disturbing." In the ideas expressed in this book I have tried to move from my own "shadow zone," and hope it will further the light in our own thinking as well as in our exchanges with colleagues in other countries.

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

June 8, 2013

Renaissance Washington, DC Downtown Hotel

Training and Supervising Analysts

Adaline E. Corrin, M.D.
San Diego Psychoanalytic Society & Institute

Caroline de Pottel, Ph.D.
San Diego Psychoanalytic Society & Institute

Tora Hanssen, M.D.
San Francisco Center for Psychoanalysis

Katherine M. Hott, M.D.
Cincinnati Psychoanalytic Institute

Andreas K. Kraebber, M.D.
Columbia University Center for Psychoanalytic Training and Research

Barbara F. Marcus, Ph.D.
Western New England Institute for Psychoanalysis

Judith Newman, LCSW
Chicago Institute for Psychoanalysis

Laurie Pahel, M.D.
Psychoanalytic Institute of the Carolinas

Lisa Selin, Ph.D.
New Center for Psychoanalysis (Los Angeles)

Jan C. Van Schaik, M.D.
Chicago Institute for Psychoanalysis

Geographic Rule Supervising Analysts

Joseph Cronin, LCSW
Institute for Psychoanalytic Education
affiliated with NYU School of Medicine

Charles E. Parks, Ph.D.
Psychoanalytic Center of Philadelphia

Stephanie Dee Smith, M.A., LICSW
Psychoanalytic Center of Philadelphia

Child and Adolescent Supervising Analysts

Denia G. Barrett, M.S.W.
Chicago Institute for Psychoanalysis

Thomas F. Barrett, Ph.D.
Chicago Institute for Psychoanalysis

Geographic Rule Child and Adolescent Supervising Analysts

Denia G. Barrett, M.S.W.
Psychoanalytic Institute of the Carolinas

Thomas F. Barrett, Ph.D.
Psychoanalytic Institute of the Carolinas

In Memoriam

Herman S. Belmont, M.D.
April 20, 2013

Homer C. Curtis, M.D.
June 4, 2013

Robert M. Dorn, M.D.
January 19, 2013

Leslie Gable, M.D.
March 16, 2013

James H. Hansell, Ph.D.
April 20, 2013

Wallace B. Hussong, M.D.
February 19, 2013

Abraham Jankowitz, M.D.
June 10, 2013

Robert A. Prosser, Ph.D.
January 13, 2013

Charles T. Rumble, Jr., M.D.
April 23, 2013

Joseph Steg, M.D.
January 25, 2013

Eugene E. Trunnell, M.D.
December 25, 2012

Landrum S. Tucker, Jr., M.D.
April 8, 2013

Jules M. Weiss, M.D.
March 5, 2013

Certified in Psychoanalysis by The Board on Professional Standards

June 8, 2013

Adult

Ann Anthony, M.D.
Oregon Psychoanalytic Center

Sally A. Davis, Ph.D.
Center for Psychoanalytic Studies (Houston)

Deborah G. Harms, Ph.D.
Michigan Psychoanalytic Institute

Yudit Jung, Ph.D. LCSW
Contemporary Freudian Center (New York)

Jonathan Koblenzer, M.D.
New York Psychoanalytic Society & Institute

Randall Paulsen, M.D.
Boston Psychoanalytic Society and Institute

Lisa Selin, Ph.D.
New Center for Psychoanalysis (Los Angeles)

Tribute to Homer Curtis

1917–2013

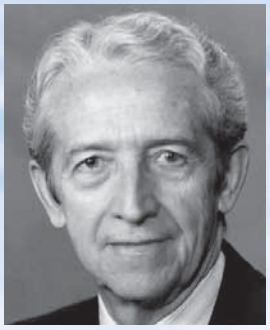
Ralph E. Fishkin

Homer Curtis, who died on June 3, 2013, at the age of 96, was an influential figure in the world of American psychoanalysis. He played a major role in the opening up of the Association to psychologists as the chair of BOPS (1982-1985) and then as president of APsaA (1988-1990). Characteristically, Curtis found a path, unrecognized by many others, that enabled him to recognize the worthiness of psychologists for training in combination with a commitment to excellence in psychoanalytic education in our institutes. Such a combination, he believed, would benefit APsaA and psychoanalysis in general. If he and his committee had been able to get the American Psychoanalytic Association to move administratively on implementation, the psychologists' lawsuit would not have occurred. Robert Wallerstein extensively documents Curtis's activities in this matter in his excellent book, *Lay Analysis. Life Inside the Controversy.*

Curtis was born and raised in Salt Lake City, the middle of five children in a Mormon family. He met and married Enid Ashton, his wife of almost 72 years, and together, they had seven children. He is survived by his wife, six of his children, 15 grandchildren, and 15 great-grandchildren. As a young man, he went on a Mormon mission to Germany just two years before the start of World War II. During the war, he served as a medical corpsman. He graduated from the University of Utah Medical School in 1944 and after a year of internal medicine residency, began his psychiatric training while a lieutenant in the Army Reserve. He completed his residency in psychiatry at the former Institute of Pennsylvania Hospital (1950), where he later became senior attending psychiatrist.

A colleague, Ira Brenner, recalled, "During one of the last days before the Institute (once one of the finest psychiatric hospitals in the nation) closed, I encountered him again in an empty corridor and saw that his eyes were red and full of tears. He said to me, 'I have been here for 50 years and I cannot believe this place is closing…' I felt very close to him at that painful moment and it made a deep and lasting impression upon me. I felt his warmth, humanity, and his very deep caring."

As an educator and supervisor, Curtis trained generations of clinicians and inspired many to become psychoanalysts. He was professor of psychiatry at Hahnemann Medical College (now part of Drexel University) and at the University of Pennsylvania, and he was a training and supervising analyst at the Philadelphia Association for Psychoanalysis (and its president from 1970 to 1972) and at the Psychoanalytic Center of Philadelphia (PCOP), following its merger with the Philadelphia Psychoanalytic Society. Curtis was the executive councilor from the Philadelphia Association from 1962-1973, and a councilor-at-large from 1973-1977. He held many other offices in Philadelphia and in APsaA. In 1990, along with others, Curtis founded the Russian American Education Exchange to advance the training and practice of psychoanalysis in Russia. Subsequently, he participated and chaired the American New Groups Committee of the International Psychoanalytical Association.



Homer Curtis

In contrast to some senior analysts who have been said to "eat their own offspring," Homer Curtis, as a senior colleague, was especially nurturing, facilitative, kindhearted, and appreciative. In his quiet grandfatherly way, he never said a personally critical word and was approving, warm, involved, energetic, and encouraging, particularly with respect to the reunification and subsequent development of the Psychoanalytic Center of Philadelphia, which meant a great deal to him, as did the future of psychoanalysis. Curtis had been a candidate when the split occurred, and, having an inherently practical nature, the illogic of the split In the Philadelphia Institute never made sense to him, especially as he knew, respected, and worked with analysts of both groups. He stated on many occasions that he never gave up hope that reunification would occur some day. In 2006, PCOP named him, along with William O'Brien and the late Leo Madow, as Wise Elders and dedicated a classroom in their honor.

Homer Curtis's speaking style could seem a bit stiff and sober at first, but his slow, deliberate delivery always allowed his meaning to be crystal clear and it set up the audience for his wry sense of humor with the well-timed jokes that he often used to illustrate his point. He had an encyclopedic knowledge of classical psychoanalytic ego psychology, but he was always receptive to new ideas. He was an excellent and revered teacher and a flexible and supportive supervisor. Curtis taught the ego psychology course at the Philadelphia Association for over 20 years, and other courses on subjects such as transference/countertransference, analyzability, terminal phase, and continuous case seminars.

Homer Curtis authored a number of articles over the course of his long career. Some topics included "The Concept of the Therapeutic Alliance" (1979), "Predicting the Outcomes of Psychotherapy" (with Lester Luborsky, 1982), "The Educational Prerequisites for Psychoanalytic Training" (1982), "Construction and Reconstruction" (1983), "Clinical Perspectives on Self Psychology" (1985), "Impasses in Psychotherapy" (1992), "Psychoanalytic Ecumenism, the Varieties of Psychoanalytic Experience" (1982), and numerous other presentations and papers.

Homer Curtis was short in height, but a giant in stature and accomplishment. He will be missed. APsaA

Ralph E. Fishkin, D.O., *is secretary of the American Psychoanalytic Association.*

APSAA
AMERICAN
PSYCHOANALYTIC
ASSOCIATION

309 East 49th Street
New York, New York 10017

NONPROFIT ORG.
US POSTAGE
PAID
ALBANY, NY
PERMIT #370