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Writing Alone in the Presence of Others

Billie A. Pivnick

IN ENDINGS, A BEGINNING

"Remember, Billie, you write your own story." I heard my dying grandmother telling me that I could be the master of my own destiny. I marveled at her wisdom. How could her *shtetl* upbringing have produced someone so modern? With her injunction nudging me forward, I decided that I, then a dance therapist, could become a doctor (of philosophy in clinical psychology). Only many years later did I realize that her words could be taken more literally. So taken had I been with her metaphor that I completely missed the obvious: I could write my own story.

There was a problem. I had always expressed myself through choral song and modern dance. These modes of expression required harmonizing with other voices, playing off others' energy, or moving in and out of the currents of group movement in choreographed fashion. I saw professional writing as something "other." I imagined that in using a singular voice to opine on controversial topics to an audience of relatively unknown people, I would feel too exposed to criticism. However, I had always kept a journal and I

knew how to write a competent academic paper, so I accepted the challenge.

Once I completed my training, started my own family, and began my private practice, I prepared to write by taking careful clinical process notes, but was certain anything I wrote would be so imperfect it would be rejected out of hand. I began cautiously by participating in online psychoanalytic colloquia. Those short encounters were extremely useful for learning to listen to the chorus of other voices and gauging the controversies in the field. I came away from those meetings with a desire to be as conversant with the written word as I once was with more embodied expression.

If I were to write a truly psychoanalytic paper, I would need to acquire greater skill. My dissertation had won an award from the Institute for Psychoanalytic Training and Research (IPTAR) for its contribution to psychoanalysis, but writing it was more about twisting statistics into plodding prose than about creating images that pranced off the page. The project I hoped to describe was my consultation to Thinc, the lead exhibition designer for the National September 11 Memorial and Museum. The firm wanted my help with memorializing and organizing in space and time the various narratives required to tell the story to a diverse audience of visitors, many of whom might still carry trauma from their experience of that day.

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The Canary in the Coal Mine, Part II

Flying the Coop

Bob Pyles

I recently attended the annual meeting of the Association of American Physicians and Surgeons in Denver. I was a little concerned about whether this would be worthwhile as this group has sometimes taken positions that are a bit too much to the right for my taste. To my surprise and relief, it turned out to be what may very well have been the best professional conference I have ever attended. Every speaker was intelligent, well informed, and thoughtful. Each one presented a unique point of view that was informative, creative, and thought provoking. Very few of the speakers or attendees were psychiatrists. Most were surgeons, general medical doctors, or emergency room physicians.

OMNIA PRO AEGROTO

Several messages came through. One was that they were unambivalently devoted to their patients and to providing quality medical care, living up to their motto *Omnia Pro Aegroto* (everything for the patient). Nearly all of them were entirely in private practice, accepting no insurance. Then they took it a step further, entering into private agreements with medical laboratories and pharmaceutical companies so they were able to offer patients medical tests and medications at nearly one-tenth of the cost that would have been the case under an insurance plan. Overhead costs were dramatically reduced (compared to a more common practice which accepts third-party payment or managed care) because there was no need to budget for administrative and bureaucratic costs imposed by insurers. This is critical because it debunks the myth of equating private practice with concierge medicine, only affordable by the wealthy patient.

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

For them, the doctor-patient relationship was central and paramount. For example, one internist in a rural area of Texas said that when any of her patients develop



Bob Pyles

cancer; she treats them at no cost. Another message that came through, over and over again, was the danger of centralized government control, which, in their view, drove up costs dramatically and drove down quality equally dramatically. They referred to it as "Soviet style" medicine. To a person, they all seemed exuberant about their independence and freedom, having left behind managed care practices to go entirely into private practice.

EUROPEAN UTOPIA

Another speaker reported on the experience of her husband's family with the Dutch medical system. Both his parents suffered strokes at different times and were hospitalized. Apparently the protocol in Holland is to allow elderly stroke victims three days to recover, and if they do not, the routine procedure is to treat them with morphine and starvation. I was familiar with some aspects of the Dutch system because of the analytic institutes there, which were initially pleased to have the government cover the cost of psychoanalytic training. However, once the government was firmly in control, it then refused to pay for either psychoanalytic training or psychoanalytic treatment, resulting in the Dutch group being reduced to a bare minimum.

I was very struck that these practitioners had come back to, and discovered, what we have never left. Once again, we are the canary in the coal mine, and other canaries seem to be flocking to the cause.

CONTRAST IN GROUP PROCESS

I also attended a meeting of their board of directors that was equally remarkable. They were struggling over whether to participate in an *amicus brief* about a matter in which they were almost equally and intensively divided. They were clearly anguished over the decision. The striking thing to me was the earnestness with which they stated their positions, but more dramatically, the consideration and even affection, they felt for each other. They felt strongly about not alienating and hurting each other, despite their differences. In the end, they decided they needed more time to process the issue so they could come to a unified decision that would not result in predictable splits and resignations.

At the conclusion of this topic, the president stated with deep emotion that he felt that he would have to look into his own heart to see in what way he might have contributed to the conflict, and in what way he might be able to bring about the healing of the group in the future. I thought, "Amazing, what he's talking about is being self-reflective!" And this was a surgeon.

These are people who are not specially trained or sophisticated psychologically, as we are and yet, instinctively, they seem to operate on a much more effective level in terms of group function than we do. What an embarrassing contrast to our own way of trying to deal with a divisive issue. Instead of being able to discuss the PPP proposal and the training analyst system, the BOPS leaders leapt to legalistic and adversarial positions. The first move was to establish a committee to determine in what ways the proposal was illegal, according to the rules of our Association and the IPA. The charge to the committee was to look into the *legality* of the PPP proposal rather than its substance.

The second move was to file a lawsuit. Unlike general medical doctors who treasure their relationships and common goals, we leapt immediately to a demonization of colleagues and ad hominem attacks.

When I was a candidate, there was a split in the Boston Institute and a new institute, PINE, was formed as a result. As candidates,

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Flying the Coop

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we were treated to the disturbing vision of our mentors (senior analysts) treating each other like enemies. I had to conclude that either psychoanalysis did not work or something else was going on. It was at that point that I studied Bion and the behavior of "Basic Assumption" groups.

So what are the underlying assumptions behind our current controversies? One seems to be that the mere discussion of an idea is destructive and must be avoided at all costs. Another is that any major alteration in the training analyst system would be tantamount to the destruction of psychoanalysis itself. This, in spite of the fact that two out of the three educational models in the IPA do not have a training analyst system, and those groups seem to be getting along quite nicely.

Yet, what is it that creates this mortal fear of any discussion of the core belief in the training analyst system? Many BOPS supporters seem to respond with annihilatory anxiety. Otto Kernberg pointed out that such deep anxieties suggest that these central belief systems really are religious in nature, rather than educational or analytic. Freud himself, in his article "Group Psychology," theorized about what would happen if the body of Christ were discovered unresurrected in his tomb. How would this challenge to the central belief of the Christian Church affect the organizational cohesiveness of that group?

REFLECTIONS ON THE JUDGE'S RULING

Judge Schlesinger, in her decision, cited our bylaws in arguing that BOPS has sole authority over educational matters, and owes no allegiance to the membership or to the Board of Directors. This strict interpretation of the bylaws cuts both ways. For example, the bylaws state that the only two areas of responsibility allotted to BOPS are the setting of standards and the carrying out of certification. In fact, BOPS has taken on many other areas of responsibility, most recently setting up outreach to help individual institutes restore effective functioning. In fact, according to the bylaws, none of these

things are technically the purview of BOPS. One could argue that there has been considerable "mission creep," as BOPS has steadily taken on activities that are not designated in the bylaws.

After many years of dealing with analytic organizations, I have come to feel that there is something about psychoanalysts that does not lend itself easily to well-functioning groups or organizations. When there are serious differences of opinion, analysts almost always jump to either a split or an ongoing civil war, as characterized by Douglas Kirsner in his landmark book, appropriately titled, *Unfree Associations*, describing splits in analytic organizations, including Boston.

What seems to be operating here is a kind of an organizational character disorder, which is defined by an unconscious and unrecognized value system that perceives any challenge as a threat to the survival of the group, as Kirsner describes. But the idea of being able to put aside one's own personal and narcissistic interests for the good of the group does not seem very common in analytic organizations.

One could reasonably ask why are communications from some BOPS supporters so filled with rage and so focused on personal attacks? For example, some BOPS supporters feel it is perfectly acceptable, and even admirable, to file a lawsuit against our Association, but it was a betrayal of the highest order for the Executive Committee to decide to appeal that lawsuit. I have chosen not to reply to these very personal attacks, but the best reply I have seen was made in a post by Paul Mosher. After discussing the legal issues in which he felt that an appeal was entirely justified, Paul said, "I hope that before swallowing the distortions in Dr. xxx's note, APsaA members will read the Sworn Affidavit submitted to the court by Dr. Pyles, APsaA's president, which lays out in painful detail the narrative of 'stonewalling' and serial rebuffs the attempts of the APsaA leadership received from the BOPS chair and secretary, which then led up to the Council action, and finally to the flinging in the membership's faces this lawsuit of the BOPS leaders and their five co-complainants" (reprinted with permission).

One could well wonder why such bitterness and divisiveness seem so characteristic of psychoanalytic groups. I have many thoughts about it but no real answer. One is that very few of our members have had extensive experience in group activities where one has to put aside one's own interest for the good of the whole. Secondly, although we are trained intensively in individual psychology, we have very little training in groups. And lastly, our profession is a solitary one and we operate mostly without feedback from our peers.

Such an intense value system would seem to be the result of 60 years of operating without oversight, checks and balances, or feedback from the membership and Board of Directors.

COMMON GOALS

In reviewing our 2011 practice survey, the message from our members is loud and clear: It is their primary wish for us to preserve private practice and their autonomy. Psychoanalysis and psychoanalytic practice can only survive and flourish in an atmosphere of truly "Free Associations."

The Litigation Committee of the Executive Committee has put forth a plan that Mark Smaller and I described previously. This is a four-pronged approach. The first is to file an appeal to the lawsuit, which has been done, and is expected to take between two to eight months to resolve. Again, let me reiterate that the legal costs of the original lawsuit and the appeal are covered by insurance. The second point is to follow Judge Schlesinger's recommendation that if we want to change our dysfunctional structure, which has crippled us for 20 plus years, we have to change the bylaws. This we are doing, and the results will be submitted for discussion and vote by the membership. Thirdly, Mark and I are engaging in discussions with the BOPS leaders, Lee Ascherman and Betsy Brett, hoping to deal with some of the issues, or at least tone down some of the rhetoric. And lastly, we want to continue to focus on practice and recruitment, which is the reason I have chosen to reflect on the meeting I described in the beginning of this column.

APSA

A Plan to Strengthen Our Institutes

Lee I. Ascherman and Elizabeth Brett

The Board on Professional Standards has begun a major initiative to support the health and vigor of our institutes.

Over the last several years, the co-chairs of the Committee on Institutes (COI) noticed that from time to time even some well-established institutes began to falter and experience difficulty functioning. The contributions to these difficulties varied; they might be the result of financial concerns, interpersonal acrimony and conflict, an inability to recruit candidates, faculty or training analysts, or an inability to sustain candidate training because of challenges with case finding. Sometimes these challenges have been short lived and followed by quick resolution of the difficulties. On other occasions, the challenges have been more prolonged. The most pressing issue facing our profession is how we will sustain ourselves and continue training psychoanalysts for the 21st century. If the practice of psychoanalysis is not sustained, important applications of psychoanalysis will, within a generation, lose their grounding in analytic theory and technique. We want to be clear, by referring to the practice of psychoanalysis we are not referring to any one theoretical perspective.

In response to this need, the COI began to collaborate with the Committee on New Training Facilities (CNTF) to provide intensive consultation to institutes temporarily experiencing such difficulties. Like new training facilities, these institutes face the challenge of establishing stable and viable organizations. The CNTF is uniquely positioned to offer help in such circumstances with its experience focusing on viability and its ability to offer ongoing consultation. In addition, in recent years the North American component of the IPA's Outreach Committee under the leadership of our former APsA president, Marvin Margolis, also began to provide consultation to some of our institutes who invited its involvement. Both resources have

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

led to tremendous turnaround at a number of sites.

NEW LARGER CLASSES REINVIGORATING FACULTY AND CANDIDATES

The aging of our profession and the changes in psychoanalytic career trajectories are significant contributors to this situation. The analysts who have been teaching and leading our institutes are aging. While this is a reality we all know, the continuity of institute life has a timeless sense because so many older analysts are still active. This is not just an American phenomenon. The IPA has also recognized aging as a key challenge to the future of psychoanalysis worldwide. Complicating the problem we face with aging is the fact that analytic career patterns have changed. In contrast with an older pattern of exclusive focus on psychoanalysis, many contemporary analysts have multiple professional identities and commitments. This affects the level of involvement of the analysts that we do have available.

Other complex forces impacting our profession include major economic and health care funding changes and vast cultural shifts emphasizing quick interventions and evidenced-based practice; evidence that is difficult for analysts to easily produce given our emphasis on privacy and a treatment culture that does not conform well to standardized protocols. Our presence in professional mental health training programs has diminished, with some notable exceptions that have proven successful. Other cultural and generational shifts contribute to expectations of more contained work commitments balanced with time for family and avocations and less emphasis on longitudinal commitments to those we treat. Significant student debt also dissuades some intimidated by the cost of analytic training and insecurity about future earnings. For some younger professionals looking for depth and longitudinal experiences with those we care for, a career in psychoanalysis remains an attractive alternative.

In order to deal with these changes and challenges to our institutes and professions, we have established the following resources for institutes:

1. Reenabling consultation from CNTF and promotion of liaison with former components of the IPA Committee on Outreach
2. Financial consultation
3. Leadership consultation for presidents of institutes and centers
4. Consultation on practice development
5. Reorganization of the Executive Council Chairs and Directors of Institutes Meeting to address challenges and demonstrated solutions
6. Collaboration with the Society Presidents Meeting
7. Website and social media consultation to enhance local outreach efforts
8. Regional training/long distance learning consultation modeled on successful regional child analytic programs
9. Exploration of scholarship opportunities for candidates and development of scholarships
10. Continued collaboration with ACPE, Inc. efforts to gain Department of Education recognition of analytic training programs

Institutes struggle for different reasons and likewise solve their problems in different ways. We have created this list of resources so that institutes can use the ones appropriate for their local situation. In recent years, several of our institutes have moved from a sense of endangerment to renewed optimism about their future reflected in significantly improved recruitment of quality candidates and improvement in the local practice environment. Some have used COI/CNTF consultation to turn the corner. Some have used the IPA Committee on Outreach resources. Others have relied on their own resourcefulness to turn the corner. We have the opportunity to learn from all of them, and the responsibility to share what works with colleagues. The Board on Professional Standards is committed to ensuring that institutes facing these challenges receive the resources they need for a better future. Only with attention to these issues will a healthy foundation for psychoanalysis in the U.S. be renewed. [APsA](#)

2014 APsaA National Meeting Highlights

January 14–19

Christine C. Kieffer

The Program Committee has been working hard to assemble a National Conference program in January 2014 that will offer some new and innovative offerings as well as continue to feature proven favorites.



Christine C. Kieffer

We come to experience five days of first-rate programs and earn some CMEs and CEUs, but, as always, many of us are drawn to the national conference year after year to deepen enduring ties to other psychoanalysts and to meet new friends and colleagues. And then, of course, there is the scintillating appeal of New York City.

The Preliminary Program is available online at http://apsa.org/Meetings/2014_National_Meeting.aspx and registration is still open. It is my pleasure to present you with some of the highlights of the upcoming program.

INTERNATIONAL SPEAKERS

First, I would like to call attention to the many psychoanalysts and those from other disciplines who are coming from all over the globe to participate in our meeting.

From Italy: Stefano Bolognini, who is president of the IPA, Jorge Canestri, Giuseppe Civitarese, and Francesco Gazzillo.

Germany: Marco Conci, Herdrun Jarass, Lisa Kallenbach, and Marianne Leutzinger-Bohleber.

Belgium: Mattias Desmet, Filip Gerardyn, Benedicte Lowych, Patrick Luytens, Reitske Meganck, and Jochem Willemson.

Christine C. Kieffer, Ph.D., ABPP, is faculty at the Chicago Institute for Psychoanalysis and Rush University Medical School and Medical Center in Chicago. She is in private practice in Chicago and Winnetka.

England: Peter Fonagy, Paul Robinson, and Stephen Grosz.

Other international participants are Anna Bentinck, The Netherlands; Beatriz de León de Bernardi, Uruguay; Anna Maria Hansjungen, Hungary; Guillermo Ruano Leiva, Honduras; Hanni Mann-Shalvi, Israel; Mark Solms, South Africa; and Virginia Ungar, Argentina. We are indeed fortunate to have opportunities to engage with and learn from these accomplished colleagues.

NEW DISCUSSION GROUPS

New programs, prominently marked in the Preliminary Program, are sure to arouse interest and stimulate discussion. There will be seven first-time Discussion Groups featured in January, including: "Enriching Adult Analytic Work by Child Supervision," organized by chairs, Carolyn Sehon and Virginia Ungar; "Treatment Resistance," chaired by Elizabeth Weinberg and Erik Plakun; "Parent Work in Child Psychoanalysis," chaired by Kerry Kelly and Jack Novick; "Outcome in Child and Adolescent Psychoanalysis," organized by Paul Holinger; "Freud as a Letter Writer," chaired by Henry Lothane; "Psychoanalytic Frontiers: Women's Work," organized by Adele Tutter; and "Joyce's *Ulysses* and Psychoanalysis," chaired by Steven S. Rolfe II.

Bonnie Litowitz, the Plenary speaker, has chosen a particularly thought provoking topic: "Coming to Terms with Intersubjectivity: Keeping Language in Mind." Congratulations to Litowitz once again as she takes over the reins from Steve Levy as the editor-in-chief of *JAPA*.

ONCE AND FUTURE PRESIDENTS

The Past, Current, and Future Presidential Forum, a new session in the afternoon Plenary time slot, will focus on "New Horizons in Psychoanalysis: Education, Practice, and Outreach." There will be a discussion of these endeavors by a panel of APsaA presidents,

past, present and future: Prudy Gourguechon, Warren Procci, Bob Pyles, and Mark Smaller. The presenters will stress the importance of a renewed commitment to public information, the concept of the psychoanalyst "citizen" in one's community and government, as well as the importance of engaging and recruiting individuals to our field from diverse groups.

This year, we are particularly fortunate to be hosting several symposia with artists from various disciplines: Colm Tóibín, a renowned novelist and literary critic, and Jean Strouse, a biographer and critic, will be coming to the University Forum to discuss Henry James's *Portrait of a Lady*. The forum will be chaired by Shelly Orgel, with participation by Lucy LaFarge. In another program, the work of Alison Bechdel, graphic novelist and memoirist, will be presented and discussed. Bechdel will be present to discuss her work, joining psychoanalyst Rebecca Chaplan, who will chair this event.

The Corporate and Organizational Consultation Committee Workshop will feature a topic of interest to all psychoanalysts, "Leadership and Negotiation." I believe this year's focus is of particular relevance since we all participate in leadership that often involves rather delicate group negotiations, on institute committees, while teaching in classrooms, and in other settings. Chairs will be Steven S. Rolfe and Thomas Hoffman, with a presentation by Kim Leary. This workshop will provide us with an opportunity to consider how one may integrate psychoanalytic principles with ideas from organizational psychology and social policy in serving as effective leaders.

The Presidential Symposium, chaired by Bob Pyles, will feature a recent book by Stephen Grosz, *The Examined Life*. Grosz is a psychoanalyst who has written a remarkable book that is quite accessible to the sophisticated lay reader, but will also resonate with clinicians.

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Grosz offers many narratives in his book that illustrate "how we lose ourselves and how we might find ourselves" through the process of treatment.

MEET-THE-AUTHORS, CLINICAL WORKSHOPS, AND SCIENTIFIC PAPERS

The Meet-the-Author event will feature three prominent psychoanalysts/authors who will examine evolving perspectives on the clinical practice of psychoanalysis, chaired by Henry Friedman. Stefano Bolognini will present an integrative perspective in his latest book, *Secret Passages: The Theory and Technique of Interpsychic Relations*. Mark Leffert will critically examine basic psychoanalytic concepts, offering perspectives featured in his new book, *The Therapeutic Situation in the 21st Century*. Jeremy Safran will describe the modifications in psychoanalytic practice in the past two decades, a perspective elucidated in his recent book, *Psychoanalysis and Psychoanalytic Therapies*. Henry Friedman will

help to facilitate a lively discussion among the authors and with the audience.

Of course, a cornerstone of our conference is the Two-Day Clinical Workshops. Due to popular demand, we have expanded the number of clinical workshops since, in the past, we regretfully have had to turn away people who have wanted to participate in these compelling and popular programs. This year we offer five clinical workshops that will focus upon adult treatment, both in psychoanalysis and psychotherapy: Irene Cairo will continue to offer her very well-subscribed clinical workshop, where Kay McDermott Long will present and Irma Brenman will be the featured discussant.

Nancy Chodorow will be chairing another Two-Day Clinical Workshop with distinguished analyst, Beatriz de León de Bernardi. Other Two-Day Clinical Workshops will include one chaired by Sharon Blum with presenter Glen Gabbard, another focusing upon psychotherapy process and technique,

chaired by Alan Pollack with presenter M. Carole Drago and discussant James Frosch, as well as a workshop chaired by Richard Zimmer that features discussant, Al Margulies. There will also be a Child and Adolescent Two-Day Clinical Workshop, that I will chair, with a clinical presentation by Gabriel Ruiz and featured discussant Steven Ablon.

Please do not overlook the array of eight scientific papers that will be presented at various times Friday and Saturday. There will be a paper on "The Analyst's Way of Being" by Richard Tuch, another by Paul Ornstein that challenges the notion of a "Negative Therapeutic Reaction," and one by Anna Ornstein with the compelling title, "Transforming Guilt into a Sense of Responsibility." Other papers include "Food For Thought: In Search of a Plausible Self" by Jeanne Harasemovitch, describing disturbances of the mind-body connection linked to eating and thought disorder, "The Forgotten

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Frenkel/AIG Psychoanalysts Professional Liability Program

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Meeting Highlights

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Unconscious: The Psychological Birth of the Couple" by Graciela Abelin-Sas Rose and Peter Mezan; and "Some Therapeutic Potentials of Language as Revealed through Poetry" by Jeanine Vivona.

Lastly, there will be two more scientific papers that will be offered on Saturday afternoon: "The Use of the Graphic Memoir: Illustrating Analytic Theory and Process in Alison Bechdel's *Fun Home* and *Are You My Mother?*" written by Michael Krass, and "The Changing Views of Three Psychoanalytic Cultures and

the Emerging, Surprising Common Ground" by Fred Busch. Each author is to be commended for his and her continued efforts of original psychoanalytic scholarship. You will see that some of the contributors in this venue are well established and highly esteemed members of the American Psychoanalytic Association, while there are also some newer voices among this group, authors who perhaps will one day join our ranks.


FOUR PANELS

Finally, no APsA program would be complete without its large panels and this year we have four panels we hope you will find

thought provoking. First, there will be a panel entitled, "Threat, Infant Attachment and the Terror of Not Being Known: Implications of very current attachment research for adult psychoanalysis." This program will be chaired by Alex Harrison, with Arietta Slade and Beatrice Beebe as presenters, and Steve Seligman as discussant.

Panel II will examine the meaning of "Dignity: Ordinary and Extraordinary, Personal and Social." The panelists will consider the meaning and the role of dignity, not only in its ethical dimension but also as a facet of individual and family development, in the clinical encounter, the larger therapeutic community and the larger setting of groups, organizations and nations. This groundbreaking program will be chaired by Susan Levine, with presenters Salman Akhtar, M. Gerard Fromm, and Donna Hicks.

Panel III will explore the theme of the cyber revolution and expanding nature of virtual identities. This panel will look at the nature of self-invention, its implications for development and interpersonal relationships, as well as the impact of emerging virtual realities upon the analytic frame. This intriguing panel will be chaired by Vera Camden, with presenters Phillip Freeman, Glen Gabbard, and Stephen Hartman.

The final panel of the meeting will address the question: "How Does Talking Cure?" in an attempt to facilitate a close examination of the mechanisms by which spoken language contributes to the aims of psychoanalytic treatment. This panel will be chaired by Jeanine Vivona, with presenters Adrienne Harris, Lewis Kirshner, and Don Spivak. There will be ample opportunity for audience discussion about this compelling topic. 



ENTER HALLIE
A new play by
Susan Quinn and Dan Jacobs

Staged reading & multi-media event
With a professional cast, led by
Jane Ives as Hallie

Hallie Flanagan was head of the Federal Theatre Project during the Great Depression. She put thousands of impoverished actors to work and stood up to the bullying of the House Un-American Activities Committee. Now, at age 59, she makes a desperate attempt to deal with the men in her life and with the price her success has cost her.

Susan Quinn is a noted biographer and her husband, Dan Jacobs, is a well-known psychoanalyst from Boston.

- Tickets \$100 each
- All proceeds benefit the Helen Meyers Traveling Woman Scholarship Fund
- Saturday, January 18, 2014
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74th Congress of Francophone Analysts

May 29–June 1, 2014

Montreal, Canada

Not only will this unique Congress of Francophone Analysts take place in Montreal, Quebec, but also simultaneous translation will open the world of French analysis to Anglophone participants and will greatly facilitate exchange across the linguistic divide. This is the first time that the highly regarded *Congrès des Psychanalystes de Langues Française* (CPLF) has reached out to an English-speaking audience. The aim is to further foster important links and communication between French and Anglo-Saxon psychoanalysis.

The theme of the Congress, "The Actual in Psychoanalysis," was suggested by Canadian psychoanalyst Dominique Scarfone of Montreal's vibrant French analytic society. The "actual" is meant as a clinical and theoretical dimension related to matters not yet symbolized, hence not yet subjected to mourning and integration into the time fabric of the subject's psyche. The actual is what presents itself in the actuality of the analysis and what has yet to be represented.

Two monographs will be at the center of the event, one by Scarfone and one by the French analytic couple, Sylvie Dreyfus-Asséo and Robert Asséo from the Paris Psychoanalytic Society. Scarfone's paper, "The Unpast: Actuality of the Unconscious," suggests that the actual, which began with Freud's "actual neuroses," plays a central role in the clinical analytic situation as well as in a contemporary theoretical formulation of psychoanalysis. The two French colleagues' monograph: "Mourning in Culture—The Actual 'bit by bit,'" is a theoretical and clinical contribution whose focus takes a historical turn. It deals with the dark years that rocked the world from the time of Hitler's rise to power until the first



few years following the occupation of France, which included the racial policies of the French government under Marshall Pétain (between 1939 and 1941). The two monographs are made available well in advance of the meeting for individual and group study.

Most of the Congress will be spent in plenary sessions, except for a half-day of simultaneous workshops in French and English as well as clinical workshops for candidates. The range of discussions and papers points to a rich and rewarding conference.

The Congress will take place at the downtown Bonaventure Hilton Hotel, adjacent to Old Montreal, the original 17th century settlement. Montreal is the second largest Francophone city in the world. As an important center of Quebec culture, its bilingual effervescence and European flavor is widely recognized. The city has many museums, festivals, beautiful public gardens, and a multi-ethnic cuisine.

In addition to a festive party planned for Saturday night, the organizing committee has its sights set on the launching of a new show by Quebec's own Cirque du Soleil, a company known internationally for its high quality of creative artistry and physical feats of amazing dexterity.

The Bonaventure Hilton Hotel has set aside a limited number of rooms at the special rate of \$199 (Can) with breakfast included for the Congress participants. In addition to Montreal, the province of Quebec offers unrivaled possibilities for sight-seeing; the best time to visit is late spring.

To register for the Congress contact the SPP: congress@spp.assoc.fr

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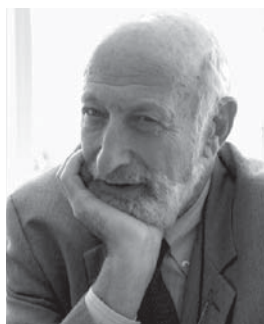
Freud Was Born Too Soon

50 Years Too Soon

Fred M. Sander

The declining influence of psychoanalytic thought and the decrease in the practice of psychoanalysis in our American cultural milieu is increasingly evident. The proximate causes of this decline are multiple and well known. Among them, the rising use of pharmaceutical agents and economic forces favoring short-term therapies.

In the following thought experiment, I shall add another less well appreciated cause resulting from the idiosyncratic nature of history. I shall argue that Sigmund Freud was born too soon—50 years too soon for psychoanalysis to become a viable field today, not only for individuals, but also for families and society generally. One would not think that Freud's birth in 1856 significantly shaped the trajectory of psychoanalysis. But in fact the scientific and cultural changes over the first half of the 20th century were such that had Freud been born in 1906, the trajectory of psychoanalysis might have been more practice friendly today.



Fred M. Sander

was widespread, Freud, to put it simply, discovered that hysterics suffered from repressed "reminiscences." At the start, the big question that Freud faced was whether these reminiscences were, as he first thought, due to traumatic events, or as he later came to write in 1897, these reminiscences were inextricably bound up with infantile sexual fantasies and conflicts. This eclipse of the seduction theory gave rise to ego psychology, which highlighted these intrapsychic conflicts and dominated psychoanalysis in the first two-thirds of the 20th century.

Fifty years more or less would have made little difference in the emergence of the Copernican and Darwinian revolutions that

The first sentence of Freud's *The Interpretation of Dreams* begins "In the pages to follow I shall bring forward proof that there is a psychological technique which makes it possible to interpret dreams..." This opening sentence to Freud's most well-known book reflects the zeitgeist of 19th century certainty. This declarative statement mirrored that certainty in the face of his founding a completely new science.

The question arises, are we calling psychoanalysis a "science" because it arose in a medical scientific context? Rather we may see Freud as a transitional figure with one foot in 19th century science and as a visionary who, 50 years later, was also seen as having contributed to a "hermeneutical discipline," with "a whole climate of opinion," in the 20th century. Though he himself was an atheist, he wrote with the certainty that paralleled later and now as well, the culture's belief in the existence of God and its faith in the certainty of science. Though science has provided us with undreamt of possibilities, faith in both religion and science are no longer certainties that we rely on for meaning in the 21st century. Our search for meaning remains in the light and shadows of the dialogue, or controversies, between scientific and religious thought.

When Freud found himself at the crossroads of his seduction theory and his theory of infantile sexuality he took the "less well traveled road" or the 19th century route searching for the "truth," which was either/or rather than both/and. The iconic couch became the microscope of the field even as it eventually expanded to a number of schools of psychoanalysis that, in their own way without acknowledging it, tried to revive an interpersonal trauma theory as, for example, self psychology. Though misrepresented as a one-person psychology the use of the couch further consolidated the intrapsychic, as distinct from the interpersonal focus of the seduction theory.

SEDUCTION THEORY REVISITED

From the start some of Freud's followers began directly or indirectly to challenge the exclusive intrapsychic model. Beginning with Ferenczi on to the more recent "relational"

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Fifty years more or less would have made little difference in the emergence of the Copernican and Darwinian revolutions that preceded the psychoanalytic revolution.

19TH CENTURY CERTAINTY

Born in the midst of 19th century positivistic science, Freud was influenced by psychologists and biologists such as Charcot, Bernheim, Janet, Meynert, Brucke, and Breuer, to name just a few. During this era when hysteria

preceded the psychoanalytic revolution. The discoveries of the earth revolving around the sun and our being descended from our cousin apes would have been discovered by later scientists, such as Galileo and Alfred Russell Wallace, already working in these fields. The psychoanalytic revolution, on the other hand, in the absence of Freud's unique genius, would not likely have occurred. Given his genetic makeup, his self-analysis and his having matured in the period of Newtonian physics, the discovery of psychoanalysis was, as Ellenberger and Makari have demonstrated, the synthesis of one man influenced by 19th century science and psychology.

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and Boston Change Group analysts, the exclusive use of interpretation was questioned as ideas such as Franz Alexander's "the corrective emotional experience" were introduced to treat psychic deficits as well as intrapsychic conflicts.

While intrapsychic conflict largely circumscribed by ego psychology was the predominant model in the first two-thirds of the 20th century, a sea change in physics (quantum mechanics) and, later, in biology (the discovery of the genome and the structure of DNA) occurred in the hard sciences. Einstein's theory of relativity (1906) and then Heisenberg's "principle of uncertainty" (1928) called into question the certainties of Newtonian physics. The seduction theory and the theory of intrapsychic factors depended on one's point of view just as quantum mechanics taught that whether a subatomic particle behaved as a particle or wave depended on one's point of view.

Had Freud been born 50 years later rather than being influenced by the biologists and psychologists of the 19th century, he might have seen that the seduction theory and the theory of infantile sexuality were not mutually exclusive. Depending on the method of inquiry, the study of an individual on the couch differs from the same individual observed within the family unit, subject to the unconscious conflicts of important others in the family. But, you may say, the unconscious had yet to be discovered.

I am postulating that Freud would still have found the role of unconscious mental life in the family, as he did earlier in his practice with patients like Dora and Little Hans. His self-analysis together with insights into patients and their families repeating conflicts within and across generations would have revealed to Freud, a broader scope for differing meanings in unconscious mental life and their treatment. To repeat, this would have led to an overarching theory of unconscious forces in everyday family life leading to indications for individual psychoanalyses of adults, child analyses, and seeing the collusive unconscious fit of couples and family members leading to analytic couple or family treatment.

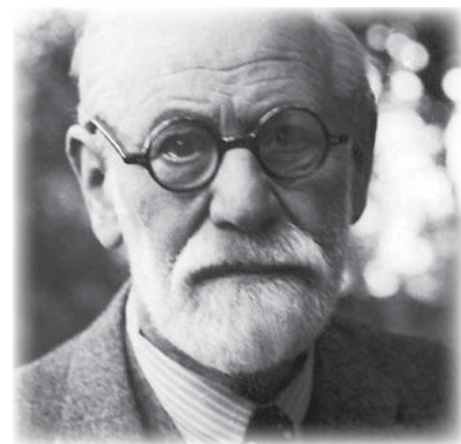
A comprehensive array of approaches to a much larger range of patients would have

resulted rather than the ever-decreasing number of individuals treated in orthodox psychoanalysis. Certainty in each of these separate spheres would have been illusory and helps explain why human conflicts (intrapsychic and interpersonal) were, as Freud put it, interminable as, for example, when children and spouses live out dissociated parts of a family member. Little surprise then that evidence-based objective findings remain elusive. For example, the results of individual therapy are ever limited by the impact of internal obstacles (e.g., an entrenched superego) and external family factors. As Freud put it in 1917, "the patient's closest relatives sometimes betray less interest in his recovery than in his remaining as he is." Freud, by 1916, was taking patients who were *sui juris*, that is, "persons not dependent on anyone else in the essential relations of their lives," hardly a realistic practice today.

AN ALTERNATIVE TRAJECTORY

Let us first ask, "What if Freud had not been born?" As I mentioned earlier the Copernican and Darwinian scientific revolutions were inevitable. Not so the Freudian, a not so scientific, revolution. It is highly unlikely that the systematic study of unconscious mental life would have evolved as it did over the past century without the genius of Freud at the intersection of his time and place in the history of psychology. Some fragments of an understanding of unconscious mental life would perhaps have emerged in the arts and humanities where unconscious mental life and creativity are so overlapping. Freud had already led the way in this sphere as early as his analysis of Wilhelm Jensen's novel *Gradiva*, in which dream interpretation was illustrated in a work of fiction.

In this thought experiment I am mainly changing one variable, Freud's birth in 1906 rather than in 1856. Born with the same genome, the same parents, an equivalent classical education, even without his confidant Wilhelm Fliess, there would have been some form of psychoanalysis. This would have been shaped not by the 19th century medical treatments of hysteria but rather informed by a quantum mechanical view of what is knowable and post-modernism's



view of the varied constructions of reality, both affirming the indeterminacy of objective reality. This perspective would have been consonant with the centrality of one of Freud's earliest discoveries, psychic reality.

I am imagining that after Freud's birth in 1906 his father, eager to improve his family's circumstances, as he did in 1859, would have moved them to Berlin rather than Vienna where Freud would have found himself in the same type of gymnasium as he had attended in Vienna. In other words, he had a classical education with exposure to Greek mythology and Renaissance literature with Oedipus and Hamlet no strangers to him. As Peter Gay stated in his 1988 biography, "In truth Freud could have developed his ideas in any city endowed with a first rate medical school and an educated public large enough and affluent enough to furnish him with patients."

The exclusive focus on the individual in medicine and psychiatry would have been the same as it has been throughout history. And yet Freud would have put forth his "seduction theory" as traumas in families have always existed. In other words, he would have begun as he did in the 1890s, noting the interpersonal determinants of symptoms and character traits. Interpersonal conflicts would have been seen as they were in the early days of psychoanalysis as internalized, repressed, only to return from the repressed unconscious in the form of neurotic conflicts. His main contribution would have been to help shift Kraepelinian psychiatry from its biological roots to a psychological plane. He would not have been alone in this endeavor as multiple schools of psychotherapy, depending mainly

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Further Reflections on Newtown

Introduction

Michael Slevin

When twenty young children and six adults were murdered in Newtown, Connecticut, I was again, as if it were new, shocked into awareness at the violence in our contemporary culture. Life is fragile and its end unpredictable. How, I wondered, do we help our patients absorb and integrate such an event?

When I was in my twenties, the war in Vietnam was brought into our homes each night with graphic footage on the evening news. That was the first marker of what is now the lightning fast disruption of our daily lives by news of that moment's crisis and trauma. The Boston Marathon bombing was one of the most recent markers. Violence is a magnet for the media.

When Congresswoman Gabby Gifford and members of her staff were shot in Arizona, I edited a special section in *TAP* (Spring/Summer 2011, 45/2) focused on some of the contributions of

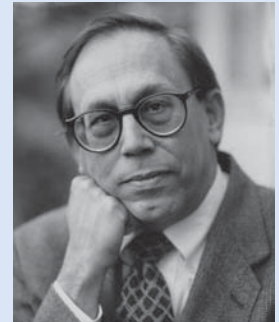
Michael Slevin, M.A., M.S.W., a former *TAP* editor, graduated as academic associate from the Baltimore Washington Institute for Psychoanalysis, where he completed the Adult Psychotherapy Training Program. He works at Jewish Community Services of Baltimore and has a private practice.

psychoanalysis—its theory and its institutions—to an understanding of the event. Leo Rangell pointed to a need for new theory.

Then the tragedy of Newtown hit. My thoughts turned to the consulting room. I asked Ana-Maria Rizzuto and Anne Adelman to think about what happens one-on-one in our daily practice. They have written two fine and very different articles.

Rizzuto speaks of how our psyches understand and absorb death. She writes of working with mourning parents, with special attention to the experiences and needs of those who believe in God. Hers is an ancient concern, to witness the unspeakable, with a contemporary twist. Adelman, on the other hand, through the lens of an adolescent patient responding to Newtown, speaks to the challenge of the immediate, unfiltered intrusion of deeply disruptive, confusing, and at times traumatic news into the lives of our patients, our children—ourselves.

Whether it is our patients facing the unspeakable new iteration of the age-old problem of the death of innocent children or the intrusion of trauma into the lives of our adolescent patients and ourselves, there is much that happens in the consulting room that is still unknown.



Michael Slevin

APSA

Confronting Unbearable Grief for Murdered Children

Ana-María Rizzuto

It was an ordinary day at Sandy Hook Elementary School. The children were learning, the teachers were teaching. Life was at its best in the simplicity of everyday classes guiding the small children one step further in the long journey ahead of them.

Then, in a brief and unthinkable moment, there were 20 small corpses and six adults dead. A frenetic shooter had wiped out their lives in less time than it takes to think about it.

The children's journey was not to be completed, their lives taken away. Their wounded, unresponsive bodies would never again stir with the natural excitement of a living child. Earlier in the morning when their parents took them to school, they were talking about their friends, their homework, their plans for the day, their little faces



Ana-María Rizzuto

smiling, questioning, engaged with the life of the moment. That is how the parents entrusted them to the school.

A few hours later the police brought the parents to recognize the children's lifeless bodies. The unfathomable silence of death stared at them from their sons' and daughters' completely unresponsive bodies, cold, and possessed by the horrifying rigor mortis announcing decay and final disappearance. The horror of death, in particular unexpected and senseless death, especially that of a defenseless and innocent child confronts and defies every resource of the psyche to face and grasp it.

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Growing Up in the Age of (Instant) Information

Anne Adelman



Anne Adelman

On December 14, 2012, a distraught young patient named Abigail arrived at my office in tears. Abigail's large eyes were red-rimmed and her hands were shaking. I had never seen her like this before. Tears pooled in her eyes and her fingers swiped awkwardly at the wetness on her cheeks, as she told me, "When I stepped out of the metro, I checked my phone, and this newsfeed popped up. All those children, I can't think about all those children!" She closed her eyes and folded her hands as if in prayer.

Busy seeing patients all day and with no access to the Internet, I had no idea what she was talking about. Before Abigail arrived, I had nothing on my mind but the flow of each session making up my day. It was from Abigail that I first learned the tragic news: Twenty children had been shot at close range at their school, along with six of their teachers. She said, "How could this happen? How could it be true? I don't know. I just can't think about it." I heard and felt her anguish in each word.

Abigail had come to see me after an early-release day at her high school. When she got off the train, she checked her phone to see if her boyfriend had texted her. She had not been looking for the news. As she told me about Newtown, she sobbed and sobbed.

These events occurred roughly three months into my work with Abigail. She was an exceptionally bright and articulate girl,

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extremely hardworking and also hard on herself. Her list of accomplishments and activities was significant. Her gaze was direct and friendly, but I could sense the ways in which she held herself back. I wondered whether she would begin to trust me enough to open up and let me get to know her.

Now, here we were together in the midst of a remarkable moment. As Abigail described to me what she had read on the newsfeed, I was aware of my thoughts scattering in wildly different directions. I felt the stirrings of an old familiar feeling. I suddenly had a vivid memory of the morning of 9/11. Standing in line at my neighborhood grocery store, I overheard a woman say in an oddly animated way, "Did you hear what just happened? A plane just flew into the World Trade Towers!" I looked at her, a young mother dressed in skinny jeans and flats, blow-dried and moisturized, and thought firmly, "You can't possibly know what you're talking about. I'm from New York. That could never happen." For a split second, my mind succeeded in pushing away the

information, although it was already seeping into another part of my mind, where I knew it must be true. Even as I denied the possibility of such a thing, I was already tuning in to the news and calling family members who lived in New York. Of course, like others, I couldn't get through.

A FIVE-SECOND DELAY

Sitting with Abigail after the Newtown shooting, trying to process the information I had just received, I was also acutely aware of my patient's distress unfolding in front of me. The on-the-spot reporting of the events that had reached her through a live newsfeed and the odd compression of time that



accompanied it had clearly denied her the ability to take in the news and process it. Her mind was reeling, unable to make sense of the images she had seen.

For those of us who treat teens, it seems that we are witnessing a new kind of global trauma. Today's adolescents are growing up in a world where information is delivered rapid-fire. The last decade has brought a plethora of new social media and technology that assures news is delivered fast, unfiltered, and ubiquitously. Such simultaneous, and often repetitious, newsfeeds deny the opportunity to adequately process and digest the information. How, then, do children make sense of the trauma they are exposed to? What sorts of defenses do they need to protect themselves from the steady onslaught of frightening, disturbing, and explicitly detailed news events?

How, then, do children make sense of the trauma they are exposed to?

Following the Boston Marathon bombings, the news announcers reassured the public that there was a "five-second delay" so anything "potentially disturbing" would not be aired. Five seconds? Potentially disturbing? How is it that the moment-to-moment police operations attempting to safely capture a dangerous and probably deeply disturbed terrorist could unfold in the middle of our living rooms while we were eating dinner or gathering as a family?

One consequence of instant feed media is that, when a devastating event takes place, we often have very little opportunity to talk to our children in the ways we might if we

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Unbearable Grief

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In 1915 Freud in *Thoughts for the Times on War and Death*, described:

our complete collapse when death has struck down someone whom we love—a parent or a partner in marriage, a brother or a sister, a child or a close friend. Our hopes, our desires and our pleasures lie in the grave with him, we will not be consoled, we will not fill the lost one's place.

Death and the dead person are not representable. We register the unresponsive dead body but cannot imagine a dead *person*, a dead *child*. The unconscious, Freud says, does not register death. It makes sense to me that is the case from the psychoanalytic point of view. The dead are more than their living bodies: They have become an essential and irradicable presence in our representational reality of affectively invested objects. They are part of ourselves as much as we are part of ourselves. Confronted now with their physical disappearance, we must find ways to reorganize ourselves and find a way of burying the body without losing the person.

GEOGRAPHY OF THE DEAD

The immediate presence of chaplains of all faiths in times of tragedy testifies that people need their presence, in spite of Freud's agnostic efforts to convince us that we must accept death as the natural part of life. It is not only a religious need that welcomes them: It is a psychical need as manifested in culturally varied beliefs about some type of afterlife. The deceased person that continues living in the bereft's mind must be located in a resting place. My work with mourning patients years

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ago taught me there is a "geography of the dead," a realm where the grieving may place at rest what still "lives" of the loved one whose body, whether in a cemetery or reduced to ashes, has lost all possibility of a much needed relatedness.

The simple fact is that no matter how much company or consolation we offer to a bereft parent s/he is alone in confronting the unbearable silence of the dead child. Each person begins the process of mourning from complex layers of actual and intrapsychic situations in relation to the lost child. The first issue is the anguished questions: Why was the child killed? Why my child? Did I protect him well enough? Did I love her as much as she needed? Did I do well by her? and other burning questions. The painful search for answers seeks witnesses to assist with the responses. Sooner or later, the questioning reaches, in those who believe, the divine being.

God, the personal god of each person, is called upon to witness and to answer for the divine participation in the tragedy, either to be blamed or to request assistance and fortitude.

...we must find ways to reorganize ourselves and find a way of burying the body without losing the person.

Neither the divine being nor the chaplains that represent God's presence can answer these deeply painful questions. Therapists have no answers either. All these helpers can do is to be there and to walk with the mourning person the meandering path of her or his process of making peace with the bodily absence of the dead child and the non-erasable life of the child in the parental psyche.

The child of the mind has to be mourned at many complex affective and factual levels: the state of love between parent and child at the moment of death, the lost joys, the reawakened guilt, the heartbreak of the lost dream for his future life, the sadness of never seeing her life developing to adulthood, the never to be conceived grandchildren and other regrets. The divinity too has to be confronted and the therapist is well advised to allow the person to walk the



uneasy path of facing the disruption of whatever relation the father or mother had with his or her personal god. The task is to witness the pain, the conflicts, the rage, the blaming, the disappointment, the longing for protection, the wish in the believer to entrust the psychic child to God, and many other similar issues. Our witnessing requires that we aid the person to achieve a critical and difficult reorganization of the life that was known until the tragic moment: to help each parent to find a resting place in relation to all involved, the child, the parent, the divinity, the bereft family, the community, and even the perpetrators.


MAINTAINING THERAPEUTIC NEUTRALITY

This mourning process calls for all the empathy and tact a therapist is capable of. Freud's recommendation of never imposing one's view stands firm in here. The therapist must enter the internal reality of the person with the profoundest respect, with true suspension of unbelief, and the disposition to go with the parent to any psychical reality that would allow her or him to find an internal space to be at peace with the dead child. Truly, a most difficult task.

When the criminal, senseless, and tragic death of many people, particularly the completely innocent children, confronts the community, it faces the unbearable loss of societal protection and experiences the protracted fear of the unexpected repetition of

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unpredictable murder. This condition could create phobic avoidances that cripple everyday life. The therapist faces here another issue not less difficult than the others that Freud clearly pointed out to all of us: Life offers no insurance against pain or death. We all must learn a measure of living dangerously without demanding absolute protection against the power of natural disaster or human destructiveness. Witnessing here calls for elaborating preexisting internal conflicts that add fear to potential dangers and a good amount of empathic and well-founded reality testing to help the person to return to the routines of daily life.

The hardest task in this double witnessing about internal processes and actual reality is the capacity to remain fully present to the bereft persons at the moments when their pain and the communal pain cut to the core of our own being because we too are grieving the dead children. Remaining psychically present to the parents during those excruciating moments offers the living witnessing they need to tolerate, elaborate, and integrate their own pain. 

Growing Up

Continued from page 13

had more time for reflection. Text, Twitter, Facebook, Instagram—the immediate delivery of unprocessed and raw, often violent and disturbing events reaches our children's ears and eyes before we can mediate and help them to process the information. It may be only after they have already heard the news that we are able to explain, try to answer their questions, offer reassurances. We may find ourselves pushed aside in our role as parents, comforting our children and soothing their fears long after the impact has occurred.

So, too, in our consulting rooms, we may at times feel isolated. Like with Abigail, people may arrive for their therapy sessions already distraught about news that the therapist may not have heard yet. Then, caught unawares, we must process our own alarm and fear alongside of our patients, simultaneously coping with their reactions and their grief.

Our experience in some ways parallels that of our patients. We do our best to slow it down, to metabolize our shock and horror in the face of events that leave us feeling helpless and confused.

Sitting in my office with Abigail, I recognized that my own agitation mirrored her experience of being rocked by the unexpected news she had heard. I gathered my thoughts and asked if she could put her own thoughts and feelings into words. What came next was poignant. Abigail began by talking about her horror at how alone and frightened the children must have felt, the horror at not seeing their parents or being able to be comforted by them. As she spoke, her thoughts, like mine, turned to her own memories of 9/11. While she was only five years old at the time, she remembered the feeling of confusion and aloneness. The feeling of safety and security she had was disrupted, her usual sense of order and routine shattered. Children were gathered up, brought to friends' houses, kept indoors. She remembered her mother crying, her father talking on the phone, coming home from work early, hushed conversations in worried tones. She later came to make sense of these impressions, but on this day, with the news of the shooting, what came to her were these earlier, tightly tangled knots of fear, unrest, and unsafety.


COLLECTIVE TRAUMA

It was striking that Abigail's thoughts had taken her to the exact place that mine had taken me, bringing home the power of the collective trauma we had all experienced more than a decade ago. The shattering events of 9/11, which also corresponded with rapid advances in technology that completely altered how news is delivered, changed the world for all of us, especially today's youth. It marked the beginning of a new era of terrorism in America. The unthinkable happened and caught us with our guard down, unready and profoundly vulnerable, making the threats that face our nation explicitly dire and direct.

In the last decade, terrorism has become a significant factor in our shared global awareness and vocabulary and has created a massive shift in our sense of ourselves as a nation.

No longer can we assume to be invulnerable, protected, or mighty. For those growing up in the shadows of 9/11, safety as a nation, the threat of war, confusion about the use of force and even deeper confusion about our principles as a nation have become rampant. The teens we see in our consulting rooms have memories of that September morning that are often stark in their simplicity. Awareness of parental distress, confusion about what had happened, and a sense of deep unrest are pervasive for many teens.

After the Newtown shootings, I noticed a dramatic shift in my sessions with Abigail. She talked to me now in a direct, deep, and meaningful way. It was as if we had gone through something together, something that united us and brought with it a deepened level of trust, born out of shared experience. It was not unlike the feeling of unity shared by many Americans in the aftermath of global catastrophes. I learned from her about the subtle pressures of her family life, about her feelings of insecurity and low self-esteem, and about an undercurrent of anxiety that rarely left her and often focused around her future. Was there hope for her, she wondered? How would she ever become independent in the face of her powerful wish for her parents' approval and protection and begin to feel secure in the world? Was there somewhere an island of safety to retreat to when she felt overwhelmed?

I wondered how these anxieties were honed and amplified by her experience, shared by so many adolescents, of growing up in a world where the layers of protection were thinner and more frayed than before—where the knowledge of real-world dangers continually assault her in an unfiltered way and commingle with an array of internal fears and threats. We may not yet know how such knowledge will seep into the internal landscapes of today's children and adolescents, but these are essential developmental issues that urgently need careful attention and reflection. 

Editor's Note:

The author disguised the clinical material to protect patient confidentiality.

Freud Was Born Too Soon

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on suggestion, i.e., support and guidance, would have flowered. Freud's further contribution in this second 50-year time frame would have been to understand why so many of these approaches, such as hypnosis, failed because of resistances and defenses. These concepts would have still found their place along with psychic reality and infantile sexuality in core psychoanalytic theory.

Freud's family would have experienced the same anti-Semitism his contemporaries had. By the time he completed medical training he would have made contact with some of the thinkers who were to become part of the Frankfurt School of Social Research (Adorno, Fromm, Horney, Horkheimer) who focused on social processes more than his mentors and colleagues in Vienna, for example in *The Authoritarian Personality*, the role of the father in German child rearing before WW II was explored.

No longer able to practice medicine as a Jew, after Hitler came to power, Freud fled Germany in 1938, which, as this narrative goes, is the same year he actually fled Vienna with the aid of his colleagues. However, in my reconstruction his aging parents would have passively remained in Germany devastated by the same fate of millions of other Jews who did not escape the Holocaust. In this context, I hypothesize that Freud, suffering from survivor guilt, would have begun his self-analysis (as he originally did after the death of his father in 1896) and without which psychoanalysis would probably not have been created.

His guilt resonated with the fates of Oedipus and Hamlet, tragic figures he had studied in the gymnasium and whose fates he was familiar with. Psychoanalysis shaped more by the influences of modern physics and post-modern literature would have led to a multifaceted, multilayered discipline, a truly broader general psychology. It would not have had the limitations caused by the replication and perpetuation of a century of orthodoxy in insulated training institutes, based, as they were, in 19th century Newtonian science.

APSA

From the Unconscious

Sheri Butler Hunt



Mali Mann is a training and supervising analyst at the San Francisco Center for Psychoanalysis (SFCP). She is also an associate supervisor in child and adolescent psychoanalysis at SFCP and is an adjunct professor in psychiatry and behavioral science at Stanford University Medical Center. We have featured one of her poems, titled "Mazandaran, Over the Ocean, Over the Mountain," in the past and are now pleased to publish another of her pieces. This one is titled, "When you come back, bring your potted flowers." She is a member of Pegasus Physicians at Stanford University, a forum for sharing poetry with other physician poets. Her new poem was screened by the Stadler Fellow and selected for a Pegasus poetry event at Stanford.

"When you come back, bring your potted flowers"

Your potted flowers on the porch whisper in the air;
if you come back, your flowers greet me at the door,
your paintings on the wall.

Speak to me of living days.
do not speak of cold graves, crying faces in the cemetery.
tell me how I promised not to be thin skinned,
how to feed children fruits of knowledge, wisdom and love.
speak one more time of breaking bread with hungry ones,
of human nature, the good that is not done.

The love that is forgotten yet now given, the wrong that is undone;
not getting lost in life's journey, not in here or anywhere.
tell me how to bear true love or suffering.
tell me how your life within me shows the way.
tell me how your courage is my wardrobe,
being here bare backed won't matter anymore.

When you return, reenter, dancing.
see the flowers, text books, pictures here to stay,
dusty books sit solemnly on the shelves.

When you come back, there won't be war; hearts together; hands holding, windows open.
death won't come, only when it is time to say goodbyes.
Talk to me once more of life, love and liberty,
Though not a privilege, but a responsibility.
If you come back, no! When you come back
bring your potted flowers to my dreams

—Mali Mann

Sheri Butler Hunt, M.D., is an adult training and consulting analyst and a child consulting 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.



Study Group on Supervision

Barbara Stimmel

The COPE Study Group on Supervision continues to pursue its mandate to think through issues inherent in the supervisory relationship and process, for supervisor and supervisee alike. Over the last two years we have focused on the opportunities brought about by the introduction of the Developmental Pathway and the potential for institutes to develop individually tailored programs that will enable interested graduate analysts to become supervising analysts. We will report here on four approaches we have taken to support supervision education and the development of supervising analysts: a survey of APsaA institutes' existing efforts to develop graduate analysts' supervisory skills; collaboration with the Committee on Institutes (COI) to define institute needs; creation and maintenance of a bibliography on supervision; and development of models for live, in-person learning.

FOCUSED STUDY FOLLOWED BY BROAD SURVEY

We did an initial informal study of 10 institutes from different parts of the country to learn whether they had programs for developing analytic supervisors. We followed this study with an unstructured survey of all APsaA institutes. We found that there is a wide range of approaches to the education of analytic supervisors. Some institutes have no formal program, others have programs with varying degrees of structured, ongoing exchange among graduate analysts. For example, for more than 20 years the Baltimore Washington Institute has had ongoing supervision study groups, in which its supervisors meet monthly. Their supervision groups are didactic and clinical in nature; all

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members present supervisory issues on a rotating basis. The Boston Psychoanalytic Society and Institute is another active center of supervision education, where it is approached in both group and individual settings. Other APsaA institutes are working on improved communication among analysts who share the goal of becoming supervising analysts, on methods for teaching supervisory skills, and on developing models for learning from peers. Our surveys made clear that there is a general need for design of educational programs for this central analytic training skill.

In order to ensure our efforts to meet the needs of APsaA institutes, we met with the COI at the 2013 National Meeting and established an ongoing collaboration that will permit interested institutes to inform us about their peer programs, educational curricula, and efforts to develop training in supervision. We hope to function as a resource and look forward to sharing with colleagues what others in the field are doing to advance supervision education.

CONTINUOUSLY UPDATED BIBLIOGRAPHY

Our COPE study group has changed membership over time and we have thereby had the benefit of a variety of voices from different areas of the country stimulating thought and creative planning of other possible ways to intersect with the larger analytic community. One of the discoveries we made in our unstructured survey of all institutes in the Association is the dearth of coursework offered to prospective supervising analysts and also to interested graduate analysts through continuing education. We decided to offer a first step toward establishing curricula through creating a well-vetted and continuously updated bibliography.

As we announced in May 2013, we have posted an extensive reading list on supervision on the APsaA website. It is a work-in-progress.

Culled from the literature, it is a list of articles having to do with many aspects of supervision: goals of supervision, education of supervisors, impact of theoretical/clinical orientation on supervision, and supervisees' perspectives, challenges, and controversies. The bibliography is organized in sections that we hope will orient users. Each paper is referenced with its abstract and has a critical evaluation by one of our study group members, and we update the list regularly. One of our members is acting as our web liaison (Sam Robertson at samrobertsonmd@gmail.com). He, as well as other members of the study group, will welcome your suggestions for other papers to be considered for inclusion.

PEER LEARNING

Our most recent approach to enhancing education in supervision involves design of live peer-learning opportunities. We are proposing a panel for the 2015 scientific program that would comprise a junior candidate, a senior candidate, and two supervising analysts. We expect a complex conversation to occur, one that is moderated and accepts questions from the audience, regarding the experience of supervision from both sides of the endeavor. We are also working to develop a model that will allow for interactive, live supervisions that we can "take on the road." This model could involve modern technology or actual travel on the part of supervisor-supervisee pairs. Finally, we continue to hold a Workshop on Supervision at each scientific meeting. It is very well attended and we are told it has been extremely useful to those who participate. For example, we have had supervisor-supervisee partners present, had candidates discuss their special perspectives on this critical aspect of their learning, arranged comparative discussions about supervision with colleagues from other countries, explored issues of confidentiality, and discussed the classic teach/treat dilemma.

We have more ideas that we expect to develop this coming year. As always, we look forward to hearing from members with ideas, suggestions, and expressions of interest in participating in this work.

COPE Study Group on Supervision members are Richard Fritsch, Robert Nover, Ingrid Pisetsky, Sam Robertson, and I am chair. [APSA](#)



PSYCHOTHERAPY'S IMAGE PROBLEM

On September 29, 2013, *The New York Times* published an opinion piece lamenting the underuse of psychotherapy in favor of psychotropic medication, "Psychotherapy's Image Problem" by Brandon A. Gaudiano, (<http://www.nytimes.com/2013/09/30/opinion/psychotherapys-image-problem.html>). The author stated that part of the problem resulted from the reluctance of psychotherapists to abandon "old-fashioned Freudian therapies." Four letters to the editor were published in response to this op-ed article, two written by members of APSaA.

WHICH TYPE OF THERAPY WORKS BEST?

Published: October 4, 2013

Brandon Gaudiano correctly depicts the contemporary mental health scene, where psychotherapy is devalued in contrast to medication management. Yet Dr. Gaudiano himself has to devalue what he calls "some old-fashioned Freudian therapies," despite the fact that both short-term and long-term

psychodynamic therapies have been demonstrated to be effective in certain conditions.

In fact, all modern therapies owe a great deal of their therapeutic impact to principles first articulated by Sigmund Freud, such as the importance of the therapist-patient relationship. Even medication management cannot be accomplished effectively without a powerful bond between doctor and patient. Without such a relationship, no treatment can be successful.

Leon Hoffman

New York, Oct. 1, 2013

The writer, a psychiatrist, is co-director of the Research Center of the New York Psychoanalytic Society and Institute

As a psychiatrist and psychoanalyst, I constantly compare the value and effectiveness of each type of treatment. While I agree with Brandon Gaudiano that Freudian excesses are part of the reason that psychotherapy is undervalued, I believe that the dichotomy is not medication or psychotherapy, but rather practitioners capable of

recognizing the value and contribution of each modality. My skill as a psychopharmacologist rests on my capacity to listen closely and carefully, rather than decide that a patient meets checklist criteria for a disorder and therefore gets a particular medication. I wish more psychoanalysts understood the value of biological psychiatry and that more psychopharmacologists understood the value of listening and talking. In the meantime, I have a very busy practice filled with patients willing to pay cash out-of-pocket who could not get their doctors or psychotherapists to consider both brain and mind.

Marcia Kaplan

Cincinnati, Sept. 30, 2013

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

Grosfeld Family Fund for Analysis

Deanna Holtzman

A momentous \$2.3 million gift has been pledged by the Grosfeld Family Fund to the Michigan Psychoanalytic Institute (MPI) to help patients—children, adolescents and adults—who would benefit from psychoanalysis but cannot afford it. To this end, the fund will disburse money each year for the next seven years to support analyses. The donor, James Grosfeld, stated the fund's mission:

We felt that it was a problem that many potential analysands cannot

have a full psychoanalytic experience with competent and experienced psychoanalysts because they cannot afford it. Our goal with the Grosfeld Family Fund for Psychoanalysis is to make it possible for these people to have the help they need. As a result of effective treatment, the quality of life for these individuals will be improved and they can be helped to reach their full potential. Their future contributions will enrich our entire community and allow us all to reap the positive benefits that psychoanalysis can produce.

To our knowledge this gift is unique and has never been available in any psychoanalytic institute in the world. This fund is a gift that will "keep on giving" for years to come as the recipients of these grants will in time undoubtedly make their own contributions to the welfare of their families and their communities.



Deanna Holtzman

Most of the eligible applicants with demonstrable financial need are now already in psychotherapy with a Michigan Psychoanalytic Institute graduate analyst in good standing.

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Deanna Holtzman, Ph.D., serves as the chair for academic programs and for the Grosfeld Family Fund for Psychoanalysis.

Mental Health Parity: Enforceable Right or Fantasy?

Graham L. Spruiell

John F. Kennedy first championed the notion of “parity” in addressing the right to equal pay for men and women. Though he did not discuss parity in relation to mental illness and developmental disabilities per se, he was nonetheless the first president to advocate for the civil rights of patients with mental illness and developmental disabilities.

During the 1960s, uninsured patients were largely boarded in state hospitals throughout the country, often without treatment and without proper supervision. In a message to Congress about the state of health care for the mentally ill, President Kennedy said, “This situation has been tolerated far too long. It has troubled our national conscience—but only as a problem unpleasant to mention, easy to postpone, and despairing of solution.”

Through passage of the Community Mental Health Act in 1963, President Kennedy affirmed the right of patients with mental illnesses and developmental disabilities to access effective treatments in their communities, closer to their families with the opportunity to become active participants in society. This milestone marked the first step in a legal conflict that has lasted 50 years.

Despite great hopes for deinstitutionalization that accompanied the advent of anti-psychotic medications, and the downsizing and closing of many state hospitals across the country, very few resources were redirected to community mental health centers.

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While some individuals were successfully treated as outpatients, many became homeless or died prematurely, victims both of their mental illnesses and of a criminal justice system that failed to address their treatment needs.



Graham L. Spruiell

1970s: ENTER MANAGED CARE

By the 1970s, access to mental health care had become more limited. Individual states did not provide adequate community services through Medicare, Medicaid, or the solicitation of charitable donations. This proliferation was spurred by the Health Maintenance Organization Act in 1973 and the Employee Retirement Income Security Act (ERISA) in 1974. These laws enabled employers to style and control access to employee health benefits by providing insulation from liability in the event of coverage denials or mismanagement. To dilute their risk still further, employers privately contracted with MCOs to insure and administer health benefits. MCOs restricted patient access to treatment in order to suppress costs, incentivize their employer-clients, and otherwise maintain profitability.

1980s: CONGRESS TAKES AN INTEREST

In the 1980s, societal problems with homelessness and the incarceration of patients with mental illness continued to rise. Patients who were denied treatment became increasingly disgruntled with managed care and gradually began voicing their dissatisfaction.

Responding to public outcries by patients, clinicians, consumer groups, and professional associations, Senators Pete Domenici and John Danforth introduced the Equitable Care for Severe Mental Illness Act in 1992, which required insurers to “provide for the treatment of severe mental illnesses in a manner that is equitable and commensurate with that provided for other major physical illnesses.”

1990s: CONGRESS TAKES ACTION

The bill did not pass but was reintroduced again by Senators Pete Domenici and Paul Wellstone as the Equitable Health Care for Severe Mental Illnesses Act in 1995 and signed into law by President Bill Clinton on September 26, 1996. It mandated that “partial parity with annual and lifetime dollar limits in coverage for mental health treatment under group health plans offering mental health coverage be no less than that of physical illness.” Congressman Pete Stark unsuccessfully attempted to amend this bill by requiring group health plans to provide for parity of coverage for all conditions listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*.

MCOs found ways to skirt the intent of this law by requiring higher co-pays and deductibles, limits on the number of outpatient visits, and limits on the number of reimbursable hospital days. Historically, MCOs offering mental health benefits have balked at authorizing outpatient treatment on the basis of “medical necessity.” More recently they have also decried the alleged “lack” of an “evidence base” for certain techniques and procedures as a rationale to deny treatment. MCOs have similarly declined to authorize *inpatient* care unless patients have been determined to be an acute risk to themselves or others, leaving those at the fringe to settle for less than adequate levels of outpatient care. These obstacles to access were widely regarded as more stringent than those placed on medical benefits, demonstrating that insurers were biased in favor of non-mental health coverage.

In 1999, through executive order, President Clinton implemented “full parity” for mental health benefits and health plans offered

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Mental Health Parity

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under the Federal Employees Health Benefits Program (FEHBP). The FEHBP requires health care plans to cover treatment for all categories of mental illness listed in the DSM-IV. Unfortunately this mandate was actually limited in scope and difficult to enforce.

2000s: AWAITING THE FINAL RULE

Full parity legislation was introduced in subsequent Congresses but failed to gain passage, but in 2007, Senator Domenici introduced the Mental Health Parity Act in the Senate while Representative Patrick J. Kennedy sponsored the House version of the bill. A compromise bill, known as the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) was passed and signed into law by President George W. Bush. This law requires private and non-federal governmental group health plans (with more than 50 employees) that choose to offer mental health and/or substance abuse benefits to do so in parity with medical/surgical benefits. Although MHPAEA does not require the large self-funded group plans that insure most Americans to offer mental health or substance abuse benefits, the Affordable Care Act will include "essential health benefits" comprising mental health coverage subject to MHPAEA.

Five years have passed since passage of MHPAEA, but a final rule implementing the law has yet to be issued by the federal agencies tasked with this responsibility. Despite an interim final rule that clearly prohibits more stringent management of mental health care than medical/surgical benefits, MCOs and insurers continue to circumvent the law by relying on self-serving interpretations of MHPAEA that are contrary to the intent of Congress. Many advocates for patients suffering from mental illness agree that "medical management" techniques designed to limit access to treatment, violate the civil rights of patients.

Congressman Patrick Kennedy convened a forum of experts in Boston in October 2013 to discuss issues of parity. This forum marked the fifth anniversary of MHPAEA's passage and the 50th anniversary of the signing of the Community Mental Health Act by John F. Kennedy. In tribute to these achievements, Patrick Kennedy has called upon the Obama administration to issue a final parity rule, as promised, to further define the civil rights of patients with mental illness, developmental disabilities, and substance abuse disorders.


Congressman Kennedy said, "We can't wait another moment for the final rule on this law, which helps to remove the arbitrary distinctions between the brain and the body it resides in when it comes to health care," citing research that mental health parity will improve outcomes while reducing costs. He added, "With the Affordable Care Act taking effect,



a generation of veterans returning home, many struggling from brain injuries sustained in combat, a suicide epidemic, and far too frequent gun violence, we have an urgent need and a tremendous opportunity to finally achieve mental health parity and eliminate the discrimination experienced by people with mental illness."

BENDAT V. GOLIATH

Fortunately, Congressman Kennedy is not alone in his bid to reduce the stigma of mental illness and to extend coverage to anyone seeking treatment. Meiram Bendat, a psychotherapist, psychoanalytic candidate, and attorney member of APsA, founded Psych-Appeal, which is the first and only private mental health advocacy firm in the United States devoted exclusively to safeguarding parity and due process rights of patients. Since 2011, Bendat has filed two class action suits against UnitedHealth Group and its subsidiaries, UnitedHealthcare and United Behavioral Health, on behalf of patients and their treating clinicians to compel insurer compliance with MHPAEA, corresponding state parity, and due process rights. He has also championed external appeals, informed by ERISA and the Affordable Care Act, to overturn inexcusable insurer denials of urgent treatments.

Impact litigation, which includes cases of substantial precedence, offers great promise for patients and clinicians alike, but it is a lengthy process involving public reform campaigns and attitudinal shifts about mental illness. In anticipation of imminent court rulings and release of the final rule, Bendat will keep APsA members apprised of developments while continuing to advocate that parity should not be simply a fantasy, but rather an enforceable right. 


Grosfeld Family Fund

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Patients in an existing analysis are not eligible for this fund. The fund is not available for candidate analyses or for control analyses. As MPI received more requests than could be accommodated, a fair and transparent lottery was held to determine which applicants would be selected. MPI keeps a list of applicants not selected who will be considered when and if places become available. The process will be completely confidential.

"In this world of ours, efforts that help to reduce emotional problems, symptoms, and other difficulties need to be celebrated,"

said David Dietrich, president of MPI. "The Grosfeld Family Fund for Psychoanalysis is an extremely generous gift that will provide for powerfully beneficial clinical analyses for many individuals and will significantly reduce human suffering. We deeply appreciate this groundbreaking gift from the Grosfeld family to support psychoanalytic treatment. We are grateful for their vision and financial support for patients who cannot afford psychoanalysis. We hope that this gift will inspire other benefactors in Michigan and throughout the United States to establish similar funds."

There are currently eighteen analyses of four or five times a week that are under way. 

New Protections for Patient Confidentiality and Independent Review in D.C.

Barry J. Landau

I am pleased to announce exciting news about developments in the District of Columbia, regarding protections for the confidentiality of patients in mental health treatment and their right to a fair, professionally competent (external) independent peer review when they appeal denials of their claims for insurance reimbursement.

These landmark achievements were put into law as part of new amendments to the D.C. Patient's Bill of Rights Law. These amendments were developed by the D.C. Ombudsman's Advisory Council (DCOAC) and its Clinical Subcommittee, of which APsA member Danille Drake and I are members. It was in our capacity as members of the DCOAC that we were able to contribute to this law as it pertains to patients in mental health treatment.

PERCEIVED HOSTILITY

As is widely known, mental health professionals are deeply concerned about intrusions by insurance company claims reviewers that threaten the confidentiality of psychotherapeutic treatments. In addition, colleagues repeatedly report experiences in which psychodynamic psychotherapy and psychoanalysis are reviewed by individuals who seem not to understand the basic concepts of these treatments and appear to be hostile to the very idea of in-depth, psychotherapy.

We made a series of recommendations that pertain to these problems. Our recommendations were accepted into the final

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proposed amendments to the Patient's Bill of Rights Law. These amendments were then passed by the D.C. Council, signed by the mayor and then approved by Congress. (All laws passed in D.C. must also be approved by Congress.)

These amendments provide a more appropriate pathway for appeal when an insurance company denies authorization for reimbursement of treatment expenses. The insurance companies are required to follow the appeals process described below.

Among the many excellent points in this legislation are the following:

1. The protections by the Mental Health Information Act of DC (1978, 1979) (MHIA) were reaffirmed specifically in this newly passed law. The MHIA is well known to be an excellent law protecting patient confidentiality by limiting the type of information that may be disclosed to an insurance company for routine claims review with patient authorization. The MHIA also stipulates that a confidential independent review by a mental health professional could be requested if more information than the MHIA permits for routine claims review was needed to approve a claim.
2. The amendments include a statement that if during a review of the claim by the insurance company, either the patient and/or psychotherapist consider that the questions being asked by the insurance company are posing unacceptable confidentiality issues, then the review by the insurance company stops and the case is referred for external, independent review. ("External review" means a review that is conducted outside the insurance company's domain; reviews conducted by the insurance company are called "internal reviews.")
3. Further safeguards were written into the law regarding the external review.
 - The confidentiality of the external review must be at the same, or stricter, level of confidentiality as is required for the treatment that is to be reviewed.
 - The external reviewers must be true peers of the therapist whose work is being reviewed; that is, the external reviewers must have equal or greater training and experience in the specific form of treatment being reviewed as does the therapist whose work is being reviewed.
 - Also, the external reviewer is not permitted to have any relationship with the insurer or its subsidiaries that could create a conflict of interest.

A MODEL FOR THE NATION

This new law at the present time applies to treatments conducted in the District of Columbia, except for those that are based on national governmental insurance programs, such as Medicare, military health insurance plans, and federal employee plans. However, D.C. has a tradition of model legislation, particularly in regard to patient confidentiality, which has been a standard for the nation. For example, the American Psychiatric Association adopted the standards as set forth in the D.C.'s MHIA (referred to above) for the APA Minimum Necessary Guidelines, which were created to help psychiatrists use the HIPAA Privacy Rule to protect patient confidentiality.

In turn, the APA Minimum Necessary Guidelines were cited as a possible national model for patient confidentiality when the United States Department of Health and Human Services commissioned a study to determine the kinds of information that might be shared between psychotherapists and managed care organizations under the HIPAA privacy rule.

Further, in the Surgeon General's 1999 Statement on Mental Health, the New Jersey Confidentiality Statute for patients of psychologists, a virtual clone of the D.C. MHIA, was specifically recommended as a model for the nation.

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Taking a Psychodynamic Approach to Working with Older People

Douglas W. Lane

In 2010, I was very pleased to be selected for the initial class of the American Psychoanalytic Association's Psychoanalytic and Psychodynamic Teachers' Academy, a one-year professional development and mentoring program for psychology, psychiatry, and social work faculty to develop expertise in psychoanalytic and psychodynamic teaching and course development. This article reflects some of how I grew as a teacher and therapist from my work with the Academy.

The chief of the Geriatrics and Extended Care Service at my facility, the VA Puget Sound Healthcare System, describes geriatric medicine as a discipline whose art is managing complexity. As geriatric mental health professionals we, too, routinely wade into cases featuring interrelated psychological and neuropsychological issues, medical and pharmacological concerns, and complex psychosocial factors, all embedded in a historical context that usually predates us.



Douglas W. Lane

complexity of the case and choose the best intervention.

Our field resists thinking about older adults through a psychodynamic lens. Many readers may recall

that in 1905 Sigmund Freud expressed his view that older adults did not make good patients for psychoanalysis. Specifically, he considered anyone over the age of 50 as having lost "the elasticity of the mental processes on which treatment depends...old people are not educatable." While decades of research, clinical work, and theoretical evolution have proven him soundly wrong, barriers to working with older adults from a psychodynamic perspective remain.

...in 1905 Sigmund Freud expressed his view that older adults did not make good patients for psychoanalysis.

Moreover, in some cases we face the added challenge of interpreting and ameliorating psychological distress in individuals who cannot even speak for themselves, those with advanced dementias.

Given this, I have increasingly come to see the value of integrating a psychodynamic understanding and approach into my work. Using contemporary psychodynamic approaches, alongside cognitive behavioral therapy, behavioral analysis, and family systems theories, allow me to best capture the

In 2005, Jolyn Wagner identified persistent ageist assumptions in the field that discourage taking a psychodynamic approach to older adults. These are that older adults develop psychic rigidity, lose their sense of investment in the future, develop an excessive attachment to the past, and undergo a weakening of life-fulfilling drive. Wagner also described the way in which such assumptions, based as they are on linear, stage models of lifespan development, become reified into unquestioned truths.

As an antidote, she cited the work of Susan Coates who advised us to conceptualize human development instead "in the context of multiple transactions between self and other across different domains with consequences that cannot be predicted a priori."

Finally, and perhaps most importantly, Wagner alluded to the unique, and sometimes daunting, countertransference issues that can arise in working with older adults. When we work from the dynamic stance which holds that fundamental human wishes, needs, and fears do not stop at a certain age, we work with the patient's transference. In turn, this can lead to powerful countertransference and our own conflicts over aging.

FOCUSING ON OBJECT RELATIONS

When we are asked to provide assistance for individuals with dementia, including those in advanced stages, we rely heavily on the treatment team. Team members look to us for insight into what might lie behind challenging behavioral issues and what strategies might help reduce them. We often employ the "ABC" method of behavioral analysis here (antecedent-behavior-consequence) and for good reason. I think it can be helpful to add our psychodynamic understanding, though, because it allows us to develop a deeper appreciation of the subjective emotional experience of dementia. This dynamic insight is helpful to other staff in truly understanding the needs of the person with dementia.

In an inpatient environment, I find that a focus on object relations is especially useful. I am using the term "object relations" to refer to our need for seminal emotional connectedness with others, and how this need is met in increasingly complex and interactive ways as we develop. Indeed, neuroscientists have confirmed that human attachment is a fundamental survival mechanism that functions throughout the life span. Such relationships give us our sense of presence and identity, and facilitate the growth and maintenance of our abilities to cope with the internal and external demands of our world. In other words, humanization is an ongoing, reciprocal process. Not surprisingly, the human brain itself has evolved to exist and thrive in a social context. We possess complex, multimodal neural networks dedicated to social cognition, "mirror neurons" being just one example.

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Douglas W. Lane, Ph.D., ABPP, works in the Geriatrics and Extended Care Service of the VA Puget Sound Healthcare System in Tacoma, Washington.

This powerful need for safe relationships can remain intact for a long time, long after the higher cognition that once facilitated attachment behavior has crumbled under the weight of neurofibrillary plaques, Lewy bodies, cerebrovascular insults, and other neuropathologies. The great risk is inadvertent interpersonal and emotional abandonment of individuals with dementia by others, which has been shown to lead to premature decay. In particular, Thomas Kitwood has written extensively about the therapeutic milieu (or lack thereof) in long-term care units, and specific interpersonal strategies that staff can use on a day-by-day basis to reach out to people with dementia and try to keep them attached. Caregivers can become new “self-objects,” almost “ego prostheses.” Thus, how we interact with the person with dementia can provide support to structure their experience, including that of themselves.

of continued relevance and dignity based in what he could do for us. In one of his notes he wrote (syntax/spelling corrected), “I have done everything I can think of to get more attention for dementia of all sorts. Please now give me a chance to learn all I can about this disease. My spelling and other crazy things are happening to make this far more difficult than necessary.” I used to tell him that by helping me understand his experiences with dementia he was, in turn, helping me help other caregivers do the same. In a way, he was a teacher and I was his student. My effort was to validate and support his continued sense of purpose and value for as long as possible, a palliative approach.



This powerful need for safe relationships can remain intact for a long time, long after the higher cognition that once facilitated attachment behavior has crumbled under the weight of neurofibrillary plaques, Lewy bodies, cerebrovascular insults, and other neuropathologies.

Wagner’s work on not reifying ageist assumptions brings to mind examples from my own caseload in which the very human drives for connection, safety, purpose, and resolution exert themselves, even in those with advanced dementia. The first case is that of a gentleman I worked with for many months, a resident of our dementia care unit. He regularly wrote notes, as best he could given his aphasia, and forwarded them to me through the nursing staff. They chronicled his experiences with his illness. His family has given me permission to use the quotes that follow.

CASE 1: FEAR OF BECOMING A MONSTER

In the early months of our work, this patient was focused on being a spokesman for what he and his fellow residents were enduring. He found meaning in this, a sense

One of his greatest fears about having dementia was that it would ultimately lead him to be a “monster,” a frightening shell of his former self. Because of his aphasia he had trouble expressing himself at times, especially when upset. In moments of frustration he would become agitated and shout. Some staff did not know how to react to this and would instinctively disengage and move away.

After one of these incidents he wrote to me (syntax/spelling corrected), “One of the saddest things about this malady is when I speak up. When people are around everyone runs when I raise my voice or move too quick. This is really sad for me and those around me.” Confirmation of his sense of himself as devolving into a monster was coming inadvertently through interactions with those around him. My understanding of his

fear that he was losing the capacity to inhibit his anger allowed me to help the staff realize that the best way to calm him down was to engage him, because when they moved away they inadvertently confirmed his fear that he would let out the monster in him.

CASE 2: TRANSITIONAL OBJECT

My second example is a gentleman I met a few times, when he was admitted for a brief respite stay. I also met with his wife briefly at that time. A year later, he was readmitted for long-term care. Not long after the long-term care admission his beloved wife died. It soon became evident that he was very attached to me, to a degree that was beyond what our prior time together seemed to warrant. He regularly reminded me (and himself) that I had known his wife. Viewed through the lens of object relations, my prior experience with him and his wife, allowed me to serve as a “transitional object” for him, which facilitated my efforts to help him adjust to being on the unit again.

There are many ways in which psychodynamic ideas can be applied in working with older adults. Old age is known to be a time of great complexity, but the elderly also have many resources. Working with them from a psychodynamic perspective can be an invigorating challenge for us. I hope more of us will join the effort.



Editor’s Note: To learn about the Teachers’ Academy, please visit www.apsa.org/teachersacademy.

Unleashed Potential

Peter Ruderman

So maybe this is where it all started, I'm not sure. I realized my practice was stumbling a bit. Could be the global economic downturn, could be the national psychoanalysis



Peter Ruderman

downturn. Didn't know, really didn't want to care. What I knew was that I needed a change, some kind of internal kick in the pants to get me restarted. I began searching for the answer. Days turned into sleepless weeks. I became a bit desperate, at times; I even turned to the Internet *Openline* for direction. No luck. I figured if I looked long enough, something would give, some direction would show itself.

It seemed so simple, so basic, that was the brilliance of it.

In one word the answer was dogs. That's right my friends, dogs.

I was right. I don't know how it happened. Maybe it was an epiphany. I knew it once I thought it. It seemed so simple, so basic, that was the brilliance of it. In one word the answer was dogs. That's right my friends, dogs. Open your practice; open your doors to dogs. Currently, I see a Border (not borderline) Terrier in supervision, a German Shepherd in once a week psychotherapy, and a Standard Poodle in standard psychoanalysis (four sessions a week, on the couch.) All, by the way, at full fee. I realize some readers might not think this is really psychoanalysis. Those readers are too dogmatic.

Peter Ruderman, M.S.W., is a training and supervising analyst with the St. Louis Psychoanalytic Institute. In his free time he enjoys studying humor.

As I interpret the barks and whimpers it becomes apparent more referrals are on the way. For the purpose of this paper names of the particular dogs have been withheld to protect the confidential nature of the work.



G.S.

This is a paper on psychoanalysis, so I need to insert the obligatory reference to Freud. Freud liked dogs. That's it, all done. Treating dogs does present some problems. Talk about diversity. Each breed brings unique challenges. The German Shepherd is my most challenging patient. Weekly, he lumbers into the office and lies down, usually on my feet. For the entire hour, I sit, motionless. Simply stated, the dog terrifies me. Part of my fear has to do

Medication might make his presumed aggression more manageable to me at least. It took me some time to appreciate my wish for medicating the dog had to do more with an experience of mine than the dog's. When I was eight, I had been bitten by a German Shepherd. I had repressed this experience throughout my own analysis. I now wanted to medicate my own projected hostility. I knew this was influencing my treatment of the Shepherd so I had to reenter my own analysis. With this piece of countertransference cleaned up, I have been able to work more attuned with the Shepherd.

S.P.

The Standard Poodle is generally a joy to work with. Typically, he comes in and lies down, all very passively. He possesses unique olfactory sensitivity. Recently, he started smelling everything in the office. It took a little bit of time to sniff out his sense of scent had to do with his realization that I treat other dogs. This has opened the work up to a previously unexplored area regarding members of his litter. Many a session has been devoted to discussing his relationship with a female litter mate.

Noteworthy, our Tuesday sessions occur immediately after my lunch. The majority of that session consisted of the dog sitting on my lap licking me in hopes of recovering any morsels of the sandwich I have just consumed. This introduces the sensitive area of boundary violations. Many early psychoanalysts have written extensively against the idea

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with the fact that lying on my feet is a 130-pound dog that bears a striking resemblance to Mike Tyson in his prime. That is, 130 pounds of pure muscle. Additionally, I have been informed that this is an attack dog, and that there is a one-word password that will turn him into an analyst killer. I have been reluctant to ask what that password might be for obvious reasons. I sit there trembling inside that I may inadvertently verbalize the one word that will turn me into canine lunch. It would take a medical examiner with my dental records to identify the remains. I still wonder if he doesn't eat copies of *Modern Dog* magazine while in the waiting room. This is not the optimal psychological space to operate from while treating a dog.

As we had moved into the middle phase I was beginning to think the dog needed medication. The use and effectiveness of medication in this area is very controversial.

Foundation Year-End Wrap Up

Grant-Worthy Projects in Various Guises

Linda R. Benson



Worthy grant proposals come in different guises. The American Psychoanalytic Foundation (APF) Committee wrapped up its fiscal year on August 31, awarding \$25,500 in grants to support seven worthy, psychoanalytically oriented projects. One of these grants honors past accomplishments by supporting publication of a culinary biography that showcases larger-than-life personalities from the formative years of psychoanalysis. A second recognizes current economic and emotional challenges to vulnerable high school students living on Chicago's South Side as they wrestle with a transitioning educational community. A third will help a psychoanalytic institute expand its website, enabling it to archive and secure its educational materials in cyberspace so they are available to present and future generations. The common element? They each support and enrich psychoanalysis—in its history, educational mission, and implementation.

What constitutes a grant-worthy proposal? Three of these grants demonstrate the breadth and depth of the kinds of work APF values and wants to encourage.

Psychoanalysis is rich in personalities as well as theory. Members of the Boston Psychoanalytic Society and Institute (BPSI) are currently compiling photographs, guest lists, menus, and recipes for a publication entitled *Grete Bibring: A Culinary Biography*. When completed, it will join another BPSI publication, *Edward Bibring Photographs the Psychoanalysts of His Time*, published in 2005. Edward Bibring, a Viennese trained psychoanalyst who traveled to London in 1938 as part of Freud's circle of colleagues, was also an avid photographer. He and his wife, Grete, a physician, later settled in Boston. The biography will describe Grete Bibring's contributions to psychiatry including her work on her husband's study on the psychological aspects of pregnancy. The grant will be used to cover some of the printing costs for this publication.

Teenage classroom communities and impaired students have posed many challenges for mental health professionals, even more so today as financially pressed public schools cut back on services, teachers, and physical facilities. In 2013, 49 public schools were closed in the city of Chicago. APF's grant to The Woodlawn Vulnerable Students Initiative, under the auspices of the Chicago Psychoanalytic Institute, is designated to help meet some of these challenges in an impoverished and under-resourced neighborhood. The grant supports additional consultation help to implement a transition plan for two schools on Chicago's South Side that have merged into one. The plan is focused on the first three months of the school year as Fermi High School students from Chicago's Woodlawn neighborhood cope with re-assignment to South Shore Fine Arts Academy. The consultant joins a child analyst from the Chicago Institute who has been working with individual students, parents, and educators in an ongoing project in this neighborhood.

Today, technology is an integral part of the toolbox for training future psychoanalysts, promoting scholarship, and presenting reliable information to individuals who are interested in psychoanalysis. APF supported the New York Psychoanalytic Institute and Society's (NYPSI) proposal to upgrade its website and upload its trove of video recordings, which include scientific lectures, named lectures, special panels, and a series entitled "Conversations with...." Expanding and enhancing this website will give NYPSI greater control over these materials, make them available to a wider audience, and address the problem of educational videos appearing on non-NYPSI websites.

Committee members are eager to receive proposals and happy to answer questions about potential projects. Information about submitting proposals can be found at the APF Committee website at http://www.apsa.org/Programs/American_Psychoanalytic_Foundation_Committee.aspx.

APSA

Linda R. Benson, M.A., an independent writer who specializes in health and medical topics, lives in Ann Arbor, Michigan. She frequently attends psychoanalytic meetings with her husband, Ronald, and teaches writing and composition at Wayne State University.

Writing Alone

Continued from page 1



Billie A. Pivnick

Although in the past I had started many papers, I usually tucked away what I created, fearing they were unreadable. Not incidentally, my crabby internal audience

sounded a lot like a certain older female figure who greeted my first foray into serious professional authorship, a paper that appeared in *Psychoanalytic Inquiry*, with the words, "If it were written in English, it would be a real seller." When I could take that critique with mere bemusement, I was ready to ask for assistance. I chose the New Directions Program for Writing with a Psychoanalytic Edge at the Washington Center for Psychoanalysis.

NEW DIRECTIONS

The first assignment of my first year was a two-page paper on play. As a Columbia professor of child therapy, I wrote the least playful paper on the topic probably ever written, complete with thesis statement, topic sentences, and three footnotes. I thought I was brilliant for having included so much so efficiently in so little space.

By joining the interdisciplinary community of writer-analysts provided by New Directions, writing came to feel more like group play than solitary pastime.

Looking back, I can laugh at the preposterousness of what I had turned in, but, at the time, I was shocked to discover that my writing instructors wanted me to rewrite it from scratch—overnight.

Despite my unhappiness, I trusted their advice. This program was unique: Each writing group was co-led by a professional writer and a psychoanalyst. I discovered the students

were all experienced analysts, therapists, writers, or academics. From all over the country we converged on Washington D.C. three weekends a year to read, listen, think, and write about a specific topic. After reading and listening to analyst-writers who were themselves experts on themes including "Trauma," "Writing a Life," "Queering the Couch," "Home," and "Revenge and Forgiveness," we also had to pen short papers on those subjects. These and personally chosen longer papers were critiqued in writing craft classes, yearlong project groups, and three yearlong project groups each weekend. We stayed together at the same little hotel; we often ate our meals together; those so inclined also enjoyed drinks together. In the winters and summers we could participate in weeklong writing retreats, devoted just to craft and completing projects for publication, while being advised by the professional writing staff.

Grace Paley, the short story writer, once confided that she learned to write in the company of others. When I read that, I imagined she had experienced the sort of joy I felt in the New Directions community, the opposite of the pinched and hopeless emotion I faced at my solitary desk, writing something that would be read by an audience I imagined as uncomprehending or contemptuous. I discovered over the course of the three years that in place of my scowling inner audience, a secret sea of smiling faces greeted me.

By then, I had written a dozen clinical or personal essays, many of them of publishable quality. Before New Directions I had written one paper per decade. New Directions helped me in three years to write not only the 12 required papers but also 13 new published or presented papers. The American Psychological Association, the New York Psychological Association, the

Association for Psychoanalysis, Culture and Society, *Psychoanalytic Inquiry*, *Psychoanalytic Perspectives*, *The Psychoanalytic Quarterly*, and several analytic book editors all accepted my offerings. One chosen was "What the Living Did: September 11th and its Aftermath," my chapter in Anne Adelman's and Kerry Malawista's (2013) *The Therapist in Mourning: From the Faraway Nearby*.

IN COMMENCING, AN END

Given my own experience, it came as no surprise when I read in a March 2012 *New York Times Magazine* article (Steve Almond's "Why Talk Therapy Is on the Wane and Writing Workshops Are on the Rise") that many now seek solutions to their psychological distress in writing programs rather than psychoanalysis. Although I initially doubted such experience could be as useful as a unique relationship in the special conditions of an analytic consulting room, I had learned that in writing programs of our own, we psychoanalysts and psychotherapists could participate in thriving groups characterized by a special kind of written engagement that is a form of applied psychoanalysis. Furthermore, these groups could enhance an individual analysis much as a chorus amplifies or provides contrast to a soloist.

Thomas Ogden, in a 2005 *International Journal of Psychoanalysis* article on the subject, has claimed that psychoanalytic writing is its own literary form, involving "the conjunction of an interpretation and a work of art." Although analytic experience is not apprehended in words, it must be translated into imaginative verbal form to convey the "music" as well as the description of the clinical encounter to readers: We must become fiction writers if we are to tell the truth. Furthermore, the psychoanalytic writer, like a vocalist chanting a canon, has to enter a conversation marked by shifting, repeating, and sometimes discordant lines of thinking. If writing is re-envisioned as a group activity through which an individual contributes to something larger than him- or herself, sometimes in harmony and sometimes in counterpoint, improving it may call for group intervention.

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In her 2012 ethnographic study of the psychoanalytic writing students in *New Directions* ("Writing with an Other: The Essay as Interpersonalized Fantasy," which can be found in *Other/Wise: Online Journal of the International Forum for Psychoanalytic Education*), Sandie Friedman reported that a writer's experience of reshaping his or her internal "other" through interpersonal fantasy was crucial to his/her ability to translate emotionally based memories into the sensate building blocks of lively narrative. Just as an analytic pair created what Ogden calls an "Analytic Third," so too did this *New Directions* graduate internalize what Friedman terms an "Essayist Third," consisting of an evolving self, partnered with this more receptive audience, and expressed in a transformed voice. The community's empathic appreciation of my writing efforts also created a sense of safety that diminished the risk of trying something new or not yet well formulated.

My diffidence about writing professionally stemmed neither from lack of support nor a dearth of ideas. To become an effective writer, I needed a conversational context, a culture of intersubjective psychoanalytic discourse that enabled what linguists call *thinking to speak* and, reciprocally, writing with receptive others in mind in order to think. By joining the interdisciplinary community of writer-analysts provided by *New Directions*, writing came to feel more like group play than solitary pastime.

At my graduation one of us began to intone "Pomp and Circumstance" while we tromped up for our certificates. The audience of other students joined in, too, while we matched our footsteps to their downbeats. I am sure you can hear the music now if you listen hard enough. We laughed and cried at the poignancy of the graduation speeches, one written from the point of view of an analyst's tissue box. As I listened to our hummed graduation march, I realized that I had finally learned to write as naturally as I once sang and danced.

APSA



Unleashed Potential

Continued from page 24

of touching your patient or, God forbid, being licked by your patient. Controversial as it may be, I argue that the analyst must be comfortable with himself in this area to facilitate the analytic process. In my initial work with dogs, I forbade this and the resulting shame and humiliation for the dog were disastrous to the process. I had one dog bark uncontrollably before chewing up my pillow and charging out the doggie door.

SUPERVISION

Finally, as I am sure you can imagine, supervision with dogs is not unlike any other type of supervision. The quality of the experience is a direct derivative of the supervisor and candidate dog dyad. Working with this particular Border Terrier, a second year candidate, is very comfortable for me. She comes in very well prepared and able to discuss her control case. She is a very experienced clinician, having worked with a variety of breeds throughout her career.

The case we focus on is of a Dachshund in the second year of analysis that had severely compromised parenting and has grown up quite dysregulated. The work goes well. Periodically, we have struggled with a parallel process within the supervision. At those times the Border Terrier will spend the hour scratching herself, something the Dachshund does with some frequency. The Terrier quickly responds to interpretation and we are able to understand the varieties of meaning of this particular dynamic. One problem arose when the Border Terrier was briefly taking prednisone to deal with some severe seasonal allergies. This resulted in a side effect of increased urination. Fortunately for me and my couch, we averted a possible catastrophe.

One final word if anyone is contemplating going into the arena of working with dogs. Kurt Eissler had it right with his idea of parameters. I strongly suggest having a bowl of water at the ready, to keep your patient hydrated. While some will suggest it is too gratifying, I have found it facilitating. I do not offer any doggie treats though.



Incidentally, I have submitted claims for reimbursement to insurance companies. Not surprisingly, the Standard Poodle was rejected; the insurance company found the four times a week frequency not medically necessary. I was relieved though that the German Shepherd was covered without question. With the thought of the widening scope of psychoanalysis I need to mention that I will soon be taking cats into treatment. I just need to work through where to put the kitty litter box.

I am fully aware that a brief paper of this nature will stoke the already burning question about certification and the training analyst system. I have written this knowing I subject myself to attack but feel quite able to defend my position.

APSA

New Protections

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I hope a way can be found to use the new amendments to the Patient's Bill of Rights in D.C. as a basis for expanding the rights of patients to confidential mental health treatment, and fair, professionally competent and confidential independent reviews when insurance companies request reviews of treatments that would threaten the confidentiality of mental health treatments.

APSA

APsaA's Excellent New Fellows for 2013-2014

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

Chris Brubaker, M.D., Ph.D., is a first-year child psychiatry fellow at Oregon Health & Science University. He was a general psychiatry resident at the University of Washington. He received a Ph.D. in



Chris Brubaker

neuroscience and M.D. from the University of Cincinnati and a B.A. from the College of Wooster, Ohio. He has been enrolled in the child psychotherapy program at the Seattle Psychoanalytic Society and Institute. His interests include psychodynamic research and teaching, self psychology, and neuropsychology. He enjoys living in the Pacific Northwest and gets outside as much as he can.

David Buxton, M.D., is a second-year child and adolescent psychiatry fellow at MGH/McLean Hospitals in Boston. As an undergraduate, he attended Emory University and majored in religion with



David Buxton

a focus on Tibetan Buddhism. He went to medical school at Virginia Commonwealth University and completed adult psychiatry training at Brown University. He is part of the MGH pediatric palliative care team and will begin Harvard's Palliative Care/Hospice Fellowship in July 2014. Buxton's research utilizes attachment theory in an effort to understand family dynamics and resiliency in the palliative care population.

Anna Lopatin Dickerman, M.D., was born and raised in New York City. She received

her B.A. from Harvard College in 2005, having majored in history of art and architecture, and graduating magna cum laude with highest honors. Dickerman received her M.D. from New York University



Anna Lopatin Dickerman

School of Medicine in 2009, where she was elected to the A.O.A. Honors Medical Society. Dickerman completed her general adult psychiatry residency training at the Payne Whitney Clinic of New York-Presbyterian Hospital/Weill Cornell Medical Center this past June. She is also a recent graduate of the Psychoanalytic Fellowship from Columbia University Center for Psychoanalytic Training and Research. Dickerman has published in the *American Journal of Psychiatry* and has been contributing author for several books from American Psychiatric Publishing. Next year, Dickerman will be a fellow in psychosomatic medicine (consultation-liaison psychiatry) at New York-Presbyterian Hospital/Columbia University Medical Center.

Aaron R. Estrada, Ph.D., M.S., M.A., is an assistant professor in the Department of Psychology and Child Development at California Polytechnic State University, San Luis Obispo. He received his B.A. in psychology and sociology from the University of California Santa Cruz, an M.S. in clinical psychology from San Francisco State University, and M.A. and



Aaron R. Estrada

Ph.D. from the Department of Counseling, Clinical, & School Psychology at the University of California Santa Barbara. His interest in multiculturalism, underserved populations and the role of psychological service provision and assessment cuts across his research, teaching, and clinical aspirations. His dissertation focused on the inter- and intra-personal influence of cultural and ethnic identity factors and their impact on cognitive testing performance. Current research is aimed at exploring the achievement gap, attrition, and retention of Hispanic and Latino college students.

Yael Holoshitz, M.D., is a chief resident in psychiatry at Columbia University/New York State Psychiatric Institute. After attending college at the University of Michigan, she moved to New York



Yael Holoshitz

City and earned her medical degree from the Icahn School of Medicine at Mount Sinai. There, Holoshitz was active in initiatives on writing and humanities in medicine, and served as editor of the school's literary arts journal for two years. During this time, she became interested in trauma and resilience, and while in medical school, was involved in a longitudinal study assessing risk for PTSD in combat soldiers. Her current interests include areas of psychiatry that interface with broader delivery of medical care, such as consultation-liaison and emergency psychiatry. She is also interested in how outcomes are understood and defined in psychodynamic psychotherapy.

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Marcus “Bo” Houston, M.D., M.P.H., is a fourth-year psychiatry resident at Emory University where he also received his medical and public health degrees. He is chief resident of Emory’s



Marcus “Bo” Houston

Outpatient Psychotherapy and Psychopharmacology Training Program. Prior to medical school, he earned a B.A. from Davidson College in anthropology with a focus on comparative religion and culture. His formative encounter with Buddhist practice while studying abroad primed his current interest in the possibilities inherent in viewing psychoanalysis as an ongoing “practice.” Along these lines, he is especially interested in understanding the analytic process as it extends outside of the analytic hour both during psychoanalysis and after termination. He also hopes to find ways to integrate psychoanalytic concepts into his residency training and across clinical divides.

Nina Katzander, Ph.D., M.S., is a staff psychologist at Columbia University Medical Center’s Student Health Services. Her B.A. was awarded summa cum laude, in English, sociology, and Honors Program from Hunter College. She received her doctorate in clinical psychology from Adelphi University’s Derner Institute of Advanced Psychological Studies. Her internship and first postdoctoral fellowship was at Rutgers University’s counseling center and subsequently she completed a two-year postdoctoral fellowship at the William Alanson White Institute. She earned an M.S. from Columbia University’s Graduate School of Journalism and is former managing editor of *Studies in Gender and Sexuality*. A recent presentation at an international psychoanalytic conference focused on psychoanalytic “frame” issues unique to the digital age.



Nina Katzander

Sohye Kim, Ph.D., is a postdoctoral fellow at the Department of Pediatrics and Menninger Department of Psychiatry at Baylor College of Medicine, where she conducts functional neuroimaging research on the relations between maternal attachment and child socioemotional development. She is also engaged in part-time clinical work through the adolescent unit at the Menninger Clinic. She received her B.A. summa cum laude in psychology from Yonsei University, Korea, and her Ph.D. in clinical psychology from the Rosemead School of Psychology, La Mirada, California, before completing her clinical psychology internship at the Menninger Clinic. Her interests lie in neurobiology of attachment, intergenerational transmission of maternal attachment and trauma, and treatment of severe personality disorders. Her work seeks to elucidate the neurocognitive and neurobiological mechanisms through which enduring character structures are built in early childhood, and grapples with the reconstruction of such structures as they occur in therapy to effectuate lasting changes.



Sohye Kim

Martina Kolb, Ph.D., received her doctorate in comparative literature from Yale and is assistant professor of German at Penn State. Her research interests are poetics, psychoanalysis and the inter-arts with a focus on German, Italian, and American literature and culture. Her book *Nietzsche, Freud, Benn, and the Azure Spell of Liguria* is a geopoetic study of three modernists whose encounters with the Mediterranean region led to an innovative fusion of word and world. Continuing her interest in the psychophysical elements of artistic expression, she is currently at work on her second monograph, entitled *In the Gesture of Laocoön: The Interpretation of Screams in the Inter-Arts*. She has also published on Dante, Goethe, Benn,



Martina Kolb

Pound, Brecht, Weigel, and Johnson, and has translated interviews with Holocaust survivors for the International Slave and Forced Laborers Interrogation Project. She has been the recipient of a number of awards, most recently by the American Friends of Marbach and the Miller Foundation (Exile Studies Centre) at the University of London.

Raynia L. McGee, M.D., M.S., is a fourth-year psychiatry resident in the Department of Neuropsychiatry and Behavioral Science at Palmetto Health/University of South Carolina School of Medicine.



Raynia L. McGee

She received her B.S. degree in biology from Spelman College, her M.S. degree in environmental science from the University of Texas at San Antonio, and her M.D. degree from Meharry Medical College. Her academic interests in residency include post-traumatic stress disorder among the veteran population and the effect the disorder has on family dynamics. In addition, her interests include cultural competence among mental health providers, and the dynamics of religion in mental health treatment. She was awarded the Lebert H. Harris Psychoanalytic Award by the Department of Neuropsychiatry for her interest in psychodynamic/psychoanalytic therapy.

Masha Mimran, Ph.D., is a lecturer in the French Department at Barnard College. Her major field of study is 19th- and 20th-century French prose and poetry, the history of medicine, medical philosophy, and psychoanalysis. Her graduate training at Princeton University was in French and comparative literature. Her dissertation, “The Poetics of Pathology: Hysteria from Neurology to Psychology,” investigates the discursive exchanges between fictional, visual, and medical representations of hysteria from the 1850s to the 1930s. She argues that



Masha Mimran

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2013-2014 Fellows

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there was a cross-pollination between the novel and medical discourses, as well as between the mental sciences and visual media that had a decisive impact on the way hysteria was diagnosed and treated, leading to the birth of psychoanalysis. She examines how fictional depictions of hysteria in the novel and art at once reflected and inspired the diagnostic breakthrough that focused on the psychological roots of the illness rather than the neurological assessment of its physical cause. She is working on turning her dissertation into a book and also working on two articles, "Scalpels, Pens, and the Diagnosis of the Heroines of Hysteria: Charcot, Richet, and Flaubert's *Madame Bovary*" for *Literature and Art Studies* and "From Ateliers to Laboratoires: Medical and Imaginary Destinations of Hysteria" for *Literature and Medicine*.

Simha Ravven, M.D.,

completed her adult psychiatry residency at Cambridge Health Alliance/Harvard Medical School. She is currently a Forensic Psychiatry Fellow at the Division of Law and Psychiatry



Simha Ravven

at Yale School of Medicine. Ravven received her B.A. in studio art and Near Eastern studies from Hamilton College and M.D. from the University of Iowa Carver College of Medicine where she received a Doris Duke Clinical Research Fellowship to study cancer screening and treatment among people with mental illness. Her research has also focused on depression and cardiovascular surgery.

Timothy R. Rice, M.D.,

is a first-year child and adolescent psychiatry fellow at the Icahn School of Medicine at Mount Sinai, New York. He received his B.S. in biology from Yale University where his thesis addressed developmental models



Timothy R. Rice

of absence epilepsy. He received his M.D. from Columbia University's College of Physicians and Surgeons and completed his adult psychiatry training at Mount Sinai. In 2010 he joined the research division of the New York Psychoanalytic Society and Institute under Leon Hoffman and Wilma Bucci, where he has focused on process research and the childhood assessment of defense mechanisms. He is currently creating, with Hoffman, a defense-focused psychotherapy manual for children with externalizing behaviors and affect regulation deficiencies.

Dana Satir, Ph.D.,

works as a therapist and supervisor at Eating Recovery Center's adult inpatient/residential program in Denver. She also has an adjunct appointment at the University of Denver,



Dana Satir

where she supervises doctoral students. Satir holds an A.B. in psychology and Spanish literature from Princeton University, and completed Boston University's (BU) clinical psychology program. At BU she became interested in countertransference, as well as ways to integrate psychodynamic theory with behavioral approaches to treat individuals with personality and eating disorders. She completed her clinical internship at the Cambridge Health Alliance/Harvard Medical School and her postdoctoral fellowship at Children's Hospital Colorado. Satir won a grant through the Fund for Psychoanalytic Research to evaluate a relational/alliance focused treatment for women with anorexia nervosa. Satir has published several papers on personality, eating disorders, and clinician countertransference, and is currently working on a chapter as part of a psychodynamic casebook to be published by Guilford. She is also interested in developing a psychoanalytic film series for early career clinicians in the Denver area.

Brian J. Schulman, M.D., is a staff psychiatrist at the Massachusetts General Hospital Bipolar Clinic and an instructor at Harvard Medical School. He received undergraduate degrees

in the biological basis of behavior and economics from the University of Pennsylvania and his M.D. from the University of California, San Francisco. He completed his residency training at the MGH/McLean program, where he served as MGH outpatient psychotherapy chief resident and was awarded the Ann Alonso Psychotherapy Award. In addition to his faculty positions, Schulman is currently pursuing advanced training in psychoanalytic psychotherapy from the Boston Psychoanalytic Society & Institute and maintains a small private practice in downtown Boston. At MGH, he moderates a regular case conference series entitled "Cross Talk" that examines challenging cases from the perspective of various psychiatric subdisciplines, in an effort to integrate neurobiological and psychological approaches. His academic interests include the psychodynamics of psychopharmacology and differentiating mood disorders from personality disorders.



Brian J. Schulman

Brian R. Smith, LCSW, M.S.W.,

is the Intensive Clinical Outreach Team program director at Aurora Mental Health Center in Aurora, Colorado, and he is also an affiliate faculty member in the Social Work Department at Metro State University of Denver, where he teaches Generalist Practice I and II. Smith received his B.A. in religion and philosophy with a minor in gender studies in 2005 from Augustana College in Sioux Falls, South Dakota, focusing on hermeneutics and queering the Imago Dei. He then earned his M.S.W. from the University of Iowa in 2008; his thesis studied therapy for therapists and ethical obligations to self. Smith's current interests include the attachment dynamics of treating homeless adults, such as the hateful countertransference reactions that communities often experience toward their most vulnerable populations.



Brian R. Smith

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Distance Learning from Chicago Institute

Nancy Lawrenz



Nancy Lawrenz

As is true for many institutes, the Chicago Institute has been expanding its borders. A greater number and range of training opportunities have been offered, such as supervised practicum placements for social work and psychology students and mentorship programs for recent mental health graduates. Through this effort, we hope to further increase the number of individuals who are acquainted with the value of deeper forms of treatment and to stimulate their enthusiastic consideration of psychoanalytic training. Developing a very low fee for grant-based outpatient treatment programs serving hundreds of children in several locations in the city has been another way we reach out to the community.

Nancy Lawrenz, Psy.D., Distance Learning Program chair, is a licensed clinical psychologist and adult analyst on the Chicago Institute faculty, Admissions Committee, and board of directors. Lawrenz and her committee have initiated and developed this Distance Learning Program.


Now, we plan to add a distance learning program to our offerings in the fall of 2013. We appreciate the fact that there are many individuals who practice psychotherapy or psychoanalysis in remote areas of the country. They may have little contact with fellow practitioners and few opportunities to discuss their cases or receive complex feedback.

To that end, the distance learning program is conceived as an online, virtual classroom. It will be presented weekly for three 10-week quarters and qualify for continuing education credit. This program is intended for mental health professionals (social workers, psychologists, psychiatrists) who live beyond a 150-mile radius of the city of Chicago. Participants must produce evidence of their graduate degrees, licensure, and liability insurance.

The format for this virtual classroom will be a clinical case seminar. As we survey the online offerings in our field, we recognize that they are mostly didactic in format and content. As practicing psychoanalysts, we realize the value and importance of avoiding a professional and collegial vacuum. Thus, each participant will have an opportunity for "floor time" on a rotating basis to present a clinical case about which they have questions.



The discussant and other members of the class will be able to offer feedback. The discussant will be an experienced faculty member and will change each quarter. There is likely to be some alternation across the academic year between adult and child analysis discussants to meet the needs of a particular class. Cases must be well disguised and meet confidentiality guidelines. We speculate that in addition to the discussant's contributions and the class discussion, class members will find benefits in increased collegial contact and possible opportunities for networking. We also hope the experience will enhance their experience and appreciation of psychoanalytic thinking.

The cost of this program will be \$650 per quarter, or \$1600 for three quarters. To request an application call Chris Susman at (312) 922-7474. Further questions about the program can be addressed to me as chair or committee members John Perri and Molly Wittin by calling the above number or e-mailing me at doctomancy@sbcglobal.net. 

2013-2014 Fellows


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Brian Smothers, Psy.D., M.A., is an assistant professor of clinical psychology and a member of the core faculty at the Wisconsin School of Professional Psychology (WSPP). He received his B.A. from Samford University, Birmingham, Alabama, an M.A. from Boston College, and a Psy.D. from WSPP. He completed his predoctoral

internship at the Danielsen Institute at Boston University, a postdoctoral fellowship at Tufts University Counseling and Mental Health Services, and a postgraduate fellowship at the Massachusetts Institute for Psychoanalysis. His interests include training students in



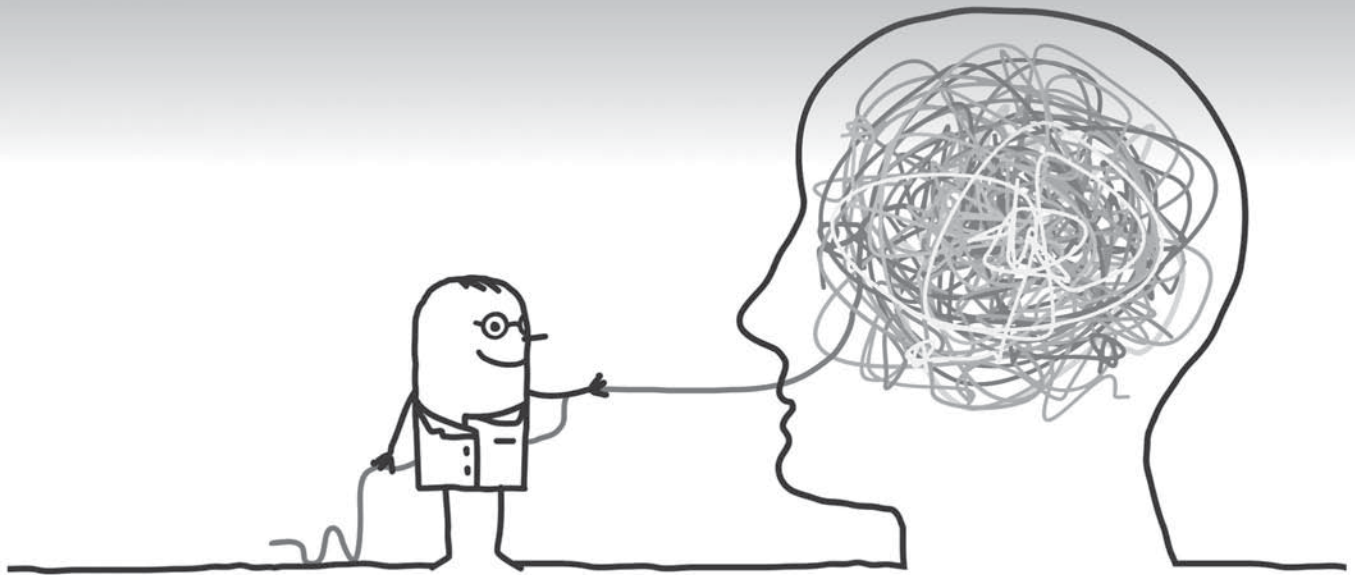
Brian Smothers

psychodynamic psychotherapy, as well as developing core interpersonal competencies and models of evaluation for clinical psychology students. His work integrates contemporary psychoanalytic thinking with applied hermeneutics. In addition to his teaching and supervising, he is also in private practice where he sees patients in psychodynamic psychotherapy. His clinical interests include working with trauma and personality disorders. 



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