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Meeting a National Challenge

An Interview with Psychiatrist Harold Kudler, VA's Chief Mental Health Consultant

Michael Slevin

Harold Kudler is chief consultant for Mental Health Services for the Veterans Health Administration, a part of the Department of Veterans Affairs.

What is the scope of your responsibilities?

As chief consultant, I am responsible for mental health policy throughout the entire VA system, which means 150 major medical centers and 819 community based outpatient clinics, each with an outpatient mental health component. In addition, we work in coordination with the 300 Vet Centers.

What kinds of issues are crossing your desk now?

The hottest issues right now are focused on suicide prevention. I have been involved in two congressional hearings, one on the House side, one in the Senate, and they were both pretty much focused on what VA is doing to reduce the rate of suicide among veterans. And often, the focal point for that conversation has been the statistic that 22 American veterans die by suicide every day. That is a staggering number. It is roughly twice the rate of the average American man, and suicide rates among women veterans are very high, higher than they used to be and higher compared to other American women.

What drives this current interest in the VA in suicide prevention?

It was actually in the military that people began to notice. Traditionally suicide rates in the military were lower than in the general public. Then, over the last several years, it was found that those rates were going up and up. It probably is a reflection of the stress of the deployment cycle (and not just of combat), but it is also a reflection of the fact that you have young people coming home from war, even if they are still in the military, facing some significant economic challenges. Often they have married young, they are having children young. When they get home their roles have changed entirely, they often feel less connected, so they may feel like strangers in their own lives.

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

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Two Moments Worth Remembering

Mark D. Smaller



Mark D. Smaller

Occasionally, one has a moment, an experience that for various reasons evokes the thought, "I don't think I will forget this moment." Certain personal events—celebra-

tions, losses, good times, hard times—make one pause and reflect. I am, however, speaking here of a small, completely unexpected experience you know will be with you forever. I had two such moments during our recent meeting in San Francisco.

The first was during a 15-minute break during the Board on Professional Standards (BOPS) meeting on Wednesday, June 3. This BOPS meeting immediately followed the first of two joint meetings of BOPS and the Executive Council. During that joint meeting, the Executive Committee's recommendations for change had been strongly endorsed by participants from both the Executive Council and BOPS. After the proposed bylaw amendment put forward by 50 members had been discussed during the BOPS meeting, another discussion ensued about whether to issue a positive or negative advisory, or possibly no advisory at all.

During the break, I sat down by myself at one of the round tables. I was a bit spent, a feeling usually reserved for Thursday afternoons or Fridays after a busy schedule for our annual meetings. The Executive Committee had been working on these recommendations for almost a year. Anticipating how they would be received proved exhausting during many weeks before our arrival in San Francisco. We had already fielded many

questions earlier in the week during the Coordinating Committee meeting and earlier that day. Though tired, I began to feel slightly optimistic.

BEST INTEREST OF THE MEMBERSHIP

Sitting down, I noticed many BOPS fellows huddled around one of the podiums, a couple of them writing and rewriting the draft of a possible advisory. Those representing different points of view were part of that huddle. Right before the break the proposed bylaw amendment discussion moved to crafting a statement that would consider how the members of the Executive Council, meeting the next day, might experience an advisory. Could something be worded in a cooperative way?

What struck me was how hard people were working to get this right, while considering the impact on the Executive Council. I do not think I had witnessed before such a scene in APsaA. Leaders were functioning beyond political camps. Leaders were considering what was in the best interests of the membership, even with competing points of view.

Richard Weiss, co-chair of the BOPS Committee on Externalizing Certification and a colleague from New York Psychoanalytic Society and Institute who I have come to know the past few years, walked over and sat down. He noticed where I was looking. He wondered if I worried things were falling apart. I said I saw the opposite. People were working hard together. That was essential if we were to succeed. I knew then I would not forget this moment sitting with Richard and watching our colleagues huddled around that podium.

By the time we arrived the next day to the final Joint Meeting, after the Executive Council meeting, we asked for a show of hands regarding support for the recommendations and for the Executive Committee to create working groups to discuss implementation. Every hand went up.

SEEKING DIVERSITY

The second moment was Friday morning of the meeting during the first plenary, "Black Psychoanalysts Speak." I was to give brief welcoming remarks and introduce the distinguished panel that would discuss the Psychoanalytic Electronic Publishing (PEP) funded video, produced by Richard Reichbart and the Institute for Psychoanalytic Training and Research (IPTAR). The film features interviews with colleagues about psychoanalysis and race. Many are APsaA members. Two days before, I had also received preliminary data from our Diversity Survey sent out to APsaA members that I could use in my remarks.

Although we had addressed issues of race in previous plenaries, none seemed as highlighted as this one. I glanced at the diverse panel and then at the audience. The vast majority of the audience was white and older, and our lack of diversity was now smacking me in the face. I remember that moment thinking how this would have to change if psychoanalysis hoped to survive. Governance, education, and standards were critical, but psychoanalysts addressing race in our offices, in our institutes and centers, and in our communities was just as critical if not more.

Please note that while writing this column, I received an alert that nine people had been killed by a gunman at the Emanuel African Methodist Episcopal Church in Charleston, S.C. I put this column aside for few days, feeling helpless, angry and sad. Our efforts at diversity seemed futile and unimportant. Racial violence on our streets, in our schools, in our churches and in our communities seemed worse. I kept thinking, "What's wrong with us?"

Colleagues, if we continue to marginalize this challenge to end segregation in psychoanalysis, we are lost. If we do not reach out into communities of color and cultures different from our own, if we do not adapt psychoanalysis (frequency of visits, fees, technique), we are lost.

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Mark D. Smaller, Ph.D., is president of the American Psychoanalytic Association.

The Bylaw Amendment: A Structural and Functional Correction

Luba Kessler

The bylaw amendment proposes a structural correction in APsaA's organization. Its objective is to affirm the authority of its Board of Directors (BOD), the Executive Council, in all matters of APsaA's governance. It aims to undo the bicameral governance divided between the Executive Council and the Board on Professional Standards (BOPS) in APsaA's bylaws.

WHY DOES IT MATTER?

The existing bicameral arrangement gives BOPS exclusive authority to regulate educational and practice standards within our professional organization. The Executive Council representing the membership is precluded from exercising any input or oversight in this regard. Therefore, the members have no say in the professional standards that regulate their educational and career paths within APsaA. By affirming the BOD's authority, the amendment will secure full membership representation.

Psychoanalysis has evolved beyond the confines of the original vision embedded in the standards upheld by BOPS. This causes chronic dissatisfaction among the membership. As practitioners they were precluded from participating in updating the standards while simultaneously losing trust in the validity of the existing standards and of BOPS procedures. This has severely strained collegial bonds and dissipated energy within APsaA, limiting its capacity to adapt to changing internal and external conditions.

Luba Kessler, M.D., is *councilor for Psychoanalytic Association of NY; on faculty of Institute for Psychoanalytic Education affiliated with NYU; in private practice in Long Island, NY. She organized the signature drive to bring the bylaw amendment to membership vote.*

The strain is visible even within the Standards Document itself. The multiple exceptions in training analysis waivers and frequency requirements listed in the document

make it evident the standards it promulgates are no longer practical or realistic. The BOPS Committee on Institutes found one-third of the approved institutes were in serious trouble. Some of them are moving to define their own standards since the BOPS standards are at odds with their conditions for survival. The system is coming apart at the seams. While BOPS leadership continues to claim its authority prerogatives with regard to training standards, BOPS does not—and indeed cannot—demonstrate its fitness for the task of proving and maintaining their viability. The bicameral arrangement underwriting such authority thus loses the legitimacy for its perpetuation. We need to move on.

And we are moving on, as evidenced by the recent six-part proposal from the Executive Committee for functional reform, endorsed by the Executive Council and BOPS. The proposal envisions externalized certification and institute choice to use it or not. Along with creation of a non-regulatory Department of Psychoanalytic Education on a par with other departments that report to the Executive Council, it thereby effectively dissolves the specific BOPS functions of regulating professional standards within APsaA. Freed from constraints of imposed regulations, such a department would become a seat for a true educational conversation between institutes, based on innovation and exchange of ideas.



Luba Kessler

The proposed bylaw amendment similarly and simply recognizes this unitary organizational principle of streamlined authority as residing in a board of directors (in line with the New York State Not-for-Profit Law.) The rhetoric from the leadership of BOPS that the amendment undermines the endorsed overall reformative proposal from the Executive Committee misrepresents both its spirit and mode of introduction. Signed by over 50 member petitioners months before, it predated the Executive Committee initiative. Furthermore, both proposals are fully aligned in the understanding that the streamlined representation and authority are a necessary precondition for the envisioned overall reforms. The argument that the amendment proposal vitiates the proposed reform package is a rhetorical straw man raised in hopes of conserving BOPS authority over standards.

This is not surprising. Conservatism has been a defining characteristic of APsaA's history, with BOPS installed as the curatorial guardian of psychoanalytic standards. This role is cemented by the requirement of intertwining psychoanalytic training of candidates with their analyses within the system. This encourages an abiding attachment and allegiance to the system, reinforcing its status quo. Cherished standard paradigms then escape needed reviews of their continued professional relevance. Indeed, such is the degree of identification with it and with the zeal for regulatory control, that the proposed amendment is being experienced by some in near personal terms, as an assault on, and offense to, their own beings and self-esteem.

So, the conversation about the amendment is another example of the difficulties in separating rhetorical from substantive propositional discussions in our organization. In recognition of the high emotional stakes, the Executive Council has resolved that regardless of the outcome of the membership vote on the amendment, it would undertake no action with regard to educational standards until all proposed reforms are in place together.

Continued on page 9

Moving Forward

The Proposed Bylaw Amendment

Lee I. Ascherman and Elizabeth Brett

This past June, the Board on Professional Standards (BOPS) convened lengthy discussions of the proposed bylaw amendment, which came forth between the January 2015 meetings and the February 2015 retreat of the Executive Committee. That retreat produced an alternative to the bylaw amendment, the proposal for comprehensive governance reform as put forth by the Executive Committee. BOPS overwhelmingly affirmed its support for that Executive Committee proposal. The bylaw amendment was in turn opposed. It is seen as a vestige of politics of old, undercutting the spirit of collaboration reflected in the Executive Committee's proposal. As the endorsed alternative, the Executive Committee proposal provides for a process of thoughtful collaborative design of new governance through the development of new structures and consultation with an expert in nonprofit membership governance.

EXECUTIVE COMMITTEE PROPOSAL

The Executive Committee proposal for comprehensive governance reform was forged from a determination to move APsaA forward from decades of acrimony that have drained needed energy and talent from our organization and profession. To achieve this, decades of rancor and mistrust based on perceptions, misperceptions and politics had to be addressed.

Key elements of the proposal include the externalization of the regulatory functions of BOPS, the creation of a Department of Psychoanalytic Education (DPE) within APsaA to promote discussion and consultation between APsaA institutes on matters related to psychoanalytic education, and, through the assistance of an outside consultant, self-assessment by the Executive Council to examine Council's ability to govern effectively. Inherent to these ideas

would be true institute autonomy beyond baseline requirement to adhere to IPA Eitingon standards so that our institutes would maintain IPA affiliation and APsaA would maintain its status as a regional association.

APsaA institutes that elect to adhere to additional standards could participate in an external entity following such standards without needing to leave APsaA or alter their standing. Institutes wishing to require certification for any purpose, including candidate development using the pregraduation pathway and/or as a component of training analyst appointment would use the newly established American Board of Psychoanalysis (ABP). Beginning in January 2016 the ABP will be used by APsaA for the certification examination component of APsaA certification.

The DPE would provide a home for the nonregulatory functions of BOPS, offering a forum for education and consultation between institutes through nonregulatory committees. An Institute Requirements and Review Committee (IRRC) would be developed to review applications of non-APsaA institutes, establishing procedures to determine whether the educational program of an applicant institute was "substantially equivalent" to the Eitingon baseline standards.

Lastly, the Executive Council would begin its process of self-assessment utilizing a consultant for best practices of boards of directors of nonprofit membership organizations. This process would be developed by councilors in collaboration with a consultant of Council's choosing.

CHALLENGES AHEAD

Much work needs to occur before a final proposal is presented to our members. Institutes will need to deliberate on these proposals and our members will need to inform themselves of key content areas, including what the Eitingon standards are, which educational functions will rest in the new DPE and which will be externalized, and what the procedures for the new IRRC will be. The consultant's recommendations regarding Council

will also need to be considered. Extensive bylaw changes embracing the proposal in its entirety will need to be developed and vetted by our Bylaws Committee, and, ultimately, voted on by our membership. Following the February retreat of the Executive Committee, a task force of BOPS was launched to advise how the nonregulatory functions of BOPS will transition to the DPE, and how the external entity housing regulatory functions could be constructed.

CONCLUSION

In June BOPS fully endorsed the Executive Committee's proposal to restructure APsaA. The critical elements of timing and synchrony necessary for this proposal to become a reality can only occur after all APsaA members become informed of the components of this plan. In the Executive Committee proposal the Executive Council would gain authority over APsaA functions only after the creation of the internal and external structures as outlined, full revision of APsaA's bylaws for such comprehensive changes to occur; and consultation to Council focusing on modern best practices for nonprofit membership organizations.

The bylaw amendment skips over the process of collaboration and reconciliation needed to restructure our organization, returning to old power struggles of winning and losing. Such a narrow bylaw change would lead to further alienation of members and institutes, inflaming the acrimony and distrust that has haunted our organization for decades. Alternatively, the Executive Committee proposal offers a process for healing and orderly transition. Forged by the Executive Committee through relinquishment of ambitions of winning and losing, it demanded active listening to others' perceptions and positions, respectful and thoughtful communication, and ultimately the establishment of trust. This is the process our entire organization must enter for the kind of healing that will move us toward a better future. The bylaw amendment moves us away from such a process, threatening our collaborative momentum by returning to old power struggles and the inflammation of old acrimonies. For this reason the bylaw amendment was opposed by BOPS, which, instead and without divide, fully endorsed the Executive Committee proposal as the path to reach our goals.



Lee I. Ascherman, M.D., is chair of the Board on Professional Standards.

Elizabeth Brett, Ph.D., is secretary of the Board on Professional Standards.

San Francisco Meeting Highlights

Photos by Mali Mann, Dean Stein and Wylie Tene

APSA AWARDS

TICHO LECTURE

Andrew Gerber, M.D., Ph.D.—“Psychoanalysis in the 21st Century: Research Supported Treatments, Research Domain Criteria and the Clinical Science Model.”

JAPA PRIZE

Avgi Saketopoulou, Psy.D., for her paper “Mourning the Body as Bedrock: Developmental Considerations in Treating Transsexual Patients Analytically” published in *JAPA* 62:5.



Avgi Saketopoulou and Mitch Wilson



Mark Smaller and Lawrence Hedges



Alicia Lieberman and Mark Smaller

HONORARY MEMBERSHIP

Lawrence E. Hedges, Ph.D., Psy.D.
Alicia Lieberman, Ph.D.

San Francisco Meeting Highlights

Photos by Mali Mann, Dean Stein and Wylie Tene



*Annual Meeting attendees watching
“Black Psychoanalysts Speak”*



Discussion following the film “Black Psychoanalysts Speak”



*APsAA president Mark Smaller, introducing panelists at the
“Black Psychoanalysts Speak” film and discussion. Pictured:
Francisco Gonzalez, Forrest Hamer, Anton H. Hart and Donald B. Moss*

San Francisco Meeting Highlights

Photos by Mali Mann, Dean Stein and Wylie Tene



*Era Loewenstein, Mali Mann and Miriam Tasini
(Discussion Group on Psychoanalytic Aspects
of Assisted Reproductive Technology)*



Plenary "The Hunger Game: How Life Can Begin With Death?"



Alejandrina Estrada, Fiona Lucas, Benjamin Korsmo, Samantha Jackson, Jamie Cisar and Yi-Wei Chiu

2016 National Meeting Highlights

January 13–17

Christine C. Kieffer

After a stimulating yet relaxing Annual Meeting, the APsA Program Committee is moving forward to offer you a truly innovative January program in New York City, a program that will combine cutting edge events with those reliable classics we cherish. Below are some of the highlights of the National Meeting, to be held January 13–17. A more detailed listing will be published in the next issue of *TAP*.

PLENARIES & PANELS

We will have two outstanding plenary speakers: Dorothy Holmes will present a paper, "Come Hither American Psychoanalysis: Our Complex Multicultural America Needs What You Have to Offer." Donald Moss will be presenting a plenary on "The Insane Look of the Bewildered Half-Broken Animal."

As is our custom at the January meeting, there will be five featured panels:

"It's About Time," a panel about time and memory organized by Irene Cairo.

"The Analyst as Person: A Different Approach to the Ethics of the Impossible Profession," organized by Jane Kite, Humphrey Morris and Mitchell Wilson.

"Don't Fence Me In: What's American about American Psychoanalysis," organized by Don Moss.

"Patients' Illnesses: How They Affect Analysts and the Analytic Work," organized by Caryle Perlman and Judith Kantrowitz.

"Separation and Divorce: Reflections on the Effects as They Are Observed in Child and Adult Psychoanalytic Treatment," organized by Linda Gunsberg.

Watch for further information about these panels in the preliminary brochure, which will be available online in October.

Christine C. Kieffer, Ph.D., ABPP, is the chair of the Program Committee for APsA.



Christine C. Kieffer

UNIVERSITY FORUM & CLINICAL WORKSHOPS

The University Forum is known for its thought-provoking symposia and this year our subcommittee, chaired

by Stan Coen, is pleased to feature a program on "the unseen/unheard" in fiction and memoir, with writers Zadie Smith and Chris Abani. Alice Jones will serve as the discussant and Coen will chair this outstanding program. Don't miss it.

The two-day clinical workshops have always been highlights of the meeting. This January, in response to popular demand for more workshop choices, Joe Lichtenberg and Don Moss will each be starting a new two-day clinical workshop.

TWO SPECIAL EVENTS

Danielle Knafo will present her work with patients who fall in love with "Real Dolls," lifelike dolls similar to those in the poignant film, *Lars and the Real Girl*. Knafo will discuss her clinical work and present excerpts and video clips from the book she is writing about this fascinating and bewildering cultural phenomenon.

The other special program will address the role of group dynamics in the construction of ethical violations. Muriel Dimen, who is both a psychoanalyst and anthropologist, will be presenting a paper on this subject and Glen Gabbard, Avgi Saketopoulou and Charles Levin will discuss Dimen's intriguing research.

ROBERT WALLERSTEIN MEMORIAL

In addition, there will be a memorial to the late Robert Wallerstein, with tributes by Harriet Wolfe, Stephen Seligman, Stefano Bolognini, Otto Kernberg and Amy Wallerstein

Friedman, with time for remembrances offered by audience members. A film about Wallerstein's life, directed by Shelley Nathans will be viewed and discussed by the director earlier in the week.

Remember to sample the many Discussion Groups that are compelling features of our program. These provide an opportunity for education within a smaller, more intimate setting. Attendees also tell me they have made friends and deepened collegial relationships through their participation in these programs over the years.

And of course, our conference takes place in the charming art deco surroundings of the Waldorf in one of the most exciting cities in the world: New York City. Come to learn, schmooze and take in some of the wonderful plays, concerts, and museums that New York offers.

APsA

The Bylaw Amendment

Continued from page 4

Following joint and separate discussions in San Francisco, the BOPS fellows and the executive councilors delivered their respective advisory votes on the amendment proposal on its substantive merits. Despite a strong campaign by the conservative BOPS leaders against it, 18 BOPS fellows—in a shift away from the customary lockstep formation—voted for the amendment, with 23 against. The following day, the Council delivered an overwhelmingly strong vote in support.

REFERENDUM ON REFORM

The petition for the bylaw amendment by more than 50 members was undertaken on behalf of the evolving needs and aspirations of APsA's membership. It anticipated the reformative proposal issued by the Executive Committee, resolutely galvanizing the Executive Council and BOPS. The amendment aims to include all members in substantive conversation about their profession, its standards and its organization. The vote on it is a referendum on reform at APsA.

APsA

APsaA Winter 2016 Election

For the Winter 2016 Election, voting members will elect the next president-elect of the Association and two individuals for the office of councilor-at-large. Voting members must rank by order of preference all nominees for the office of councilor-at-large. The individuals receiving a majority of the votes cast for the office of councilor-at-large will be elected. In addition to voting for president-elect and two councilors-at-large, members are asked to vote on two proposed bylaw amendments. The first one would open APsaA membership to candidates in IPA approved institutes. The second would codify the role of the Executive Council. This bylaw amendment seeks to amend Articles VII-Section 5, and reads as follows:

No committee of the corporation established pursuant to or cited in Article VII shall have the authority to bind the Executive Council in any respect whatsoever, including, without limitation, with respect to contracts, monetary matters, or any policies and procedures pertaining to any of the functions or purposes of the Association, such as, for example, policies and procedures pertaining to administration, public information, advocacy, professional education, and certification of psychoanalysts.

The proposed amendment will be deemed adopted if approved by at least two-thirds of the members eligible to vote present at the Meeting of Members. For discussions on the bylaw amendment see pages 4 and 5 in this issue.

All voting members of APsaA have one vote at all Meetings of Members, and may cast their vote in person or by proxy (online or paper by postal mail). Only voting members in good standing on November 9, 2015, are eligible to vote.

If a voting member chooses to vote in person, you may do so at the 2016 National Meeting of Members during Member Sign-in (7:30–8:00 a.m. EST) on Friday, January 15, 2016, at the Waldorf-Astoria Hotel, New York, NY. Otherwise, you may cast your vote by proxy (online or postal mail). On or around December 1, 2015, each voting member with an email address on file at the National Office will receive an email from the voting firm, Survey & Ballot Systems, with instructions on how to access the election site login page to cast your vote. Voting members without an email address on file at the National Office will be sent their voting materials and instructions on how to cast their vote by postal mail. Unless you plan to vote in person, your completed proxy form and proxy ballot must be received at the voting firm, Survey & Ballot Systems by 5:00 p.m. EST on Friday, January 8, 2016.



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For further information contact:

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Vice President/Unit Manager
Frenkel & Company
khegel@frenkel.com

Harborside Financial Center
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T: 201.356.0057 F: 201.356.0055

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CAMPAIGN STATEMENTS

Lee Jaffe



Lee Jaffe

For me, since 1992 APsA has been a home for learning, for professional identity, for contributing to psychoanalysis, and a birthplace of lifelong friendships. To vote for me, you need to know my views. To vote based on more than principles and promises, you need to know my track record supports these views and demonstrates my ability to facilitate constructive changes. Leadership, like psychoanalysis, is a lifetime of learning, including the capacity to learn from others and evolve. My positions are:

APsA needs the reorganization initiated by the Executive Committee: I fully support this collaboration of Council and BOPS. Standards are essential, but let our IPA standards be "good enough." Let institutes adopt additional standards as they see fit, without APsA imposing standards any institute finds problematic. As a BOPS fellow and councilor-at-large, I spent two years championing the BOPS Fellow Bylaw Amendment (referred to as the "Jaffe Amendment"). It passed the super-majority; now all institutes have the "option" to elect one BOPS fellow from their faculty, without the requirement of being certified or a TA. We need to trust the talents of all our analysts.

APsA needs a functional structure with a Council that has final authority: In San Francisco, Council voted to support the bylaw amendment that would make Council a functional board of directors, with a firm commitment to respect the collaboration between Council and BOPS. I understand some fear this authority could be abused, but I am optimistic the Council is trustworthy. As president in San Diego, I headed a re-organization from a traditional and bipartite structure, into a much more functional organization with four divisions and a board of directors with final authority. These changes required trust.

APsA needs to advance education and professional identity: I am a BOPS fellow, a member of our COPE Steering Committee, and a local EC co-director. I support encouraging and externalizing certification, as a "local option" to become training analysts, and a professional choice. I served on the editorial boards of *JAPA* and *IJP*. I've written journal articles and two books, the latest being: *How Talking Cures: Revealing Freud's Contributions to All Psychotherapies*.

APsA needs its strategic plan prioritized and put into action: I served on the APsA Strategic Planning Task Force, so I know it well. For five years I chaired our local Strategic Planning Committee, and then as president worked to implement its objectives. Locally, implementing our strategic plan has improved our educational programs, our responsiveness to members' needs, our liaisons with other academic institutions, and our involvement in research.

APsA needs to advance research: As president of APsA's Candidates' Council, I facilitated the creation of the Candidate Scientific Paper Prize. I did a research doctoral dissertation, and was a guest researcher at The Rockefeller University. I know and support research.

APsA needs to address the lives of children and adolescents: I am a child and adolescent psychoanalyst. I served as consultant to a local pre-school. It's vital that APsA has input about education, parenting, public policies, etc. Psychoanalysis is a developmental science.

APsA needs to be inclusive: In governance and education, we need the wisdom of everyone's views. I served as president of our local candidates' organization, president of APsA's Candidates' Council, president of the International Psychoanalytic Studies Organization (IPSO), and president of the San Diego Psychoanalytic Center (SDPC). During these terms as president I facilitated a local system of affordable supervisory fees; I helped get the right to vote for our candidate members

of APsA; and I facilitated an IPA/IPSO liaison that has resulted in joint rather than separate Congresses, and financial stability for IPSO.

APsA needs the cross-pollination of psychoanalytic organizations: As president of our Candidates' Council, I replaced a tradition of yearly "President's Letters" with a newsletter, so all could participate. As North American IPA Board member, I worked to increase the visibility of the IPA to APsA members with the creation of the IPA Centennial Film (streaming from the IPA website, PEP and YouTube).

APsA needs responsible fiscal oversight: I currently serve on APsA's Executive Council Budget Finance Advisory Committee. As local president I did a seven-year audit, advancing a process of fiscal responsibility. I served on the IPA's Candidate Loan Committee, allocating limited funds to assist candidates. I have also served on local, national and international boards that have fiscal responsibility for their organizations.

APsA needs to have a public voice in government policy: I have served in various roles where organizational policies are addressed (some already mentioned), advancing needed policy changes. We need a strong voice in Washington and any states where the integrity of our profession is threatened, to assist our veterans, and to help with public threats.

Please feel free to contact me at lsjaffe@gmail.com or call me at 858-452-5728 if you have any questions. At drleejaffe.com you can learn more about me.

Working together, I see a bright, important future for APsA and psychoanalysis. What we provide is greatly needed. Given my local, national and international experiences with education, governance and leadership, I am prepared to serve as your president, and I ask for your vote.

Lee Jaffe reports

*no ethics findings, malpractice actions,
or licensing board actions.*

Harvey Schwartz



Harvey Schwartz

Through the courageous efforts of our Executive Committee we are now ready to move beyond our long-standing partisan conflicts and more fully engage the world around us. With collective gusto, we can now show the public what a powerful method of healing that psychoanalysis and its therapies can be for many suffering individuals. We are a New APsaA.

Our recent history of conflict has taught us the limitations of the false but seductive us/them paradigm.

We have learned about the passions of our views and our devotion to this work. The question has long been: Can we find areas of overlap where we can set aside our differences for a common goal?

Our new beginning at the San Francisco meetings convinces me that we can. Our Executive Committee has crafted a revolutionary solution to our conflicts. They have found the common ground in our seemingly endless tensions. This goal echoes the wisdom offered by Lincoln when he said: "We must not be enemies. Though passion may have strained, it must not break our bonds of affection." The Executive Committee deserves our thanks. Let's together gather around them and protect them while they do their delicate work. We need to stand resolute in the spirit of our new political unity and resist the siren calls for our old divisive politics.

I admire and appreciate Mark Smaller's efforts to move us beyond our old polarizations. Following his lead, we can be more aggressive in facing our challenges in recruitment and training. For example, I recommend that we offer institutes and candidates, adult and child, the option to have one of their supervised control cases be seen three times weekly. This is in accord with the Eitington model.

I suggest that we reconceptualize APsaA as a proud Big Tent. The depth of the human experience that we encounter in our unique training informs our efforts in many non-clinical arenas. We do so much more than sit behind the couch. Our members devote themselves to business consultation, forensics, child custody evaluations, pharmacology, couples/family work, community outreach, academics, etc. Our analytic skills enrich our approaches to these disciplines. We are all APsaA analysts. We should proudly share among ourselves and the public the many activities we are engaged in that benefit from our analytic backgrounds. We should have analytic mentors in these various disciplines available to inspire and broaden the vision of our younger members.

Our older members are our invaluable resource for learning and modeling. Our interest in their clinical experiences also offers them an opportunity to be generative teachers of the next generations. I have learned this in my 25 years of conducting a yearlong psychotherapy continuous case conference for third- and fourth-year psychiatry residents. The exchange between the generations has to go both ways. The younger generations also have a great deal to teach us in many areas but especially in the technological one.

Skype/phone therapy is here to stay. It is both the lingua franca of the younger generation and an invaluable tool to reach the otherwise inaccessible. It is the responsibility of the pre-digital generation of analysts to help others recognize the irreducible analytic immediacy provided by physical proximity. Simultaneously, we must recognize that digital contact is clinically powerful. In my experience, the in-office "telepathy," where one can daydream about an image and then have it turn up in the patient's associations, also occurs with digital contact. This medium can provide a workable affective engagement which we must embrace and study.

We must advance with gusto into the digital age. We have remarkable teachers whose skills we need to harness online for ourselves and for the many psychiatry, psychology and social work programs hungry for wise analytic educators. We need to create a national psychodynamic listserv for interested trainees. During my 10 years as psychiatry residency director I would have loved to have had such a listserv for interested residents. We need to establish an APsaA brand of online learning for the general public who is eager to embrace this new method of education.

We need to engage the world to let them know that psychoanalysis remains a powerful instrument for healing. For example, Arnie Richard's and Sasha Rolde's Internationalpsychoanalysis.net is an outstanding public demonstration of vibrant psychoanalytic thinking. I started a Jewish Thought and Psychoanalysis website and lecture series that is in the community and for the community—JewishThoughtandPsychoanalysis.com. Recently, Philadelphia's Larry Blum and Rick Summers have established a minor in psychoanalytic studies at the University of Pennsylvania. All these efforts reintroduce psychoanalysis by name into the intellectual mainstream. They also all grow from the passion of individuals—labors of love. We all can make outreach every time we share our analytic thinking with students, colleagues and the general public.

But we must do more.

We need to communicate to the larger community that we are personally, and as a profession, affectively available for meaningful and healing engagement.

This is how one attracts patients. This is how one learns from the world. This is how one grows a profession.

Together, let's create the New APsaA. 

*Harvey Schwartz reports
no ethics findings, malpractice actions,
or licensing board actions.*

Julio G. Calderon



Julio G. Calderon

I welcome the opportunity to continue to serve the Association and its members as a nominee for the position of councilor-at-large. In my years of service to the Association, I have garnered much experience having served in various roles but none has prepared me more for this position than being past president of the Candidates' Council, APsA's national candidate organization.

We are facing threats to our profession with the encroachment of managed care, an emphasis on evidence-based medicine, short-term manualized treatment approaches and a society that is increasingly looking to

find quick relief from what ails it. I have been witness to the amount of time spent by our leadership and committee members arguing over longstanding historical disagreements that have tended to divide the organization, its members and their governing bodies. I have seen these battles consume the energies of the Association and its members. It is time that we heed the warnings and focus our energies outward to the broader community and the world around us. We need to put our efforts behind rebuilding bridges with the academic community, and in strengthening our scientific basis as we reclaim the Association's position as the pre-eminent scientific home for psychoanalysis. We need to be expedient in streamlining our governance structure so that we can turn our attention to allocation of resources

and our future as a profession, a science and as an organization.

We all have a stake in our professional home regardless of our position on "certification," "externalization" or "training-analysts selection criteria." It is not to say that these issues are not important but they can serve to distract us from the issues that are really at the core of our long-term survival as an Association. I hope you will share in my excitement and vision for the Executive Council and our Association and put your support behind my candidacy for councilor-at-large.



*Julio G. Calderon reports
no ethics findings, malpractice actions,
or licensing board actions.*

Fredric T. Perlman



Fredric T. Perlman

I am honored to be nominated for councilor-at-large.

Our Association is the best hope for psychoanalysis—a profession under siege.

We all know the threats we face as a profession: a quick-cure culture; competition from rival groups; adverse government policies; the disappearance of insurance coverage; massive threats to privacy. It isn't surprising that the Committee on Institutes found that a third of our institutes were endangered.

To remain viable, we need to act vigorously and in concert.

We are the only psychoanalytic organization with the size and resources to effectively confront the threats we face. I first joined APsA to participate in this effort. I have been honored to serve on CGRI and various task forces addressing these issues. We have had some notable successes fighting uphill battles.

In recent years, however, conflicts among us have distracted us and limited our capacity to work together.

The Executive Committee has outlined a six-point plan to help relieve our internal struggles and strengthen our Association. The plan offers real possibilities for a more harmonious future. I support the six-point plan and, if elected, will work to ensure that it is developed in a transparent and democratic fashion.

A significant strength of the plan is the expansion of local autonomy for our institutes. Ideally, such autonomy will engender creativity, innovation, and a vibrant national dialogue about education. Increasing diversity will enhance our capacity to adapt to an unpredictable future.

In my view, any expansion of institute autonomy should empower our institutes to reform their TA systems. Many analysts recognize that treatment and training don't belong in the same hands. Inasmuch as TAs play influential roles in our institutes, training analysis inevitably entails a dual relationship that violates analytic principles and compromises treatment.

The TA system undermines the integrity of the training analysis and, inevitably, the collegial relationship that follows.

This alone warrants reform, but the damage is more pervasive. The TA system confers enormous institutional power on a handful of analysts who collectively control the future advancement of all others. The current TA system thus institutionalizes inequalities of power that—ironically—engender conformity and submission in a community formed to promote autonomy and creativity.

We need to empower our institutes to ensure that personal analysis is genuinely personal and that collegial relationships are genuinely collegial. Our Association should promote, not impede, these vital ends.

Finally, I support the bylaw amendment. Its enactment will facilitate implementation of the committee's plan in accordance with the will of the members and will advance the democratic character of our organizational governance.



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

Sally Rosenberg



Sally Rosenberg

I am pleased to be nominated for councilor-at-large of the Executive Council of APsaA at this historic time in our organization. I was fortunate to participate in the discussions of the Joint Meetings simultaneously serving as councilor and


fellow representing the Michigan Psychoanalytic Society and Institute. APsaA's history and conflicts that have been ongoing have led us to these Joint Meetings and prompted the Executive Committee to recommend a working set of recommendations that will need to be clearly defined as we move forward.

My goal will be to help create a strong but flexible structure that can encompass the diverse groups that make up APsaA. It is important to allow for small, middle and large size groups and all the contingencies that come with local flavor and local struggles that should have our full recognition and support.

I believe that the Association should try to build a unified structure that helps support the local groups in their activities: scholarship and writing, training, research, and public outreach.

When I first attended APsaA's meetings as a resident, I discovered spirited panels where passionate discussions were common. In addition, small discussion groups allowed one to meet individual members making it possible to develop colleagues and friends on a national level. These avenues helped to strengthen my identity as a psychoanalyst and broadened my exposure to multiple theoretical perspectives. APsaA draws together talented clinicians, teachers, researchers, and a variety of professionals from related fields who mentor students from the beginning of their careers. Our national programs perform a vital purpose in enriching our members' professional development and scholarship. As important are the far reaching diversity and social action position statements APsaA has promulgated, rising as a leader amongst professional mental health organizations.

A critical issue that concerns the Executive Council and all of our members is membership. We need to create an organization that is inclusive and welcoming. It is critical that the Executive Council supports the fund for psychoanalytic research. Without research and liaison and outreach, psychoanalytic psychotherapy and psychoanalysis will continue to be under-recognized in the academic spheres where we work and teach. New groups wanting to become members will help fortify and enhance our organization. Creatively opening up newer membership categories of those who are considered to be Associates could be explored.

I believe in collaborative construction of APsaA and restoring vitality to the organization by fostering open communication directly and through Executive Council representatives. I value honest communication regardless of divergent views. I favor respectful communication while keeping the eye on our goals. 

Sally Rosenberg reports
no ethics findings, malpractice actions,
or licensing board actions.

Jeffrey K. Seitelman



Jeffrey K. Seitelman

Four years ago you elected me as councilor-at-large. I ask for your vote for a second term. I add to my qualifications my experience as president-elect, and now, president of the New Center, Los Angeles. I know local

concerns up close and personally. I have been on Council for 10 years (6 as alternate for New Center). Over the last two years, I have served as chair of APsaA's Honorary Membership Committee, honoring Mary Main, Beatrice Beebe, Jeffrey Berman, among others. I have been elected to the Policies and Procedures Committee, the Compensation Committee and the MRRC (Membership Requirements and Review Committee).

We are the strongest organized voice for psychoanalytic thought and concerns in this country and in the IPA. We have an active


presence in Washington, in state capitals and offer expertise in trial and legislative matters that touch on areas of our experience. I firmly support all and any actions that strengthen our membership/community activities.

I am strongly supportive of the agreement reached via the Executive Committee, and agreed to by both BOPS and Council leadership, including the use of IPA standards as our Eitingon-base. I am and I remain one of the supporters of the bylaws amendments. The Executive Council remains our broadly representative Board of Directors. If the six-part resolution put forth by the Executive Committee passes, the new Department of Psychoanalytic Education will be a Committee of the Corporation, deriving authority from our bylaws and will be subordinate to Council. Let's continue working toward a stronger Council that represents our entire membership, and directs our organization.

Let's continue our open, unmonitored lists, including the Openline List, Members

List and Election Lists. They are evidence of our democratic impulses. I don't see justification for limitations on our lists. Many of us rely on the lists to keep us as part of our community, to make referrals and discuss issues.

As we head toward a "local option" resolution, for those institutes that wish, I am in favor of the personal psychoanalyst movement that is being considered at some institutes. We will need a TA determination process that emphasizes fairness, objectivity and verifiability for those institutes that desire central determination of qualifications for T/S psychoanalyst. I await further notification of the membership's will on these matters.

We must support our societies in implementing better ways for our members to establish themselves in their communities, and for us to be of value to them in these challenging times. Thank you. 

Jeffrey K. Seitelman reports
no ethics findings, malpractice actions,
or licensing board actions.

A Unique Duet: APsaA Joins Music Teachers National Conference

Julie Jaffee Nagel



Julie Jaffee Nagel

On April 2, the American Psychoanalytic Association and the Music Teachers National Association (MTNA) will co-sponsor a day-long program at the 2016 MTNA

Conference titled, "Developing Self-Confident and Resilient Musicians: Teaching the Whole Person." The Conference, to be held in San Antonio, is the first collaboration of the two organizations and is also the first time a full day has been focused entirely on mental health and music teaching/performing at MTNA.

The MTNA CEO and executive director, Gary Ingle, invited me to co-chair this interdisciplinary program with Gail Berenson, past president of MTNA and professor emeritus of piano at Ohio University. The program will bring together music teachers, student performers and psychoanalysts to address the emotional issues music teachers confront daily working with students of all ages.

With the organizing themes of psychological and musical development through the life span and teaching the whole person, panel sessions will examine intrapsychic and interpersonal issues that come alive in the teacher/student interaction. Similar to the psychoanalytic dyad, there is a one-to-one teacher/student relationship that develops over many years of music study. Issues, such as transference, countertransference, resistance, ego

defenses, ambivalence, competition, shame, relationships, and boundaries, witnessed in the consulting room also are present during music lessons. One teacher recently commented, "Students never walk into music lessons with a clean emotional slate."

Applications of psychoanalytic ideas to music teaching and performance will be offered by APsaA psychoanalysts Steven Levy, Curtis Bristol, Alina Rubinstein and me. Each analyst will present in two interdisciplinary sessions alongside MTNA music teachers and students. The audience will be encouraged to participate with questions and comments.

* * *

The format for the sessions includes:

Introductions

Gail Berenson and Julie Jaffee Nagel

Welcome message

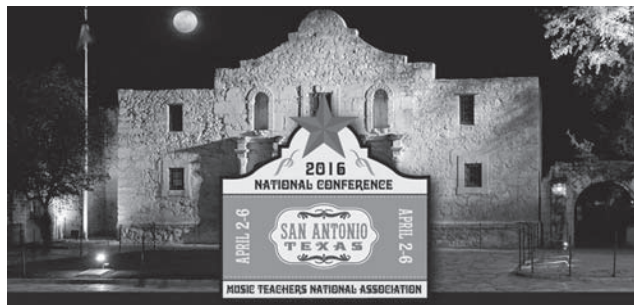
APsaA President Mark Smaller and President-Elect Harriet Wolfe

Developing Music and Personal Resilience: What Does Mental Health Have to Do with It?

Music teachers play a significant role in helping students develop as individuals both musically and psychologically. This session will illustrate that students are greater than the sum of their musical parts. (Julie Jaffee Nagel and Curtis Bristol)

Getting Started on the Right Foot: Establishing a Strong Foundation

The approaches used with beginning students are particularly important and set the tone for all future involvement in music making, creating a love of music or possibly the opposite. This session will offer ideas for working with



pre-schoolers, beginners and adult students. (Curtis Bristol and two MTNA teachers)

Master Class—Teaching the Whole Person

The music teacher, in addition to parents, is often a student's first audience and someone who addresses emotional issues that arise during lessons. This session will offer the opportunity to see a highly skilled teacher at work. Following the master class, students will discuss their feelings about the experience with two analysts. (Julie Jaffee Nagel and Alina Rubinstein)

At the Movies: A Glimpse into Student/Teacher Relationships on the Big Screen

The relationship a student forges with the teacher can be powerful in helping develop healthy self-esteem. Film is a vibrant medium for illustrating this dynamic. This session will show three brief clips from the film, *The Visitor*, not specifically about music teaching, that will trigger a discussion about how music lessons transform the main character. (Steven Levy and two MTNA teachers)

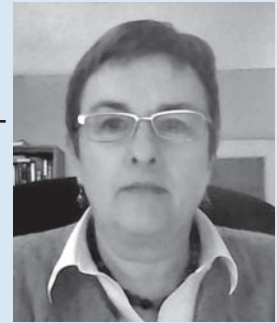
Agony and Ecstasy of Competitions: Winning and Losing—and Doing Your Best!

Competition is often an integral part of music study. Winning can be exhilarating while losing can be devastating. This session will explore the psychological issues that can facilitate healthy attitudes and enable students to put their best foot (or hand) forward. (Alina Rubinstein and two music teachers)

Continued on page 30

Julie Jaffee Nagel, Ph.D., is a graduate of the Juilliard School, University of Michigan, and Michigan Psychoanalytic Institute, where she is also faculty. She is author of *Melodies of the Mind* and in private practice in Ann Arbor. Website: www.julienagel.net

Candidates' council



Phoebe A. Cirio

What Do Candidates Want and Need?

Phoebe A. Cirio

Abraham Flexner investigated social work in 1915, five years after he recommended revolutionary changes in medical education. He had advised the closure of most medical schools because they were mediocre; most were private ventures to make money for their faculties, places where anyone could be admitted. Flexner also advised an increase in the prerequisites for admission to medical college. It is Flexner we have to thank for the scientific thrust of American medicine.

learning; this material they work up to a practical and definite end; they possess an educationally communicable technique; they tend to self-organization; they are becoming increasingly altruistic in motivation...

He concluded social work was much like a profession but not fully a profession, because social work was much like education; the rewards for both the

Professional education became a way to establish oneself as a member of a certain social class, but also it became a very practical way to make a good living. The fact that social workers had yet to find a good way to get paid for their work was a mark against their self-definition as a profession.

All psychoanalytic candidates already have a profession. They are social workers, counselors, psychologists and physicians. And, they embark on further training to become psychoanalysts. Why, we have to ask, does anyone do this?

I can answer for myself. I wanted to become a psychoanalyst because I regarded it as the pinnacle of mental health practice, and I felt honored to be allowed to embark on a psychoanalytic education. I wanted a rigorous and comprehensive education in psychoanalysis. I also hoped it would help me generate a good income. I suspect most of my fellow candidates, then, and candidates now have similar motivations. They feel the training is worth it because it will enhance them personally, and professionally, for the rest of their careers.

But the idea that psychoanalytic education offers those who undertake it something of tangible value means we demand that very thing of the profession. Candidates do not seek their rewards "in their own conscience or in heaven." We are looking for earthly satisfaction.

Continued on page 30

...the rewards for both the teacher and the social worker "are in his own conscience and in heaven."

Following the success of his investigation and report on medical education in America, he was invited to conduct a similar investigation of the then emerging profession of social work. In his report, which was delivered at the 42nd annual meeting of the National Conference of Charities and Corrections in Baltimore, Flexner stated six criteria that had to be met for a field of work to be considered a profession:

Let me now review briefly the six criteria which we have mentioned: Professions involve essentially intellectual operations with large individual responsibility; they derive their raw material from science and

teacher and the social worker "are in his own conscience and in heaven." He was referring to the generally low levels of compensation for both professions.

You might wonder why I am citing this rather obscure bit of history for my inaugural column as president of the Candidates' Council. I have several reasons. One is a question I have about how candidates find it within themselves to enter into yet further professional training at this historical moment, in 2015, 100 years after Flexner's report on social work. Flexner's definition of a profession shaped changes in professional preparation, which produced an era during which professions flourished. This was one outcome of the early 20th century progressive movement.

Phoebe A. Cirio, M.S.W., LCSW, is president of the Candidates' Council.

Special Section on War

Introduction

Michael Slevin

War has always shadowed my life. I was born shortly after the end of World War II, which served as a reference point for my generation until Vietnam. General Eisenhower, the first president I remember, served as the Cold War hardened. I remember asking my father why we were not building a bomb shelter in our basement as a friend's father was doing. Troops, ships and aircraft were deployed around the globe. The Cold War could also be hot: The Korean War was fought to push back communism. That was the 50s.

The 60s began ominously with the Cuban missile crisis. The decade erupted with the massive expenditure of people and treasure in Vietnam. For many, that war brought into open conflict ideals held by the World War II generation and its children. That war in Southeast Asia continued until the middle of the following decade.

Domestically, especially in the 50s and 60s, the fight for civil rights brought our own unfinished Civil War front and center—where it is again today.

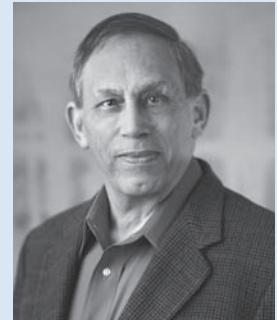
Cold War deployments continued until the collapse of the Soviet empire in the late 80s.

The 90s began with the Gulf War. U.S. troops were again fighting on foreign soil. The first decade of the 21st century, saw rapid deployment cycles as our all-volunteer army fought grinding, drawn out wars in Iraq and Afghanistan.

Since September 11, 2001, our service members have been a key element of the many-tentacled War on Terror.

Absorbing this reality in my gut, I decided to edit a special section for *TAP* on war.

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 Sinai Hospital of Baltimore and has a private practice.



Michael Slevin

In this issue, *TAP* publishes two articles. On the cover is an edited interview I held with psychoanalyst Harold Kudler, who in the fall of 2014 was appointed chief mental health officer for the Veterans Health

Administration of the Department of Veteran Affairs. We explore the mental health services of the Veterans Administration and the influence of Kudler's psychoanalytic training on his VA work. Prudy Gourguechon's article, titled, "Preliminary Thoughts on a Civilians' Project: Coming Home from *Our War*" on page 20, considers our psychological investment, role and responsibilities as civilians when we send men and women to war.

Two more articles will appear in the next issue of *TAP*: One by Will Braun on organizing a theatrical reading of Freud's entire *Civilization and Its Discontents*—twice—at the Judson Memorial Church in January 2015, and another by Neil Altman on how he used Melanie Klein's work to understand and facilitate his actions opposing the American Psychological Association's role in the United States government use of torture as part of the War on Terror.

Today, with an all-volunteer military, many Americans have detached themselves from responsibility for our wars and for the veterans we have sent to fight them. This is a profound cultural change from the mass national mobilization of World War II. Civilian detachment is due in part to the heated polarization over the Vietnam War and not unrelated to the end of the draft. Our four authors seek to have us once again engage as whole citizens responsible for a whole country and its government. **APSA**

Harold Kudler Interview

Continued from page 1

Let me change directions for just a second.

You are a psychoanalyst.

Yes. But, I cannot say I am a card carrying psychoanalyst, I am an advanced candidate in adult and child psychoanalysis.

What does psychoanalysis have to offer a large bureaucracy like the VA?

The VA is large and national and thinks in huge terms. It has to in order to accomplish its mission. When I was interviewed for this job, I was asked what I would bring to VA that would make it better? After all, the VA had built this really gigantic evidence-based therapy program. It had hired thousands of new clinicians and trained them to deliver these manualized therapies and had even done a good deal of the original research for development of these treatments. What I said was, yes, the VA has accomplished everything you say in response to an industrial-sized, national mental health need but the problem was you cannot industrialize mental health. Mental health is always a human story, always an individual story, and it has to be addressed in human terms according to individual needs. This is what I wanted to bring to VA and this springs directly from my analytic experience and point of view.

How do you do that?

The VA, partly in response to its critics, had created a system to ensure it was seeing people within a certain number of hours and bringing people back within a certain number of days and that, within that time frame, it was making accurate diagnoses and documenting certain things and putting people on specific tracks for different interventions.



But at no point, as policy, did it emphasize making a profound connection with that person. The vital link needed to make our programs maximally effective is to help the individual who comes to us with a very personal problem to articulate that problem in personal terms and be heard in the way he or she was hoping to be heard. That was not our top priority in the VA even though, as an institution, we were just realizing the critical importance of being veteran-centered and veteran-driven.

Can you change the training or the framework within which clinicians in the VA operate?

I think it would be difficult for me to wade in and say, "I have a different way of looking at things and, since I am in charge, everyone should look at things my way." It would create friction and, ultimately, battle lines. What I have found in my 31 years in the VA is that when I can offer insights that help clinicians do their jobs, even without labeling it as psychoanalytic (or anything else), people say, "I can use that. That is helpful. Thank you."

I have put this into action over the past five years in a group supervision I have run for VA health professionals working with trauma survivors. I started doing this just at my own medical center in Durham, North Carolina, and, before I knew it, people in our outlying community-based outpatient clinics many miles away were saying, "We heard about this; we need it too. Could we join you?" So we started teleconferencing them. Other hospitals in our region joined us. Once we realized how much our colleagues liked this, we reached out to a listserv of VA clinicians east of Mississippi and, ultimately, across the entire nation. We got to where we were having over a hundred clinicians from across the country calling in for a given session. Each month a clinician somewhere in the U.S. would present the case of a trauma survivor whose story the clinician found him/herself taking home at the end of the workday. That was our inclusion criteria for presenting.

A very common theme emerged in the course of these monthly presentations: A veteran was trying to deal with a memory, an emotion or an idea that was so overwhelming it was literally unspeakable. The presenting

symptoms were ways of expressing what could not be put into words—and which may not even have been available to consciousness. These veterans inevitably brought these concerns into therapy and, since the patient was not able to articulate them or even to become aware of their power, it was the therapist who had to carry the discomfort even though he or she was only dimly aware of what the content was. Therapists reported a variety of feelings including helplessness, sadness, depression, fear, rage, shame and/or futility. Often, the therapist would say, "I cannot do this work because I am too afraid," or "I cannot do this work because I am becoming depressed," or "I cannot do this work because I feel so incompetent and overwhelmed."

And we would suggest that the therapist, was in fact, experiencing a very appropriate awakening to the patient's own core concerns. We would point out that, rather than giving up on their patient or on their own ability to do good therapy, they might want to consider that their responses demonstrated they were actually well attuned to their patient's most personal issues: They simply had to grasp where those concerns were coming from and help the veteran begin to own them and then understand and resolve them. Thus it was the therapist's response, as uncomfortable as it might be, that enabled them to help their patients articulate the unspeakable and to find ways to live their own lives and own their own histories, thoughts and feelings without falling into symptoms and, sometimes, serious loss of function.

This simply reflects a concept Freud discovered a very long time ago: Countertransference provides a means of understanding the patient, even when the patient cannot understand him/herself. But this was a principle many people in the VA did not know because psychoanalytic ideas are no longer being taught in their graduate programs and their residencies. Once clinicians realized the sometimes painfully difficult thoughts and feelings they experienced in their efforts to help veterans might actually be the means by which they could provide that help, they found it liberating. And only an analytic perspective could have accomplished this.

Continued on page 19

I believe psychoanalytic perspectives can help a new generation of VA clinicians in the VA become more effective, more satisfied, and more resilient as therapists.

That's a tremendous number of people.

We have worked with more than 400 clinicians across the country in our group supervision program.

Are you talking about psychiatrists, social workers, psychologists?

All of those, as well as nurses, physical therapists, specialists in traumatic brain injury, primary care staff, nurses of all stripes and peer support specialists among others. That's because, in the VA, literally all of us are working with people who have lived through war and have carried the war home with them in visible and invisible wounds.

Clarify for me the treatments the VA offers.

One of my responsibilities is to advance and advocate for the evidence-based therapies (EBTs) the VA has helped develop and field for the treatment of veterans. These include such interventions as prolonged exposure therapy (PE) and cognitive processing therapy (CPT). Some of my analytic colleagues might wonder how I could be an effective advocate for theories and practices that often seem at odds with those of psychoanalysis. I have had to deal with that same question through most of my career. My answer is these theories are more alike than they are dissimilar. The proponents of exposure therapy, cognitive therapy and psychoanalysis all agree that the signs and symptoms that may follow a psychological trauma stem from and are maintained by avoidance of thoughts and feelings related to that traumatic event. These therapies primarily differ in how they attempt to overcome that avoidance in order to promote healing and open the path for future growth.

These brief treatments can significantly reduce the symptoms of PTSD and a sizable proportion of people will no longer meet DSM-5 criteria for PTSD after treatment. While many veterans who complete a course of therapy will continue to suffer symptoms and quite a few will still have diagnosable

PTSD, many will, nonetheless, be more able to adapt and cope. Some will be inclined to see what the next steps might be. One mistake we cannot afford would be to say, "You have had a course of therapy, therefore you are done and we will go on to the next veteran." Based on all we have learned up to the present (including psychoanalytic experience), we are in the process of redefining the continuum of PTSD care and considering what works for whom, how different kinds of people might best engage in treatment, and what a rational "stepped" treatment sequence might be.

From my perspective, there will be some trauma survivors who will do best by beginning in a psychodynamic treatment and others who will find psychodynamic treatment most helpful at a later point. Throughout my career, I've found the psychoanalytic lens the most helpful in understanding what psychological trauma is and how it is overcome, but I have also come to appreciate that there are many ways to heal. What is, I believe, universal among all trauma survivors is the need to develop a strong therapeutic relationship as the foundation of any psychotherapy. Equally important is the therapist's need to cultivate and maintain a disciplined use of him/herself in the service of the patient. These are lessons I've learned from psychoanalysis and they are among the most important principles we, as psychoanalytic clinicians, can share with VA clinicians of all disciplines and conceptual views.

What are some programs that have been put into effect?

It turns out there are many next steps. There are some pre-steps we are patching into the process as we build and refine it. For example, one of the things we have learned (maybe "re-discovered" is the better term) from these recent wars is the public health perspective. We can train the best clinicians in the world but that does not mean people want to see a clinician at all. Marines have come to call mental health professionals "the wizards." This is not because they have such respect for our powers but rather because



they fear; if they see one, they will be made to disappear. Given the stigma of having a mental illness or of simply not being self-sufficient (both of which are strong in American culture but greatly magnified in military culture), most service members and veterans do not want to talk to a mental health professional. Service members, veterans and their families actually have better access to mental health services than most of their fellow citizens yet, paradoxically, they simply will not go to see a clinician because of this cultural dimension.

So how do we develop a public health model (some would say a population health model) that allows us to improve mental health outcomes among this entire group of people whether they be on military bases in the U.S., deployed to a combat area, or re-immersed in civilian life? One outside the box idea we've developed is to train members of the clergy to recognize and support the service members, veterans and family members within their congregations. For the most part, clergy members do not want or need to become mental health professionals but, because we have found people are five times more likely to tell a congregational leader about a deployment-related mental health problem than they are to talk about it with a mental health professional, we need to make sure those members of the clergy can recognize a problem when they hear it and that they know something about how to provide effective support and to direct people to appropriate resources including those of the Department of Defense and the VA.

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Preliminary Thoughts on a Civilians' Project: Coming Home from *Our* War

Prudence Gourguechon



Prudence Gourguechon

I live in Chicago in the 48th Ward, a liberal and diverse community. During a recent aldermanic election, I attended a get together with the candidate I was supporting—a community-minded, caring, progressive politician. In the question and answer period, I asked him what was being done in the 48th for veterans. He looked at me blankly and admitted he had no idea. Neither he nor those of us in the audience knew who the veterans in the 48th Ward were, where they were, whether they were getting the services they needed, or whether they felt reconnected to civilian life. In the 48th Ward, at least, the veterans of Chicago are invisible.

Soldiers, marines and sailors do not have policy reasons to kill. We civilians do, we have reasons to ask them to kill for us. We need resources, or feel unprotected, or want to defeat an enemy. Every time we think of vets as an “other,” as “them,” with pity and fear; we are betraying the truth that puts us squarely in a position of responsibility for the murder and death of war.

I have been thinking about the civilian-military disconnect from a psychoanalytic and large group psychology perspective and have come up with a couple of possible formulations. I hope others will join me in trying to more deeply understand the dynamic and unconscious civilian experience in wartime,

Prudence Gourguechon, M.D., is past president of APsaA and founder of its Service Members and Veterans Initiative (SVI). She continues to write blog posts for APsaA's SVI <http://www.apsa.org/content/service-members-veterans-blog>.

especially in this particular time of war when forces of technology and even modern military strategy reinforce that disconnect.

Here is one idea. It is a dangerous world out there. We need people to protect us, even if we do not want to face what delivering that protection really means or think too much about the dangers we are being protected from. In the popular film *American Sniper*, Chris Kyle's father delivers a speech that has become famously known as the “wolves, sheep and sheepdogs” speech, based on an essay by Lt. Col. David Grossman. Sheepdogs are capable of violence and patriotism, and protect their fellow citizens. The analogy has itself become a focus of cultural conflict. It is seen by some as a right-wing rallying cry, a justification for violence, a proud statement of patriotic duty as understood by the military class.

From a dynamic point of view, could this be true? Military personnel face dangers on behalf of civilians. Is it possible we project our vulnerability and the danger we fear and know exists onto those who have actually traveled to war to face it? And then when they come home, we are content to see them as both dangerous and vulnerable. And as “others.”

A colleague who works with veterans tells me children of service members often say,



“My Mom (or Dad) is protecting us from the bad guys.” Don't we all want that? But can we stay humanly connected to those who face the bad guys, with all the moral complexity and inelegance that encounter engenders?

Another underlying dynamic I find compelling might be that we civilians project our murderous aggression into and onto the military, split it off, and then wall it off, separating ourselves from them as if they are strangers; we believe *they* have experiences we cannot fathom. *They* suffer, but we do not. At best we offer pity or awkward gratitude—“Thank you for your service”—but not shared experience, not responsibility. Ending the draft and changing to an all-volunteer military furthers this divide.

In a *New York Times* OpEd piece, “How We Learned to Kill” (March 4, 2015), Marine Captain Timothy Kudo writes about the moral ambiguities a fighter has to live with. “When I returned home,” Kudo writes, “this group absolution was supposed to take the form of a welcoming society, unlike the one Vietnam veterans returned to. But the only affirmation of my actions came through the ubiquitous ‘Thank you for your service.’ *Beyond that, nobody wanted to, or wants to, talk about what occurred overseas.*” (emphasis added)

Judith Broder, founder of The Soldiers Project (<http://thesoldiersproject.org>) has written:

It is a challenge for each of us to be able to bear the awareness that WE (not THEM) have sent our young men and women into war ... Most of us live lives divorced from the realities of war.... Killing makes us all uneasy. We are repulsed, frightened and turn away from people who kill—maybe especially those who kill in our name. As mental health professionals, we need to help others understand that we all possess a “killer within us,” so that we can become truly empathic with those who serve in our armed forces.

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Operation Iraqi Freedom and Operation Enduring Freedom (the military's official names for the Iraq and Afghanistan wars respectively—did you know them?) may be the most isolated and unexperienced wars a country has ever fought. The decision to prevent press coverage of the dead coming home to Dover, Delaware, was a mere part of this.

Broder uses the W. B. Yeats phrase, "things fall apart," to describe the experience of combat troops when their belief that the world is a stable and predictable place shatters. Analysts like Broder and psychiatrist Jonathan Shay tell us troops suffer a massive loss of innocence and are forced to encounter their own aggression and vulnerability.

I think the problem for the civilian population is things do not fall apart enough. Our belief systems need to fall apart for us too, we need to lose our innocence. We need to be willing to let ourselves become part of the experience of war and its damage.

Arnold Goldberg's concept of the vertical split in *Being of Two Minds*, in 1999, and other writings seem to me invaluable here, where instead of a patient splitting off and disavowing perverse behavior, we, the civilian population, split off our destructive and disintegrative behavior. For over four decades, I have kept a now tattered collection of poems, *Winning Hearts and Minds: War Poems by Vietnam Veterans*, published by 1st Casualty Press, given to me by a marine back from Vietnam in 1972. One poem, by Stan Platke, describes in a chilling matter of fact voice how horrific are the experiences

we civilians put into motion and desperately want to disavow and split off. Most of the poems in the book are so gruesome I did not feel I could include them here. This is called "The Gut Catcher."

The Gut Catcher

Have you ever seen
A gut catcher?
Perhaps not
If you never had to use one.
There is no patent on them
They're makeshift
Depending upon time
And place
I've seen ponchos used
And a pack
And a canteen cover
Or your hands
You catch the guts of your buddy
As they spill out of his body
And try to stuff them back in
But they keep sliding out
For a face blown in
For an eye blown out
For an arm blown off
For a body blown open
...A gut catcher

Do veterans want us to know about these experiences they had? Do they want us really to know the reality of the war we sent them to? Judging from the book of poems I have kept with me, the answer is yes. In their introduction, the editors of the volume ask the readers to read the poems aloud, to copy them, dramatize them, share them, sing them, and use them in practical ways. So at least that group of warriors, in that generation, wanted us to know.


Back to the 48th Ward in Chicago, where I spend my time: With the exception of Veterans Day and Memorial Day, the only place I have seen any recognition during this long military conflict that we are in fact a nation at war has been at the local branch of Chase Bank. Chase bankers ask everyone opening an account if he or she is a veteran. I would

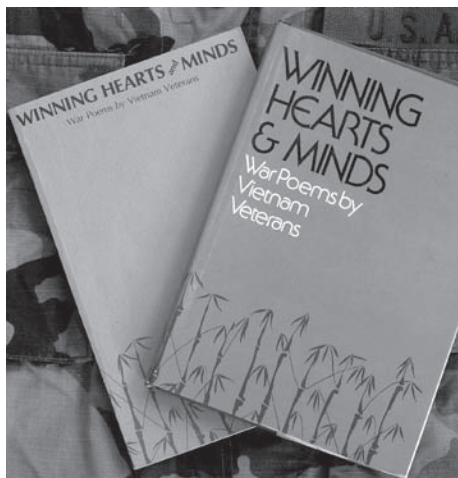


like to see every banker, member of the clergy, insurance agent, lawyer and teacher ask the individuals they serve the question, "Have you or someone close to you served in the military?" This mission serves two purposes: improving the service these professionals actually provide and broadening civilian awareness of and responsibility for war and our involvement in it. It would decrease the community-based split.

Martha Bragin, a psychoanalyst who has worked with soldiers and former soldiers throughout the war zones of the Near East and Africa, describes purification ceremonies in traditional African cultures that help reintegrate the warrior with the civilian world. Quoting Bragin from her article in the *Clinical Social Work Journal* in 2010:

It is necessary to create a process for both warrior and society to acknowledge the violence, and create opportunity for cleansing, healing, and renewal before it is possible to rejoin the community... not only those who participated in combat but those who welcomed the combatant home ...[must] participate in these experiences. Thus the community as well as the fighters were cleansed, the ex-combatant forgiven for wrongdoing toward the enemy; the community for wrongdoing toward the ex-combatant and his or her family.)

Perhaps the 48th Ward in Chicago and every other community in America need to create its own purification ceremony designed to confront the vertical split that separates civilians from war, and thereby distribute guilt, awareness, psychic injury and moral responsibility among the entire populace. 



Harold Kudler Interview

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We have also created programs that work to reach family members instead of veterans because, even though family members often share many of the same military culture beliefs, they tend to be more likely to see the need for mental health services before the veteran realizes this. We have developed a program, Coaching Into Care (1-888-823-7458), which connects family members and loved ones with a life coach who shares approaches from motivational interviewing that can help them help their veterans come to face their problems and take positive action.

These are great examples of how to take therapeutic thinking beyond the consulting room.

During World War I, Freud worked with the Austrian government to plan for free psychoanalytic clinical services for veterans once the war ended. When the war was over there were going to be free clinics for veterans, and they were going to be analytically based clinics but Austria was in no position to follow through after the war. Still, he saw the need coming out of the suffering of those who had served and, as a family member and colleague of many in service, I suspect he understood the need was great across the entire community after the war.

And, even as that war was starting in Europe, the Mental Hygiene Movement (a partnership of American mental health leaders, mental health consumers, family members and policy leaders, which was funded by the brand new Rockefeller Foundation) came together to promote a national awakening to the idea that mental health was everyone's responsibility. You know, the saying, "War is too important to be left to generals"? The mental hygiene movement said mental health is too important and too big to be left to the mental health professionals. I think Freud saw this too and that it led to his efforts to work with government and policy makers in Europe at the same time. We send these people to war and they represent all of us. They serve all of us and are ready to die in that service whether or not we, as individual

citizens are politically in favor of a particular war. The way I understand it, they are actually fighting for our right to disagree on issues like this. When the war ends, it is everyone's responsibility—this is not just a trite phrase—and it will take all of us to bring these people home. We have learned homecoming may take the rest of their lives.

What is the proper role of the VA?

A lot of people say, "Less than one percent of the population has been in these wars so why are we getting so excited about veterans?" The truth is there are over 22 million living veterans in America and another 40 million who are their direct dependents, eligible for some kind of VA benefits. We are talking about roughly one in five Americans. So, yes, the VA is built, as per Lincoln's statement in his second inaugural address, to serve those veterans who have borne battle, their families and their survivors. In doing that, it represents the entire nation and serves the entire nation.

When was the VA started?

The VA has its roots in the Mayflower colony at Plymouth, which decided that those injured in its defense were their responsibility. It is a principle that is older than our nation and which goes to the roots of our identity and tradition.

Is there something that distinguishes the VA population from other Americans or is it a cross section that is really comparable to any community?

For many years, veterans were overwhelmingly men and overwhelmingly older. It is still true that half of all American men over the age of 65 are veterans. But the veteran population is more and more coming to resemble the American demographic in terms of gender, age and ethnicity. Many Hispanic immigrants have come to view military service as an important pathway to "becoming American." And it should be noted the first Americans, American Indians, serve at the highest rate of any ethnicity. The military is where rural

American meets urban and rich meet poor. It is also one of the most powerful engines of social change: Consider President Truman's order integrating American combat forces. Our military is an American melting pot and our veterans represent the broadest possible spectrum of American society.

Anything you want to add?

It is very hard to generalize about veterans, but it is essential to recognize they are all around us even if they are invisible to us without their uniforms. They are all sorts of people. As a group, they have their vulnerabilities but I believe they also have certain important advantages; they have been part of something bigger than themselves. They know what it means to be truly close to other people (even though they may be very different kinds of people) and to value other people above themselves. More than that, they know the importance of being ready to sacrifice for a cause and they stand ready to do that their entire lives. They bring tremendous strengths to society.

The greatest privilege (and there are many) of working for the VA is in working with people like these. So when people think about veterans, it is essential not to think about broken people and not to pity them; they neither want nor need our pity. But they would benefit from our attention and respect. I think if everyone in America was awake to the need to recognize and honor veterans and their families (and not just in the clinics, but in the workplaces, on campuses and across the community and not just on holidays but every day), that would comprise the single greatest benefit to their mental health and we would all have a much stronger nation. APSA



Treating the Other Third

An Eight-Year Odyssey

H. Spencer Bloch



H. Spencer Bloch

Twenty plus years ago, I had little difficulty finding a publisher who did a commendable job editing and marketing my first book, *Adolescent Development, Psychopathology,*

and Treatment (International Universities Press, Inc. 1995 IUP). The marketing was certainly aided by splendid prepublication reviews written by prominent researcher-clinicians in the field of adolescence who generously agreed to do so for an unknown. Except for Cal Settlege, a mentor/colleague, I had never met the others—Morton and Estelle Shane, Aaron Esman, Joseph Lichtenberg and Daniel Offer. The impetus for that undertaking originated from being unable to find the kind of textbook I would have wanted as a student, when I taught the course on adolescence at the (then) San Francisco Psychoanalytic Institute.

All went well with that endeavor; Doody's rating of 97 and favorable reviews in many journals from all the mental health disciplines. Then, after the hardback copies sold out, the editor promised the paperback in three months. But seven years passed before it appeared, which put an end to whatever momentum the book had enjoyed. I have presumed that trajectory reflected IUP's quiet fading away.

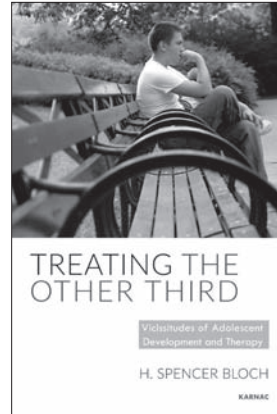
H. Spencer Bloch, M.D., certified in psychoanalysis (1982) and child/adolescent psychoanalysis (1983) has practiced in San Rafael, CA, since 1970. Other than having taught psychoanalytic candidates (1979-1986), his extra-practice activities have been consulting with public agencies, special-ed schools, and therapists.

THE SINGLE CASE STUDY: CASUALTY OF THE CURRENT PARADIGM

I have belabored this to illustrate the remarkable difference I experienced 20 years later with this second book. Everyone knows during those intervening years the "scientific" revolution burgeoned, with overwhelming interest becoming focused on "evidence-based" psychopharmacologic, epidemiologic, genetic and randomized controlled studies. Psychotherapeutic offerings were all but cast aside, until maturation of that scientific revolution in our field revealed its limitations. This in turn led to renewed interest in psychotherapeutic approaches, albeit with emphasis on evidence-based studies. And initially, among the psychotherapies, psychodynamic treatment with roots in psychoanalysis seemed most in danger of being discarded. Fortunately this has not proven to be the case. But I was persuaded early on from my experience with individual adolescents that single case study retained a more important role for both understanding adolescent psychological development and treatment than it was being accorded by the current scientific paradigm. Giving this perspective an airing was one motive for writing this book, which was relevant to the broader mental health field.

My other motive originated in a sense I developed that our field had moved toward unquestioning acceptance of certain conditions more on the basis of social consciousness and so-called political correctness than one would expect and hope from practitioners of a discipline with strong roots in rigorous, unbiased analysis of observed and researched data. Considering the pendulum to have swung too far in the new direction, I hoped to encourage more balance.

That was the climate in which I began searching for a publisher of my completed manuscript. After five to six years of failed, relentless efforts, I submitted pared down



versions of its five chapters to journals. One was published by *The Psychoanalytic Study of the Child*. The others were declined. The responses of journal editors and book publishers alike were either that their interest was in "research studies," or this work did not conform sufficiently to certain shibboleths of psychoanalytic thinking, the old story of "what constitutes psychoanalysis." Interestingly, brief,

trenchant comments from two journal editors reinforced my persuasion that single case study retains an important place in advancing our understanding of psychological development and treatment, and to not hesitate to present views that go against the grain of both the currently popular trends on the one hand and the long-held truisms within the field on the other.

PERSEVERANCE, SERENDIPITY AND DINNER

So I returned to submitting the manuscript as a book, still without success for by now seven years. Then most serendipitously, in early 2014, I sat next to Mali Mann at a small dinner gathering in memory of Cal Settlege. We had met once in 2005 when invited to discuss a case of hers, aspects of which she kindly allowed me to include in the book. Only because of the latter did I mention my difficulty finding a publisher, and she immediately shot back, "Rod Tweedy—Karnac," who it turns out did not hesitate to publish a manuscript that went against the popular grain; and Karnac has done a fine job producing it. Its release in April 2015 ended this eight-year odyssey.

I am not sure whether the experience has served me as testimony to the adage, good things come to those who wait (at least sometimes), or one should never give up efforts to present their professional views, even against odds.

Treating the Other Third refers to that more than one-third of adolescent patients who do not respond to medication, leaving psychotherapeutic intervention as the only alternative. Elaborating upon ideas introduced in

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Update on IPA Child and Adolescent Psychoanalysis

Mali Mann

As a child psychoanalyst and psychiatrist, and co-chair of the Northern American Committee on Child and Adolescent Psychoanalysis (COCAP) of the IPA, I constantly try to evaluate and compare the value of many types of child treatment modalities including child psychoanalysis. Demonstrating the relevance and clinical indications of child analysis for the emotional disorders of childhood is a crucial goal for our profession. My hope is to create a significant appeal to individuals inside and outside of psychoanalytic organizations and child psychoanalytic training centers.

Child and adolescent psychoanalysts are able and well equipped to find effective ways of presenting and promoting child psychoanalysis, locally, nationally and internationally. For a broader propagation of child analysis, we need to actively participate in outreach programs and increase visibility by speaking out on important social issues in order to facilitate its promotion and improve public education.

WORLDWIDE EFFORT

To advance child psychoanalysis, Kerry Kelly Novick, chair of the IPA's COCAP, communicates regularly with Gerard Lucas from Europe, Jose Sahoalder from Latin America and me from North America to implement our ideas to promote child analysis.

COCAP's mandate is to make people inside and outside the psychoanalytic organizations more aware of child and adolescent

psychoanalysis, monitor training programs, participate in outreach and public education efforts, and work with other groups within and outside of the IPA to meet the needs of children and adolescents, and their parents.

One example of such effort occurred last January at APsaA's Child Congress meeting in New York City, when Novick emphasized the importance of an active presence of information and materials about child analysis on APsaA's website, for children ages 0-24. This could be brought forward on the front page of the APsaA website and have links with the IPA and Association of Child Psychoanalysis websites as well as all the related organizations, such as the Alliance for Psychoanalytic Schools and American Academy of Child and Adolescent Psychiatry. Additionally, the entire child training programs should be listed with user-friendly, well-developed links on their websites.

The successes and ongoing work of COCAP have largely been accomplished in collaboration with other committees, both nationally and internationally. Progress has been made in collecting materials for the child and adolescent page of the websites.

The ongoing work of COCAP in association with the IPA Integrated Training Committee has resulted in draft model curriculum guidelines.

The Hayman Prize to be presented in the next year addresses the effects of traumatic experience on young people. The submissions have been adjudicated and a recommendation for the award has been made.



Mali Mann

Our efforts in North America, to generate video material to publicize child analysis have not yet come to fruition. The problem is the lack of security about online public format. European colleagues are working on their own initiatives for this project, as are Latin Americans. Alternative solutions and ideas are being considered.

DEFINING CHILD ABUSE

As COCAP/IPA chair, Kerry Novick led an international "Child abuse definitions" subgroup in preparation for the Boston IPA Congress held in July. COCAP plays an important role in educative, advocacy, prevention and intervention functions relating to child abuse. There was an attempt to address the child abuse phenomena and its problems from multiple perspectives, at different levels, and promoting a psychoanalytic voice in the larger global/social environments. At a one-day pre-congress meeting, COCAP held Inter-committee Work Groups on Child Abuse where six joint committees presented social issues position statements. Francis Thomson-Salo and I chaired the International Committee on Child Abuse prevention in Boston. The meeting was very successful and we formed a task force for our future work.

APSA

Treating the Other Third

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my earlier book, cases of severe psychopathology, namely, suicidal depression with bipolar complications (Chapter 1) and bulimia (Chapter 2) are detailed. The other half of the title, *Vicissitudes of Adolescent Development and Therapy*, considers two outlier endpoints of psychological development with respect to the objects of one's love and sexual desire (Chapter 3) and of one's aggression (Chapter 4). Chapter 5 examines an aspect of the interface with sociology, positing a contribution from the developmental psychology of individuals as necessary for dramatic changes in normative adolescent behaviors (risk-taking), and in social institutions (day care and divorce) to occur within one to two generations.

APSA

Mali Mann, M.D., is on the faculty of the San Francisco Center for Psychoanalysis, serving as training and supervising psychoanalyst, and is a child analytic supervisor. She is also adjunct clinical professor, Department of Psychiatry and Behavioral Sciences, Stanford University.

Why Does Psychoanalysis Still Matter?

Joel T. Braslow

Peter Whybrow, executive chair of the Semel Institute for Neuroscience and Human Behavior at the University of California, Los Angeles, recognized the winners of the 2015 Leo Rangell Essay Contest at an event on May 20. Award winners Kelley O'Donnell, a 2015 graduate of UCLA's M.D./Ph.D. program, and Richard Tuch, dean of training at The New Center for Psychoanalysis in Los Angeles, presented their work and engaged the audience in a discussion of their papers. The event was sponsored by the Leo Rangell Professorial Endowment established in 2011 by Stewart and Lynda Resnick in memory of psychoanalyst Leo Rangell (1913-2011), past president of the American Psychoanalytic Association.

O'DONNELL: SCIENCE, SCIENTISM AND MEANING

Essay writers were invited to address the question, "Why Does Psychoanalysis Still Matter?" Bearing the provocative title "What Is the Matter with Psychoanalysis?," O'Donnell's paper challenged the psychoanalytic community to clarify the proper object—the "matter"—of psychoanalytic inquiry. Doing so, she suggested, will be essential if the field is to reinsert itself into the public discourse on science and subjective experience. However, the response she proposed is not simply to embrace the incipient field of "neuropsychanalysis" at the expense of all else. Instead, she challenged

Joel T. Braslow, M.D., Ph.D., is professor of psychiatry and biobehavioral sciences and O'Malley Chair of Neuroscience History at UCLA.



(L-R) Essay contest winners, Richard Tuch and Kelley O'Donnell, and Peter Whybrow, executive chair of the Semel Institute at UCLA, who presented the awards.

the field to engage in a discussion of its own epistemology, its theory of psychoanalytic knowledge, by clarifying its objects, methods, objectives, and limitations and exploring the differences between its own and those of experimental science.

Though she argued that these differences must be recognized, O'Donnell did not endorse any ontological dualism. Rather, she described scientific and psychoanalytic inquiry as representing distinct but essential approaches to the study of human subjectivity. Authentic experimental science, she wrote, poses no real challenge to psychoanalysis, "because science restricts its objects and methods; it makes no assertions about what lies outside its scope." *Meaning*, she insisted, falls decidedly outside its scope.

O'Donnell ended her paper by making a distinction between authentic science and "scientism," a term she uses to characterize much of the rhetoric used in the condemnation of psychoanalysis. "The concepts of 'falsifiability' and 'objectivity,'" she wrote, "are wielded as weapons against 'pseudoscience,' with little reflection on the meaning, the implied epistemology, of any of those terms."

Critics guilty of such scientism, she believes, often "have little direct experience or understanding of the practice, philosophy and proper objects of scientific inquiry." She warned that scientism, unlike science, "is a threat [to psychoanalysis], not because it has intellectual power, but because it has captured the contemporary imagination, generating arguments with little content that are nevertheless loudly expressed." She urged the psychoanalytic community to participate in the public discourse on these issues, reinserting

meaning, which lies at the core of psychoanalytic inquiry, into the dialogue on how we understand human experience.

TUCH: THE DOCTOR-PATIENT DYAD

In his paper, "An Updated Psychoanalytic Perspective on the Doctor-Patient Relationship," Tuch identified an implicit psychoanalytic theory of interpersonal interaction that has yet to be referred to as such, but exists nonetheless. Contributions to that theory include Joseph Sandler's work on role responsiveness, Madeleine and Willy Baranger's work on field theory, Theodore Jacobs's explication of countertransference enactments, and a host of writers who have outlined the mechanisms of projective identification.

"This clinically-based theory," Tuch pointed out, "directs us to attend to the clinicians' subjective reactions to their patients' behaviors, the patient's subjective reactions to the clinician's behavior, and the ways in which the explicit expression of these subjective reactions contributes to the development of the doctor-patient relationship."

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Essay Contest

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Tuch went on to illustrate the utility of applying this theory to the understanding of conflicts that arise between medical doctors and their patients because the needs and proclivities of each are at cross purposes. A view of the doctor-patient relationship from a two-person/intersubjective perspective, noted Tuch, transcends tendencies to produce typologies that take, as their starting point, the exclusive identification of types of patients or types of doctors. Failures of doctor-patient dyads can then be viewed from a more nuanced perspective, one that circumvents the blaming of one party for having been the sole cause of the problem.


Physicians can become unwittingly drawn into interacting with patients in ways they never consciously intended, noted Tuch, who suggests they had best accept the fact—in the way analysts have lest they end with a sense of failure in not having lived up to their

vow to never let patients “get the better of them.” Knowledge of their own susceptibility can help mitigate the shame and harsh, painful self-recrimination they may feel when they realize their actions fall short of the unrealistically high expectations they may have set for themselves.

Based on his own research (Gamer, Tuch and Garcia 2003), Tuch described the utility of graphing the intersection of a particular patient's style of relating to his doctor against that doctor's particular needs and proclivities. Three particular needs can be identified as existing along a continuum: “1) the wish to be liked and admired can become a need to be idealized, 2) the wish to be heard, accepted and respected as an authority can become a need to have one's words taken as gospel [to be obeyed], and 3) the wish to feel in control can become a need to dominate.”

The more extreme the need, Tuch reasoned, the more vulnerable a physician would be when that need was frustrated in interactions with particular patients; furthermore,

the more frustrated the physician, the greater the chance he will experience intense feelings difficult to contain. A consideration of the wide array of needs and proclivities clinicians bring with them to the office generates an equally wide array of potential difficulties that can arise in the process of treating every sort of patient—control battles, narcissistic injuries on either party's part, struggles around the theme of authoritarianism, mutual respect or the lack thereof, fear of being disliked for denying the other's wishes, and more.

The Leo Rangell Professorial Endowment is dedicated to advancing the sort of psychoanalytically-informed scholarship that characterized his career. Rangell published 450 papers and nine books. The Endowment, which sponsored a lecture by Nobel Laureate Eric Kandel in November 2013, “In Search of Memory: The Emergence of a New Science of Mind,” has created a website highlighting Leo Rangell's life and work (leorangell.semel.ucla.edu) and plans to support psychoanalytic scholarship for years to come. 

Two Moments

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Consider that in Chicago 27 percent of the population is Hispanic and 33 percent is African American; 60 percent of Chicagoans are people of color. However, at my institute, the Chicago Institute for Psychoanalysis, the second oldest institute in the country, I have known maybe five colleagues of color. I never was offered a course on the impact of culture in analysis, yet one of my supervised cases was African American. In a city plagued by murder, especially through gang activity, no courses are offered about our violent urban communities. Children, to whom child analysts in particular are especially committed, are gunned down daily only a few minutes away from the Chicago Institute.

Other cities, where most of our institutes reside, are similar. In Los Angeles, almost 48 percent of the population is Hispanic, and in New York the population is 27 percent Hispanic and 25 percent African American. In Baltimore, 63 percent of the population is

African American; in St. Louis, 49 percent African American, 44 percent Caucasian, 3 percent Asian; Hispanics or Latinos of any race were 4 percent of the population. In Washington DC, 51 percent of the city is African American. The South Asian American community is one of the fastest growing ethnic groups in a number of states including Florida, Massachusetts, California and Michigan, as well as Washington, DC.


From previous surveys we learned that less than one percent of our members are African American. Of those filling out the recent survey, 8 percent are people of color. Please note: 8 percent.

In our survey, 13 percent of respondents reported they felt treated differently because of race. That was about 55 members. That should be unacceptable to us. Few members are aware or even consider experiences like this. Do you remember ever addressing issues of race in your classes as candidates or faculty? In a conversation with a student of color last year, she told me when she brought up the issue of race in a case conference, the

response was, “Oh, that's your issue because you are black;” with no interest in pursuing the discussion.

We are going to change this. With our data and task force consultants, we will come up with a strategy for APsA and its local groups to begin to integrate psychoanalysis.

In my one year left as president, I am determined we will meet this challenge. These two moments in San Francisco are not disconnected. By replacing two historically adversarial bodies that have fought more than 50 years with one APsA Board of Directors and an invigorated Department of Psychoanalytic Education, we will successfully address problems of diversity. Diversity in APsA can only enrich the education of our candidates, our clinical work, our scientific programs and research. Genuinely learning from the communities where our institutes and centers reside will make us better at what we do, and will better psychoanalysis.

Those two moments I will not forget. We can do this. 

Training and Supervising Analyst Appointments Announced

By the Board on Professional Standards

104th Annual Meeting, San Francisco

June 3, 2015

Training and Supervising Analysts

Yudit Jung, Ph.D., LCSW
Emory University Psychoanalytic Institute

Wendy Katz, Ph.D.
Columbia University Center for
Psychoanalytic Training and Research

Kelly A. Reams, LICSW
Oregon Psychoanalytic Center

Jennifer Stuart, Ph.D.
Institute for Psychoanalytic Education
(affiliated with NYU Medical School)

Geographic Rule

Training and Supervising Analysts

Sydney Anderson, Ph.D.
Florida Psychoanalytic Center

Benjamin James Bennett, IV, M.D.
Center for Psychoanalytic Studies (Houston)

New Members

104th Annual Meeting of Members Palace Hotel, San Francisco

ACTIVE MEMBERS

Richard M. Bennett, Ph.D.
Christopher Bonovitz, Psy.D.
Richard S. Briggs, Ph.D.
Philip M. Bromberg, Ph.D.
Lorrie J. Chopra, M.S.
Debra Farbman, Ph.D.
Susan Frame, Ph.D.
Nancy Freeman-Carroll, Psy.D.
Ingrid Perdigon Gomez, M.S.
Carmen Grau, Ph.D.
Eli Greenberg, M.D.
Gohar Homayounpour, Psy.D.
Elizabeth K. Krimendahl, Psy.D.
Paul Lippmann, Ph.D.
Victoria Malkin, Ph.D.
Frank Marrocco, Ph.D.
Giovanni Minonne, Ph.D.
Rex Moody, M.D.
Gavin Mullen, Psy.D.
Pasqual J. Pantone, Ph.D.
Lisa Wallner Samstag, Ph.D.
Lynda Scalf-Mclver, Ph.D.
David Schwam, M.D.
Donnel Stern, Ph.D.

Darren Thompson, M.D., DABPN, FRCPC
Yuko Urabe, M.D.
Gail M. Van Langen, Ph.D.
Edward Martin Walker, Ph.D.
Elisabeth Weinstein, M.D.
Cleonie White, Ph.D.
M. Margit Winckler, Ph.D.
Carrie Woldenberg, Psy.D.

CANDIDATE MEMBERS

Patricia Bellucci, Ph.D.
Rande Brown, LMSW
Bevin Campbell, Psy.D.
Andrew C. Carroll, Psy.D.
Karen Chuck, LCSW, J.D.
Thomas DePrima, M.D.
Eugenio Duarte, Ph.D.
Genie Dvorak, Psy.D.
Paige Friedlander, M.D.
David L. German, D.O.
Jennifer Gregory, Ph.D.
Sarah Hedlund, Ph.D.
Marcus J. Houston, M.D., M.P.H.
Sindhu A. Idicula, M.D.
Nancy Ingraham, Psy.D.

Melanie Israelovitch, M.D.
Tamar Jislin-Goldberg, M.A.
Elizabeth Jordan, M.D.
Moon Sook Lee, M.D.
Aries Meng-Wei Liao, Ph.D., M.S.W.
Vicente J. Liz Defillo, M.D.
Alizah K. Lowell, LCSW-R
Ines McMillan, MSc
Stacey Nathan-Virga, Ph.D.
Vladan Novakovic, M.D.
Paola Peroni, M.F.A.
Malak Rafla, M.D.
Nitin Mohanrao Rajhans, M.D.
Philip J. Rosenbaum, Ph.D.
Katharina Rothe, Ph.D.
Lamyra Touma, M.D.
Sonya Vieira, M.D.
Ulrick Vieux, D.O., M.S.
Katalin Vladoar, M.D.

ACADEMIC ASSOCIATE CANDIDATES

Jane Suh
Valentino Luca Zullo, M.A., MSSA



Impasses in Supervision

Judy L. Kantrowitz and Steven Goldberg

The COPE Study Group on Impasses in Supervision has been working together more than nine years, in tandem with a discussion group on impasses in psychoanalysis, which is open to registrants at each of the national meetings. A number of candidates or recent graduates who presented cases to our impasses in psychoanalysis discussion group, in the course of presenting, began to recognize supervision had played a role in the difficulties they were having with the cases. Some of these presenters then came to our COPE group to discuss with us what they had come to recognize as the part supervision had played in their difficulties.

In a number of instances, we found the engagement with the supervisor had become unproductive or, even worse, destructive, especially if it occurred early in the analyst's career. Presenting in both settings seemed to expand these young analysts' thinking. It helped them, and us, appreciate the complexity of a process in which issues of conflict and defense were being played out among the candidate, patient and supervisor. What additionally often became clear was that there were difficulties occurring within the

organizational structure of the institute contributing to these problems. We thought of this as a supervisory "quartet" consisting of patient, analyst, supervisor and institutional setting. Really striking to us was that these complex situations, which had initially been perceived by the candidate as primarily an impasse in the analysis, became more layered and complicated as they described the work. The role of supervision and what was occurring at the institute newly arose in the candidates' awareness as they presented their cases. In the few situations when candidates

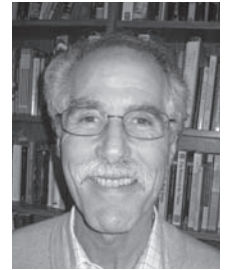
were aware of difficulties in supervision, neither supervisor nor candidate had addressed the issue explicitly.

THE SUPERVISORS' PERSPECTIVE

When supervisors brought concerns about impasses in supervision to our COPE group, they were more likely to have tried to address their concerns with the candidates. The situations they presented had great variety, such as the candidate seemed unsuited for analytic work, instances where a specific conflict was being enacted in the supervision, and where the supervisor was able to find a way to work this out with the candidate, and instances when the interplay of the specific conflicts of the candidate, patient and supervisor led to the stalemate. In this latter situation, the supervisor sought consultation for herself to open up the impasse. Sometime the difficulties the candidates presented seemed so deeply rooted in their own conflicts and characters they were unable to productively engage in a supervisory process.



Judy L. Kantrowitz



Steven Goldberg

This situation posed a specific challenge since the supervisor did not want, nor did it seem advisable, to take over any of the analyst's function. But this extreme example led us to discuss the more general, and less dramatic, instances in which impasses seem to arise when candidate's conflicts overlap with an area central to the patient's and/or the supervisor's difficulties. We began to explore ways in which we as supervisors could be helpful in addressing such situations.

We thought of this as a supervisory "quartet" consisting of patient, analyst, supervisor and institutional setting.

ONGOING ENDEAVORS AND FORTHCOMING CASEBOOK


We will continue both our discussion group on impasses in analysis and our COPE group on supervision. These presentations and discussions of supervisory impasses serve as an educational opportunity for both the presenter and the participants. We have learned a great deal in the process of these discussions. While we believe we can offer a consultative function, we are also impressed how much the presenter comes to learn in the process of preparing and presenting the impasse. In our impasse discussion group, what has been striking to us is the presenter begins to realize something new about him or herself that has contributed to the case being stalled. The nature of this difficulty is highly individual; it differs in each case and is related to the way this aspect of the analyst intersects with the patient. It is as if we are seeing "splits" within individuals played out in an interpersonal field.

Continued on page 29

Judy L. Kantrowitz, Ph.D., *chair of the COPE Study Group on Impasses in Supervision, is a training and supervising analyst at the Boston Psychoanalytic Institute and an associate clinical professor of psychology in the Department of Psychiatry, Harvard Medical School.*

Steven Goldberg, M.D., *Study Group on Impasses in Supervision co-chair, is training and supervising analyst, San Francisco Center for Psychoanalysis; personal and supervising analyst, Psychoanalytic Institute of Northern California; in private practice of psychoanalysis and psychotherapy in San Francisco.*

In supervision, we have examples of a similar pattern occurring, especially when supervisees present their dilemmas. But sometimes, supervisors describe a similar process, though they are less apt to make such discoveries in our presence. So we wonder whether these differences are primarily due to supervisors being more experienced and already much more familiar with their conflicts and vulnerabilities and/or less inclined to reveal their vulnerabilities to their peers, especially in a group setting. Our intent has been to try to help normalize the experiences of impasses, to see them as revealing important aspects of some difficulty in action when it has not yet been understood consciously. We hope supervisees and supervisors will view us as a resource to aid in making the nature of these impasses conscious and thereby loosening their hold.

We are writing a casebook using examples that have been presented to us. Three chapters are in the final stages. Another two are in process. Three are supervisors' accounts of impasses and two are by candidates. We hope our casebook, once completed, will aid our endeavor to better understand the nature of supervisory impasses, how they develop and how they can be resolved. 

**Certified in
Psychoanalysis
By
The Board on
Professional
Standards
June 3, 2015**

Adult

Gary N. Grossman, Ph.D.
San Francisco Center for Psychoanalysis

Maria C. Longuemare, M.D., Ph.D.
San Francisco Center for Psychoanalysis

Helen E. Schoenhals Hart, M.D.
San Francisco Center for
Psychoanalysis/German PSA Society

From the Unconscious

Sheri Butler



Norman Clemens is a training and supervising analyst at the Cleveland Psychoanalytic Center and a councilor-at-large with APsA. At the same time he has been a very active psychoanalyst, he has also been involved in an area that inspired the poem below. His wife became interested in conservation and tracking efforts regarding Monarch butterflies some years ago, raising them, feeding them milkweed, tagging and releasing them. She took part in counts from which the data was given to the Ohio Lepidopterist Association and National Butterfly Association. Norman participates in counting Monarchs periodically in some of the weekly counts of butterflies and their annual census. His poem makes one think about the delicacy and yet hardness of these butterflies in their journeys and the same qualities that infuse analytic work.

MONARCH

Winds swirl across the great lake
Bearing clouds of orange voyagers
Born of intricate metamorphosis
From egg to caterpillar to chrysalis
To Monarch of the butterfly kingdom
In the fields of Canada and northern States,
Great-grandchildren of last year's millions
Clustered on the oyamel firs of Mexico's old volcanos.

They light on the blossoms of Lake Erie's southern shores,
Where once the Erie Nation was wiped out
By fierce marauding Iroquois
Who in turn fell to French and English and those who followed,
Now threatened by the products of their own ingenuity
And largely mindless of their peril
Or that of the voyagers visiting their fields,
Fueling for the long flutter to ancestral haven.

—Norman Andrew Clemens ©2012

Sheri Butler, 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.

Contacting the National Office

The American Psychoanalytic Association

309 East 49th Street
New York, NY 10017

Phone: 212-752-0450
Fax: 212-593-0571

Email: info@apsa.org

World Wide Web Site:
<http://apsa.org/>

National Office Voice Mail Extensions

Chris Broughton	x19
Michael Candela	x12
Brian Canty	x17
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Tina Faison	x23
Carolyn Gatto	x20
Rosemary Johnson	x28
Yorlenys Lora	x18
Nerissa Steele-Browne	x16
Dean K. Stein	x30
Debbie Steinke Wardell	x26
Wylie Tene	x29

Candidates' Council

Continued from page 16

And for this reason, I encourage candidates and graduate analysts to attend to the present condition of our chosen second profession.

There are significant decisions about the oversight and governance of our organization under discussion currently and a bylaw amendment to be voted on. I encourage candidates to become informed about the proposals under discussion, and for the faculties of institutes and members of societies to inform the candidates in their local organizations about these matters. Our entire organization has a lot at stake in the current climate, but I think it important to recognize the particular concerns of the candidates within the organization. They have invested significantly in their psychoanalytic educations, and it is incumbent upon the senior members of our profession to respect that sacrifice on the part of trainees and fulfill their duties toward the next generation, the future of the profession. For it is only because the quality of the education is so high, that so many are willing to sacrifice literally hundreds of thousands of dollars and years of a lifetime to attain it.

APSA

A Unique Duet

Continued from page 15

Music Teaching in the 21st Century— Changes and Challenges

Today's music students face a changing world. Social media, increased activities, and a culture of instant gratification are just a few of many elements that make new demands on students' musical and mental lives. What does this mean for music teachers? How can we keep our students motivated? How can music lessons help instill life lessons? (Steven Levy and MTNA teacher)

Concluding remarks

Julie Jaffee Nagel and Gail Berenson

*Final opportunity for our audience
to have their voices heard.
Bring your thoughts and questions.*

* * *

ONGOING COLLABORATION

The Music Teachers National Association was founded in 1876 with the purpose of advancing the value of music study and music making in society. Over many years, MTNA has cemented its role as an organization dedicated to the development of music-teaching professionals. With approximately 22,000 members in 50 states and more than 500 local affiliates, MTNA is the preeminent professional organization for music teachers.

To further MTNA and APsaA collaboration, Gail Berenson will be the guest presenter in January at the APsaA Discussion Group "Psychoanalytic Perspectives on Music," which I will chair. The joint program in San Antonio sets the stage for additional interdisciplinary programs as well as inreach and outreach for both organizations beyond our consulting rooms and teaching studios.

APSA

Editor's Note:

*This column was adapted
and updated from the recent
Candidate Connection
Newsletter.*

Associating with APsaA

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

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

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

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

RESEARCH ASSOCIATE—available for research scientists, research oriented clinicians, and others with an interest in psychoanalytically oriented research.

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

Standard benefits provided to Associates in all the above categories include reduced APsaA meeting registration fees, advance notification of meetings, and subscriptions to this publication. Reduced subscription rates to the *Journal of the American Psychoanalytic Association (JAPA)* are also available. Please note: Individuals who qualify for full APsaA membership are not eligible to join as Associates. New associate applications cannot be processed on-site at any of the APsaA meetings. Please send in enrollment forms before the appropriate meeting deadline noted on apsa.org/associate-programs.

Enrollment forms are available online at: www.apsa.org/associate-programs
or contact APsaA's National Office for more information: 212-752-0450 ext. 18. Email: membership@apsa.org.



In Memoriam

Joseph Afterman, M.D.
February 7, 2014

Peter Gay, Ph.D.
May 5, 2015

Keith A. Horton, M.D.
December 31, 2014

Robert R. Nunn, M.D.
April 14, 2015

Ann Appelbaum, M.D.
March 10, 2015

Max Goldberg, M.D.
March 7, 2015

Samuel Kaplan, M.D.
November 17, 2014

Harold Plotsky, M.D.
January 26, 2015

Leonard Barkin, M.D.
May 9, 2015

James S. Grotstein, M.D.
May 30, 2015

Robert C. Lane, Ph.D.
November 27, 2014

Fred M. Sander, M.D.
March 25, 2015

Rima Brauer, M.D.
May 17, 2015

Janet R. Hadda, Ph.D.
June 23, 2015

Robert Joseph Langs, M.D.
November 8, 2014

Gerald Sarwer-Foner, M.D.
February 7, 2015

Theodore B. Cohen, M.D.
April 22, 2015

Diane Bennett Hammer, M.D.
February 8, 2015

Jule P. Miller, M.D.
March 5, 2015

James R. Faircloth, M.D.
January 20, 2015

Antoine G. Hani, M.D.
April 2, 2015

David Milrod, M.D.
March 21, 2015



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2016 NATIONAL MEETING

Waldorf Astoria Hotel
New York

January 13-17, 2016

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