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FORGOTTEN

Women Psychoanalysts at NYPSI 1911–1961

Introduction

Nellie L. Thompson

On March 11, 2014, during Women's History Month, a panel was held at the New York Psychoanalytic Society and Institute (NYPSI) to celebrate the lives and accomplishments of its early women members. During its first half-century women constituted 25 percent of the NYPSI membership and included such well-known figures as Edith Jacobson, Margaret Mahler, Phyllis Greenacre, Annie Reich, Berta Bornstein, Bettina Warburg, Eleanor Galenson and Marianne Kris. The focus of the panel, however, was on three individuals, Margaret Fries, Lillian Malcove and Olga Knopf, whose careers have receded from institutional memory over time. As Patricia Nachman details, Fries was an indefatigable pioneering researcher and child analyst, while O'Neil's portrait of Malcove suggests that her art collection is a "text," which may be read for both its personal and psychoanalytic resonances. I discuss Olga Knopf, whose books reflect her unwavering belief in the equal rights of women.

INSIDE TAP...

Olga Knopf

Nellie L. Thompson

Olga Knopf was born in Vienna in 1888, graduated from the University of Vienna Medical School in 1916, and served as a field surgeon in Bulgaria during WW I. After the war she specialized in gynecology and began working with Alfred Adler. It was as a gynecologist that she came into contact with Victor Tausk, who brought his pregnant fiancée H.L. to her office in an effort to find a way to end her pregnancy. After Paul Roazen's *Brother Animal: The Story of Freud and Tausk* (Knopf, 1969) was published, Olga Knopf wrote a letter to Anna Freud describing this meeting and a subsequent encounter with H.L. several months later, because she thought these contacts would shed light on Tausk's suicide. Knopf's letter was published in Kurt R. Eissler's book, *Victor Tausk's Suicide* by the International University Press in 1983.

Olga Knopf

In 1930 Knopf emigrated to the United States and published two books: *The Art of Being a Woman* (Blue Ribbon Books, 1932), and *Women on Their Own* (Little, Brown, & Company, 1935). Both are even-handed, sophisticated discussions of the educational, professional and social progress women had made, tempered by an acknowledgment of the psychological barriers that may impede individual women. Knopf's commitment to the principle of equality is encapsulated in

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Membership and Recruitment: It's About the Relationship

Mark D. Smaller


Mark D. Smaller

On a recent September morning I was walking up Michigan Avenue in Chicago on my way to meet with first-year candidates and new students at the Chicago Institute for Psychoanalysis. While considering welcoming comments, it suddenly occurred to me that 25 years earlier on a sunny fall day I began my analytic training. I recalled that first day of class and my excitement.

That excitement greeted me when I walked into the conference room breakfast on this day. I met new candidates and a large number of students-at-large. I was immediately struck by the wide range of experience and background. For example, two students had founded a psychotherapy center, not on Michigan Avenue, but in a working class neighborhood in Chicago. One graduate student from Egypt had counseled prisoners while working on his doctorate. This diverse group included men, women, older, younger, social workers, psychiatrists, psychologists, professional counselors and academics. A second-year candidate was there sharing details on his new book.

25 YEARS LATER

As various presentations were given, other students began walking into the room where a class was to begin after the meeting. This hugely popular class was on neuroscience and psychoanalysis. How things had changed in 25 years!

Paul Hollinger, the outgoing dean at the Chicago Institute, with other faculty members have succeeded in their recruiting efforts. As Paul introduced each student, he not only knew each name, but also each student's background, experience and interests. In other words, he had utilized his psychoanalytic expertise in developing genuine relationships (something we all do in our offices each day) with these newest members of the psychoanalytic community. Developing relationships with prospective students had facilitated their applying for and beginning psychoanalytic education. Paul matched their interests and experiences with various programs at the institute: Students-At-Large, the two-year psychotherapy program, the Child and Adolescent Psychotherapy Program, or the traditional psychoanalytic track. Paul and other faculty members reached out, if not sought out, these students and their psychoanalytic interests.

What a contrast to when I had applied in 1987, following the lawsuit that finally allowed non-medical professionals access to psychoanalytic training at an APsaA affiliated institute. At that time the atmosphere was more about candidates accepting sometimes inflexible "standards" of qualification and education. Could or would we "accommodate" the huge demands of psychoanalytic training? Would we be "worthy" of acceptance, especially those of us who were non-medical candidates? Although that may have been the atmosphere in which I began my training, individual relationships with teachers and supervisors were mostly welcoming, helpful and vital in my development as a psychoanalyst.

GENERATIVE EFFORTS

Currently, under APsaA treasurer Bill Myerson's able leadership, your Executive Committee, working with our Membership Committee and the Candidates' Council, is committed to increasing our membership. Members are aging and we must be recruiting newer and younger members. This past fall, individual members of the Executive Committee and Membership Committee, as well as officers of the Candidates' Council, met with new candidates from our institutes and centers across the country to encourage them to join our organization. Debbie Steinke-Wardell, who is our staff person in charge of membership activity, reminds us our data show that if a candidate comes to his and her first APsaA meeting early on in their training, they end up coming throughout the rest of their career.

Following Paul's generous introduction, I shared my recollection that I had little interest in APsaA as a first-year candidate. One day a faculty member asked me to substitute for him at a committee meeting at the New York meetings. Although uneasy, I had a "mission," a reason to go to New York. Once there I met other candidates from across the country. Together we formed a new Candidates' Council that became what our Candidates' Council is today. Many of those candidates I met for the first time 25 years ago remain my closest friends and colleagues today.

Joining APsaA, I suggested, would enrich one's psychoanalytic identity and career beyond the institute through scientific meetings, committee work, connection and friendships with colleagues. Knowledge of psychoanalytic education around the country would emerge, along with the development of a national referral network. APsaA provides outreach and lobbying efforts in D.C. on behalf of our field, along with psychoanalytic social activism, the latter having proved to be a foundation of my psychoanalytic career.

The Executive Committee needs all your help in recruiting. You, the membership, are the best ambassadors and public relations for psychoanalysis. Word of mouth recruiting efforts through personal contact and mentoring are key to our recruiting success. Merely informing students about membership and our meetings in New York or San Francisco next June is not enough.

Personally inviting students to attend and participate in committee meetings and scientific presentations is critical. Lunch and dinner invitations are essential to making new members feel

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First-Year Candidate APsaA membership: $30

Candidate registration at National Meeting: $190
(scholarships available for first meeting)

One night at the Waldorf for
APsaA National Meeting: $269

Taxi from LaGuardia, with tip: $35

New York Starbucks Grande Latte: $4.30

Making APsaA friends for life: Priceless

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

Olga Knopf

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her avowal that "there must be no restriction on the development of any capacity in women, no matter how little 'feminine' the resulting activity may seem."

She wrote *Women on Their Own* because of her alarm at the worsening political situation in Europe, where the rise of Fascism had eradicated the progress of women in Germany and Italy. While she did not envision the same threat to women in America, she felt it was urgent that women take stock, pause and analyze the lives they were leading, the progress they had made, and clarify their aims for the future in order to protect and strengthen their progress. How Knopf's views on women influenced her clinical work is unknown, but undoubtedly the realities of the outer world were present in her consulting room.

Towards the end of her life Knopf wrote *Successful Aging*, published by Viking in 1975, and a little known paper, "Sexual Assault: The Victim's Psychology and Related Problems" in 1978 in *The Mount Sinai Journal of Medicine*. It grew out of her participation in a research project at Mount Sinai Hospital and School of Medicine whose aims were to understand the myriad ways rape impacts on its victims psychologically and to design ways of alleviating the psychological trauma of rape.

Olga Knopf died shortly before her 90th birthday in 1978. The late Edward Joseph, a colleague from NYPSI, published an obituary of Knopf in the newsletter of the New York Psychoanalytic Society, whose closing lines captured the essence of Knopf's personality:

> *As a person, she was a fiercely independent woman with natural charm. She had no hesitation in expressing her point of view and could accept disagreement as an inevitable part of the intellectual exchange in which she took such pleasure.* APsaA

Nellie L. Thompson, Ph.D., *is a historian and member of NYPSI, where she is the curator of the Archives and Special Collections of the A.A. Brill Library. She serves on the Board of the Sigmund Freud Archives and* American Imago.

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Letters

ACCURATE ATTRIBUTION

I often rely on *TAP* for information about our organization, like upcoming meetings, conferences, and the achievements of candidates and members. I enjoy reading the communications from the president, the profiles of analysts, and the accounts of the work they do for our profession. Stories of creative outreach and service in the community can be inspiring and instructive. I would be happy to hear more about little-known aspects of APsaA's history, the activities of inconspicuous but crucial committees, and people's ideas about directions for our profession.

What made me unhappy and prompted this letter was the column in the last issue that was headlined "From the Board on Professional Standards" *[See "From Fear, Distrust and Loss: A Possible Path Forward," TAP48/3, page 5]*. From that headline, I presumed that the article would include news of what our Fellows have been doing. I would also have expected anything with that headline to represent the whole of BOPS's consensus about its content and include some practical ideas about moving forward.

Instead our official organization newsletter printed a position paper from two members misusing their offices to advance their personal views. There were also numerous confusions and inaccuracies in the column by Lee Ascherman and Betsy Brett. Among them were:

1. Their misuse of their self-defined term "real institute choice" when a 2009 vote by the whole APsaA membership has shown a majority in favor of actual institute choice. The Chicago Institute has recently decided that they can admit qualified candidates irrespective of whether their analysts are TAs or not—a locally-decided choice to meet their community's needs;
2. An alarming suggestion to dismantle APsaA's advantageous Regional Association status in the IPA; and
3. Their apparent inability to accept a reasonable compromise modeled on the British Society's "Live And Let Live" arrangement of heterogeneous groups within one organization.

I hope the editor reconsiders how headlines are written and ensures that all members have equal access to a balanced presentation of all viewpoints in *TAP's* pages, without misassigned privilege from office.

Kerry Kelly Novick
Ann Arbor, Michigan

Editor's Note: *Kerry Kelly Novick is correct. The BOPS column does not necessarily reflect the position of the Board on Professional Standards. It is authored by the chair and secretary alone. In fact the column had previously been titled "From the BOPS Chair," and has returned to that title once again in this issue. Because it is a column, it is edited as an opinion piece.*

Membership

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welcome and a real part of our Association and our field. It's about the relationship.

Following my remarks, a number of students asked for material about how to join, about what social issues APsaA is addressing, and about training and related matters. I plan to follow up with these students and check in with them about their training experiences and offer participation opportunities at our upcoming meetings.

Our generative efforts are essential and a part of what it means to be a psychoanalyst in the year 2014. A welcoming and encouraging atmosphere locally and nationally can insure the future of APsaA and our profession. Please join us in these efforts. APsaA

A Path Forward, Part II: Institute Autonomy

Lee I. Ascherman and Elizabeth Brett

In this column we continue our discussion of a proposal, now called "Institute Autonomy," that addresses our institutes' longing for local autonomy while preserving options for certification and accreditation for those institutes that want it. It would also preserve APsaA as a membership organization whose scientific meetings and publications would continue, providing the professional home we have all enjoyed. Below you will find responses to a number of questions we have received about this proposal. We have also attempted to distinguish the Institute Autonomy proposal from what many have come to call "Live and Let Live."

A RADICAL PROPOSAL

This proposal is not Live and Let Live. It is so revolutionary it has even been deemed too radical by some of the very proponents of Live and Let Live. This proposal endorses the dissolution of the Board on Professional Standards as a regulatory body within APsaA. The externalization of certification has already moved forward in planning. What is now proposed is the externalization of functions of key Board on Professional Standards committees: the Committee on Institutes (COI), the Committee on New Training Facilities (CNTF), and the Committee on Child and Adolescent Analysis (COCAA).

These externalized entities will provide voluntary standards for psychoanalytic education while continuing to provide consultative services as requested to any institute or center, including those that may not adopt their recommended standards. Every institute would decide whether they want to voluntarily adhere to these standards. The Accreditation Council for Psychoanalytic Education Inc. (ACPE, Inc.) would remain the exclusive body that accredits North American institutes. ACPE, Inc. accreditation has always been voluntary for those institutes and centers that wish to have this accreditation.

APsaA would no longer have a role in approving or regulating institutes. Our institutes would then have the same freedom as all other institutes in the U.S. Each institute's relationship with the International Psychoanalytical Association (IPA) would be voluntary and direct, as is the case for all other IPA institutes across the world. Each institute could also seek approval (not accreditation) from the newly externalized bodies previously functioning as COI and COCAA, but only if they wanted to do so. Similarly, with certification externalized, any institute that wanted to promote certification could do so, but no institute would be forced to do so. Any individual who wanted to seek certification could do so whether or not her or his institute encouraged it.

Below you will find responses to common questions about this proposal.

Isn't the Board on Professional Standards just saying if they can't control standards, they will leave?

No. The leaders of the Board on Professional Standards recognize that our many institutes have increasingly differing cultures, circumstances and priorities. To give our institutes the ultimate freedom to choose their way, APsaA must disengage from attempting to enforce uniformity. This is Institute Autonomy.

Why remove the educational body and focus from APsaA? Don't our institutes need a home?

This proposal does not remove a collective home for institutes to discuss educational issues. It removes from that entity a regulatory role. The body that will be the heir to the Board on Professional Standards can remain in APsaA as a creative forum to discuss education, exchanging ideas and solutions to challenges. In this way, APsaA will be like the European Psychoanalytic Federation (EPF) and the Federacion Psicoanalitica de America Latina (FEPAL).

Why not Live and Let Live? Why can't our institutes remain within APsaA with multiple sets of standards using IPA requirements as the minimum floorboard for all institutes?

While at first glance the Live and Let Live proposal seems like the ultimate compromise, it has several serious flaws and unintended consequences. In Live and Let Live, APsaA, through its Board on Professional Standards, maintains its role as the regulator of our institutes, attesting to the IPA that all our member institutes follow IPA expectations, and imposing sanctions on those that do not conform. This perpetuates APsaA's Board on Professional Standards as the regulatory middleman between the IPA and the institutes, diluting direct communication between the institutes and the IPA. Live and Let Live also mandates that all institutes are bound by the rules and regulations of one of the three IPA models. Many of our institutes and members do not have sufficient knowledge of the expectations of these models and may find them no less encumbering or disagreeable than our existing standards. In Live and Let Live the Board on Professional Standards remains the policeman for APsaA institutes, which must adopt a sanctioned model, as a whole, whether or not the model fits their circumstances. Ironically Institute Autonomy provides far more tolerance of institute differences than Live and Let Live, which demands conformity.

Our proposal, Institute Autonomy, would give our institutes full and true choice. Any institute could choose to follow all IPA requirements for one of the three IPA models or they could elect to become a free-standing institute whose educational policies reflect their circumstances and local needs. Their members could remain full participants in APsaA. Live and Let Live perpetuates the Board on Professional Standards' regulatory power and unwieldy task of overseeing their definition of acceptable standards. Lastly, by keeping the educational standard-setting body within the membership organization, the Live and Let Live proposal would maintain an organizational structure contrary to modern best practice. All other modern professional organizations have moved to

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

Institute Autonomy

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externalize these functions so that the membership organization is truly a membership organization. By doing so, these modern organizations are also in accord with Department of Education requirements for the separation of standard-setting bodies from membership organizations in order to ensure their autonomy and protection from undue influence outside the public interest.

By externalizing certification and the functions of the COI and COCAA, aren't you just recreating the Board on Professional Standards outside of APsaA where members will not be able to control it?

No. The credibility to the public of externalized credentialing and accreditation demands autonomy and protection from undue influence by any organization or group. It is standard practice that externalized entities have a board of directors composed of members of the field and the public. Individuals and training programs use what is offered on an entirely voluntary basis. An inherent principle of Institute Autonomy is the voluntary basis of certification and the use of COI/CNTF and COCAA functions, without demands to adhere to suggested standards. This is analogous to ACPE, Inc. accreditation being entirely elective. Each institute would choose what is useful to it. Individuals would also choose whether certification is a credential they sufficiently value to pursue.

Some IPA institutes no longer require four times a week analyses or a training analyst system. The Live and Let Live proposal to use IPA requirements as the floorboard for minimum standards should be sufficient to give those institutes who want greater flexibility regarding educational standards the freedom to do so. Why should our institutes be required to hold to any higher standards?

The IPA expects each of its institutes to select one of three educational models and adhere to it, not mix and match. These models are the Eitingon, French, and Uruguayan. APsaA institutes are presently Eitingon, requiring four times a week analyses and a training analyst system. As long as the IPA requirements serve as the minimum floorboard for APsaA institutes, every APsaA institute would be required to fully adhere to one of the three models. Models that do not require four times a week analyses or a training analyst system have other requirements that may not be appealing but are expected. For example, the French model expects candidates to complete their analyses before matriculating, and a potential candidate does not have a guarantee of acceptance upon completing that analysis. The Uruguayan model has similar requirements.

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2015 APsaA National Meeting Highlights

January 14–18

Christine C. Kieffer

Christine C. Kieffer

Soon we will once again gather at the Waldorf for APsaA's National Meeting. We hope you will join us for a conference that promises to be truly engaging, stimulating and lively—and will highlight many of the clinical, theoretical and socially relevant issues in our professional practice.

Having reviewed the January 2015 meeting program, I am struck once again by the array of talent, expertise and capacity for innovation alongside respect for tradition that is available to all who participate in this meeting. Be sure to examine the preliminary program that is bursting with plenary sessions, panels, discussion groups, scientific papers and the University Forum. We also are proud to offer programs of special interest for candidates, students and trainees.

Here are a few of the many highlights to anticipate.

Plenaries: Adrienne Harris will be our plenary speaker on Friday morning, with an address on "'Language Is There to Bewilder Itself and Others: The Clinical and Theoretical Contributions of Sabina Spielrein." On Friday afternoon, Jonathan Lear will present a plenary address on "The Fundamental Rule and the Fundamental Value of Psychoanalysis."

Christine C. Kieffer, Ph.D., A.B.P.P., *APsaA Program Committee chair, is faculty at the Chicago Institute for Psychoanalysis and Rush University Medical School and Medical Center in Chicago. She is in private practice in Chicago and Winnetka.*

Mark Smaller will address us at the **Presidential Symposium** on "Psychoanalysis and Diversity: A Means to Move Forward." As you can see, the range of these sessions will enable us to look back to the past, look to the future, and also examine what has been bedrock in psychoanalytic thought and practice.

PANELS: A FRESH LOOK AT FUNDAMENTALS

Similarly, each large panel will explore an aspect of a fundamental value of psychoanalytic thinking and work:

Panel I, with Mitchell Wilson, Catalina Bronstein, Steven Cooper, Jay Greenberg and Lucy LaFarge, will examine how the analyst's disappointment, grief and sense of limitation affect the analytic process.

Panel II will focus on how collective trauma and transgenerational history play out in the transferential field of the analytic relationship, with contributions from Stephen Seligman, Orna Guralnik, Eyal Rozmarin, Dorothy Holmes and Donald Moss.

Panel III, with Stanley Coen, Peter Goldberg, Aisha Abbasi, Rosemary Balsam and Judith Yanof, asks the questions, "How Much Needs to Change in an Analysis? And How Do We Get There?"

Panel IV, "Three Analysts on Freud's 'Observation on Transference Love,'" including Ellen Pinsky, Peter Goldberg, Alison Phillips, and Sidney Phillips, reexamines the phenomenon of the patient falling in love with the analyst, noting that this event is no less startling to contemporary analysts than it was to Freud.

It is noteworthy that each panel looks at crucial aspects of the interplay of the transference-countertransference field.

The Child and Adolescent Panel, which takes place on Saturday morning, will invite the audience to think with several distinguished analysts and academicians about the development of intentionality and its importance to development in general. This panel, proposed by Molly Romer Witten, will feature (in addition to Witten) Arnold Modell, Phyllis Tyson and Alexandra Harrison.

GROUNDBREAKING PRESENTATIONS

In addition to large panels and plenaries, our program will feature several other sessions that will offer some groundbreaking papers by leading psychoanalysts and professors and opportunities for audience participation.

Symposiums: First, there will be a symposium that highlights the work of Sherry Turkle: "Left to Our Devices: The Impact of Digital Conversation," in which Turkle will assert that technology affects "not just what we do but who we are."

William Myerson and Harriet Wolfe will present a symposium that addresses the importance of applying psychoanalytic thinking to organizations in crisis, including psychoanalytic organizations.

Finally, there will be a symposium that will offer perspectives on climate change and our psychological environment with speakers that include Lynne Zeavin, Lindsay Clarkson, W. John Kress and Donald Moss.

Innovations, organized by Bruce Sklarew, includes Joseph Lichtenberg and Peter Loewenberg joining Sklarew in honoring Lucian Freud's remarkable life and innovative artistic style.

And, of course, we can look forward to such favorites as the University Forum and the many new and classic Discussion Groups that are key ingredients of our conference, with opportunities for intimate engagement with psychoanalytic ideas as well as the chance to meet new colleagues and enjoy reunions with old friends.

I urge you to explore the preliminary program and strongly recommend that you register early since many events fill up quickly.

I look forward to seeing you in New York.

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Margaret Fries

Patricia Nachman

Margaret Fries was a pioneer, even among the small group of women in medicine in the 1920s. From Barnard's class of 1916, she progressed to medical school and a pediatric internship at the New York Infirmary for Women and Children. This internship sent her into the homes of very poor families where her interest in cultural and environmental considerations developed as she sought to understand the total child within its family and community. After completing her pediatric residency at Bellevue Hospital, Fries became an attending physician at the New York Infirmary, and eventually the director of the Pediatric Service. During her tenure she became engaged in research focused on children with psychiatric problems, and established a child guidance clinic in 1928 while working very closely with Alfred Adler who introduced her to the idea of the unconscious.

Margaret Fries

PEDIATRICIAN TURNED PSYCHOANALYST

At this point the aim of preventing behavioral problems in children became the focal point of Fries's life work. She began a well baby clinic that provided support services to parents to improve their relationship with their babies. To her amazement she found that by a few months of age there was already such an entrenched mutual patterning between the mother and infant that an even earlier intervention was needed beginning with the mother and neonate and then with the pregnant mother-to-be. Fries initiated a research project with pregnant women and a follow-up of their children to test the hypothesis that a combination of both maternal care and the child's constitution accounted for the behavioral outcomes she observed in the clinic. Her findings were reported in "Behavioral Problems of Children Under Three Years of Age" in the *Academy of Pediatrics Journal*, 1928. While the critical importance of maternal care and its impact on babies is recognized today, in the late 1920s and early 1930s it was only beginning to be appreciated. Behaviorism was at its peak and the influence of B.F. Skinner was considerable. It was not until 1951 (20 years after Fries began her work), that the World Health Organization published the groundbreaking *Maternal Care and Mental Health* by John Bowlby, which described the devastating effects of maternal deprivation and emphasized that the infant needs to experience a warm, intimate and continuous relationship with the mother.

> Margaret Fries was among one of the first psychoanalytic baby observers to use film for research and education.

Fries came to believe that psychoanalytic training was necessary in order for her to gain a deeper understanding of the children and the families she was counseling. In 1930, after 10 years at the New York Infirmary, Fries left for Vienna to undergo a personal analysis with Anna Freud. She treated a delinquent child under the supervision of August Aichhorn, and Edith Sterba supervised her analysis of a child's case. After returning from Vienna, Fries completed the required course work in child and adult analysis as well as her own analytic treatment and became a member of NYPSI in 1939.

REACHING BEYOND THE CONSULTING ROOM

Fries became increasingly passionate and energetic in advancing her views on the important role of early intervention, establishing well baby clinics where parents could come for consultation, publishing many articles in popular magazines on child rearing as well as papers in pediatric, obstetric and psychoanalytic peer reviewed journals. She also initiated programs in schools to assist with child consultations, taught classes on child development for teachers, conducted seminars for lawyers on divorce, the placement of children, and the psychological problems of prisoners.

Fries also made a series of seven films, with the help of her husband, the photographer Paul Woolf, to document the different interactions of mother-infant pairs as they related to each other in everyday situations. Against the backdrop of the child's culture and family milieu, these films traced the child's psychological and physical development over time. Fries's interest in the role of culture in child rearing was reinforced by her correspondence and friendship with the anthropologist Margaret Mead, and illustrated by two films on Navaho family traditions and child development she made with the Harvard anthropologist Clyde Kluckholn. Margaret Fries was among one of the first psychoanalytic baby observers to use film for research and education; followed by a group that includes Rene Spitz, the Robertsons, Sylvia Brody, and Margaret Mahler.

Fries's unwavering commitment to teaching psychoanalytic principles to parents, educators, and those in the wider mental health community was matched by her unabashedly vocal view that it was a failure in adult psychoanalytic training that child analysis training was not a requirement without which, she argued, the adult patient could not be as effectively helped. Despite criticism from some of her psychoanalytic colleagues for her "extra-analytic" activities, Margaret Fries remained a forceful advocate for psychoanalysis in her work with students, teachers, social workers, pediatricians, lawyers and, above all, parents and children until her death in 1987. Fries's voice was strong and purposeful; the ring of her voice continues to be as true and meaningful today as it was when she began her work over 90 years ago.

Patricia Nachman, Ph.D., *is a member of NYPSI, a child and adult psychoanalyst in private practice, the former director of the Margaret Mahler Observational Nursery, and former senior research scientist in the Laboratory for Developmental Processes headed by Daniel Stern.*

Lillian Malcove

Mary Kay O'Neil

Lillian Malcove, a supervising and training analyst at NYPSI, was an avid art collector. She amassed over 500 pieces of exquisite art from the Bronze Age, through the Medieval Period (primarily) to the Modern Era. It is possible that the chosen era of her collection was guided by her inclination to explore man's early history and her delight in detecting the source of her pieces. Drawing on Malcove's personal life, her work as a psychoanalyst and images from her collection, I argue that Malcove's choices as an art collector, consciously and unconsciously, reflected a deep wish to replace what she lost, a desire to satisfy a relationship appetite and a need to give to others.

Malcove was born in Mogilev, on the Dnieper River, just outside Kiev, on June 8, 1902, the fifth child in a family of nine children, two of whom died in infancy. The family, Jewish within a Russian Orthodox culture, left Russia in May 1905 when Lillian was three years old to escape pogroms and immigrated to Winnipeg, Manitoba. Malcove, living with her older sister due to family disagreements, worked to put herself through medical school and graduated from the University of Manitoba in 1925.

After recovering from tuberculosis, she moved to New York to train in psychiatry and psychoanalysis. A Canadian pioneer, she graduated from the New York Psychoanalytic Institute in 1933 and became a training and supervising analyst in 1939. For many years, Malcove served on the educational committee and taught the course on Universal Fantasies. She only wrote three papers: "Bodily Mutilation and Learning to Eat" (*The Psychoanalytic Quarterly*, 1933) and a lengthy review of the work of Margaret Fries (*Psychoanalytic Study of the Child*, 1945). Renowned as a supervisor, in her third paper, she explored the supervisory experience in terms of the analyzing instrument and reflected her close association with Otto Isakower (*Journal of the Philadelphia Association for Psychoanalysis*, 1975).

Lillian Malcove

INFLUENTIAL SUPERVISOR

As a supervisor, Malcove focused on the patient's unconscious material and taught the importance of tolerating uncertainty in clinical work. Several NYPSI psychoanalysts recounted how the experience of being supervised by her influenced them. Norman Margolis described Malcove as his best supervisor because she taught him "to find unconscious meaning in behavior"; Ted Jacobs noted how in her restrained and quiet manner she taught him to be "in touch with what was unavailable to the patient and to wait because analysis takes time and patience"; Francis Baudry commented that Malcove would "listen in a unique way to what was immediately happening, replay the session and organize it as a gripping narrative about the patient's self and life."

In 1937 Malcove married Laszlo Ormos, a Hungarian director of documentary films, who died in 1947 from a heart attack. There were no children from the marriage, and after Ormos's death, besides her clinical work and teaching, Malcove focused her energy on her art collection, which was shared with only her closest friends.

Selections from the collection were used to illustrate my speculations about her inner world. An anthropomorphic head/amulet from the third millennium BC seemed to represent man's earliest attempts to protect himself, his family and possibly his tribe. This head seemed a most fitting choice for a psychoanalyst. Family groups, such as a 1945 Moore sculpture and funerary steles of children with parents, perhaps expressed an underlying desire for the family she might have wished for with Ormos. Families begin with a relationship illustrated in Malcove's collection by a 1538 Lucas Cranach the Elder painting of Adam and Eve. Other pieces may represent her unconscious maternal wishes. For example, she collected icons that portrayed the tender bond between mother and child. In one, Mary's head is inclined toward the figure of the Christ child. She does not look at him but her expression is introspective not unlike the position and attitude of an analyst towards her patient.

COMPENSATORY QUEST

Beyond a deep wish to replace what she had lost or missed in her life, a desire to satisfy a relationship appetite and a need to give to others, there may be another deeper meaning to Malcove's collection. Malcove died in 1981 at the age of 79. During her life she endured the trauma of serious illness (tuberculosis, encephalitis and, in the end, cancer), as well as painful personal loss. Malcove's collection seems to have been a way for her to cope with trauma and loss. As well, the collection demonstrates her interest in historical origins, a quest for beauty and her human spirit.

It was important to Malcove that her collection remains intact. Why? Perhaps she was so identified with it that it came to represent her self. She did not want her collection—her self—to be fragmented. At her death, Malcove's generativity shone through when she bequeathed the collection to the University of Toronto to remain intact for others to learn from and to appreciate the history of art as well as its beauty, captured in *The Malcove Collection. (A Catalogue of the Objects in the Malcove Collection of the University of Toronto)*

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An Interview with Bob Winer

Master Builder Creating Functioning Families

Bruce Sklarew


Bob Winer

BS: Bob, you have been responsible for creating so many innovative programs at the Washington Center for Psychoanalysis and the Washington Psychoanalytic Institute. One motive for this interview is to promulgate your ideas nationally and even internationally. What got you interested in becoming a master builder?

BW: Two analyses later, I have some ideas about this. The central story of my childhood was that my father had rheumatic fever in the days before penicillin. His heart valves gradually rotted out, and it wouldn't be unfair to say he spent the first 11 years of my life dying. Without my consciously knowing a thing about that. I guess we were walking on thin ice in the melting season. He went to work every day, but his youngest brother, a doctor, said by the end my dad couldn't walk a block without angina. I remember a family picture in which my dad was grimacing. The toll on my mother was tremendous. I remember her crying if he was late coming home, fearing the worst. And then, out of nowhere, one night he fell to the bathroom floor and died.

In my work with separating couples, I sometimes tell them it isn't helpful to tell their children that even though their mommy and daddy can't live together, they'll still be their kids' mommy and daddy, that won't change. It's not helpful, because something is being denied that needs to be acknowledged—the family is lost. I think my sense of family was desolated when my father died, not through any of our faults. There was an attempt to compensate with a big investment in our extended family, but it wasn't the same. But I didn't understand this for a very long time, and I've spent my life, time and again, trying to create families.

> But I didn't understand this for a very long time, and I've spent my life, time and again, trying to create families.

BS: How did that contribute to creating new families?

BW: In college in a course on mental health, I and a small group of classmates spent four days living separately as patients on wards of a state mental hospital (the kind that had 2000 totally tranquilized chronic schizophrenic patients overseen by three psychiatrists, one of whom spoke competent English). That experience empowered us to create one of the first halfway houses in America, Wellmet Project, and, while still undergraduates, we lived with patients from that hospital in this home. I ran it for half a year and got my best grades that semester. It has expanded over the past 54 years and functions in three houses in Cambridge and Somerville today. During the years after medical school, I started three group homes for people who would become friends, the last on a 1600-acre estate outside Washington.

BS: How did this unusual work develop into creating innovative programs?

BW: The first was a couple and family therapy training program mainly run by a group of analysts at the Washington School of Psychiatry. Roger Shapiro was our mentor. I led this for more than 20 years, and it's now part of our center, run by Linda Grey, one of our graduates.

BS: Share some observations about your extensive work with couples and prognostic indicators?

BW: My goal in couple work is to try to help each person get a better sense of his or her partner's psychic reality. It's not about fashioning points of agreement, it's more about trying to help them understand what motivates the other. Becoming able to better mentalize the other's experience goes a long way in helping couples have a better life together.

In terms of prognosis, if a couple comes in a crisis, it's usually possible to restore the status quo before the crisis. To go beyond that is hard work and takes a lot of time. But the only situations that seem hopeless to me are those in which at least one member of the couple feels only contempt for the partner. I've never seen that change.

BS: Where did your organizing take you next?

BW: With the encouragement of a couple of senior colleagues, I started a four-year psychotherapy training program for clinicians, which I ran, primarily in a three-year format, for almost 30 years, abetted by a small loyal steering committee that stuck together all that time. There had initially been significant resistance to its creation, a fear that it would undermine the analytic enterprise, and it was allowed to open on a very close vote. Many of the students went into analysis and became analysts. A number of our current senior institute faculty began their psychoanalytic careers in this program.

BS: How did your involvement in the institute's management start?

BW: By now my colleagues had some serious respect for me, and the head of our Education Committee, Antoine Hani, made

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Bob Winer, M.D., *a member of the Washington Center For Psychoanalysis, is co-chair of the Psychoanalytic Studies Program, of the Institute's Curriculum Committee, of New Directions, and Close Attention. He is author of* Close Attention: A Relational View Of The Therapeutic Process.

Bruce Sklarew, M.D., *is the* TAP *film editor.*

me head of the Curriculum Committee, our first appointment of a non-TA to a major Institute post. During my 12-year tenure, we had a couple of important curriculum revisions, each of which took a few years to formulate, that moved the curriculum toward a pluralistic and integrative structure. We also added research study groups to the curriculum, and started a program of regular faculty/candidate dinners.

The rub was even with what I thought was a really solid education to offer, we weren't getting candidates. A senior colleague I really admired suggested that maybe we had become just a membership organization. I was upset to hear his willingness to surrender on training. I thought it was what gave form to the institute and without an educational function we'd be a hollow vessel. I met with the heads of the Education Committee and the society, and I pushed. I raised one option, which was to leave APsaA and just be part of the IPA, to allow us to get access to more potential candidates who didn't want to leave their current analyses. The society head suggested that instead we set a really low fee for candidates' analyses. When we brought both ideas back to the Education Committee, the vote was unanimous in favor of the low fee option because they didn't want to leave APsaA. And so, we got candidates, people who never would have been able to afford analyses now could manage to train with us.

But our faculty was drifting away. After leaving the Curriculum Committee, I started a Faculty Development Committee. Our first project was to conduct in-depth interviews with each of the 70 faculty members about their entire experience with the institute, from application, through candidacy, to the present. The ones I did lasted three to six hours. Half were happy with their training and teaching experiences, the other half had grievances. Surprisingly, many had had a key incident from which they had never really recovered in terms of their affiliation with the institute. Half the respondents expressed concern about morale: We don't connect with each other, I don't feel valued, it's unfriendly with an in-group and an out-group, I feel like an outsider, there's no engagement or excitement, members disappear and nobody reacts. And half the faculty complained about the supervisory and TA system: hierarchical, clubby, corrupt, arbitrary, destructive. The cultural devaluation of psychoanalysis added yet another layer.

BS: Did these people also have a particular vulnerability to narcissistic wounds and feeling excluded?

BW: I wouldn't try to guess their psychologies, but when half our analysts were feeling mistreated, it would have been a mistake for us to think this was their problem. To me, it seemed to be an issue of consistent institutional insensitivity. We accepted some people with reservations, we graduated some with qualifications, we tended to see their difficulties as their personal problems. I think your question captures the tendency toward arrogance that characterized some institutes' attitudes at that time. It's changed a lot, both locally and nationally.

We didn't honor our own. As an example, our continuing education had for years consisted of monthly dinner meetings at a hotel with an out-of-town guest speaker. We never presented our work to each other. Fifteen years ago, I initiated an annual colloquium, a daylong event at which faculty and candidates would present brief papers the group would then discuss. Tom Goldman has been overseeing the colloquium since its inception, and attendance has held up surprisingly well over the years.

BS: Tell us about New Directions, beyond what Billie Pivnick wrote for TAP last year *[See "Writing Alone in the Presence of Others," TAP 47/4, page 1].*

BW: Sharon Alperovitz and I started the New Directions psychoanalytic writing program 18 years ago, with a student class from across the country. Three times a year about 50 students and 40 faculty meet to discuss psychoanalytic ideas on a given topic and to work on writing. We've worked with a few hundred students, who have generated substantial literature—papers, books, poetry—in a variety of genres.

BS: I know you've started some applied psychoanalytic programs.

BW: I worked with one of our research graduates, Marshall Alcorn, a professor in the English department at George Washington University, to create a psychoanalytic studies program for scholars.

I also created a psychoanalytic monthly film series, based on the one run for perhaps 30 years now by Julio Szmuilowicz at the Toronto Psychoanalytic Society, with various film-buff colleagues chairing it each year.

BS: How did your interest in writing about film begin?

BW: Like many other analytic writers, I found it a way to explore ideas without being constrained by concerns about patient confidentiality. The Forum for the Psychoanalytic Study of Film, which you and Gene Gordon founded, gave me lots of public settings for presentations. At the time, much of the psychoanalytic writing about film took the form of seeing what psychoanalysis could teach the film about what it was doing. This seemed reductive to me, operating from the position that we knew better what the film was really about than the director did. In my film writing, I've tried to see what the *film* could teach *me* about the human condition. Sometimes on the fifth or tenth viewing I get a whole new set of ideas.

BS: Do you find revisiting a film similar to finding more associations to the central idea of a dream?

BW: Either revisiting a dream, rethinking a story my patient has told me, or trying to sort out again what has been happening between us. In any of those contexts there's a continuing conversation that tries to expand the understanding.

BS: What operative methods did you develop for your programs?

BW: In forming all these activities, I had a few simple rules for myself. Be careful whom you recruit to administrate the program. The people have to be capable of taking initiative and following through, and congenial to work with. Having chosen them, trust them to do their jobs and don't get in their way. And never preempt them publicly, never feel you have to "introduce" them at a meeting, which

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Psychoanalytic Perspectives on Greed

Introduction

Michael Slevin


Michael Slevin

On greed in psychoanalysis. Freud famously broke out a cigar to celebrate a patient's work on a dream, saying, when the patient protested there was yet more to be learned, "Don't be greedy." To this, a Chicago colleague said to me, "Freud just wanted a cigar." Greed resonates as a pejorative, and relentless work can be productive. So where does one draw the line? Or, as Andrew Klafter turns it around, "What is wealth?"

On the tip of many people's tongues, when the word "greed" is spoken: rapacious Wall Street. However, in proposing a special section on the subject of "greed," Salman Akhtar pointed out it has many manifestations central to our work as psychotherapists and psychoanalysts. So he pulled together four authors, himself included, to address the subject in clinically-near contributions. After Akhtar opens up the word in its multiple meanings, Klafter writes about the patient's greed, Aisha Abbasi presents a case about the analyst's greed, and Kerry Sulkowicz offers a new take on greed in the business world.

I hope you come away as stimulated and clinically thoughtful as I was.

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

Greed in the Business World

Kerry J. Sulkowicz

The business world has not cornered the market on greed. Those who are not intimately familiar with that world—including most psychoanalysts—often assume that business is an inherently greedy endeavor. After all, business is about making money, and isn't the overt quest for money inherently greedy? This is in contrast to more seemingly noble work, like helping patients or conducting research, for which one certainly expects to be fairly paid but is rarely thought of as an expression of avarice.


Kerry J. Sulkowicz

Calling someone greedy is never a compliment. It is pejorative and moralistic, yet descriptive of an intense and selfish desire for wealth or power. Analysts understand that these powerful urges often arise as compensation for unconscious feelings of emotional deprivation or loss, and are dynamically connected with feelings of envy. My purpose in this brief piece is not to rehash well-trodden psychoanalytic formulations about greed, but to examine its place in the business world and to explore how our (mis)perceptions of greed may reflect back on our own profession.

EQUATING WORK WITH GREED

As a psychoanalyst who works in the business world, I serve as a confidant to CEOs, advising them on their constantly evolving and ambiguous challenges, including managing the dynamics of their board and management team, as well as handling their own emotional experiences in their roles as leaders. I am often as close as some of these people will ever get to psychoanalysis. While all businesspeople want to make money, and generally believe that more is better, to assume they are all greedy would be an unfair projection of our own fantasies onto them. We sometimes equate work, in

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Kerry J. Sulkowicz, M.D., *a psychiatrist and psychoanalyst, is the founder and managing principal of the Boswell Group LLC, a consulting firm based in New York. He advises CEOs, boards and investors on psychological aspects of leadership in complex organizations.*

which the end result is profit or in which unimaginably large sums of money are regularly transacted, with greed, as though there are no other motivations for pursuing a life in business.

This is a curious phenomenon, as most psychoanalysts I know are open-minded and nonjudgmental about many other things. Yet the business world tends to remain rather opaque to us, despite the fact that many psychoanalytic patients are in business (thus enabling them to afford full fees), and most people work inside some kind of organization. Analysts tend to be individualists and work in solo practice, which leaves them rather baffled about what it is really like to work inside large organizations, which we also assume are unfeeling, stifling bureaucracies.

And we also tend to overlook the existence in the business world of what Alexis de Tocqueville captured when he wrote of "enlightened self interest"—the idea of doing well by doing good—which more accurately describes the motivations of many of my CEO clients. True, there is undoubtedly an element of self-selection involved in my consulting practice, as the more narcissistic and therefore greedy or sociopathic ones would never seek the services of a psychoanalyst, either as a consultant or a therapist.

The depiction of greed in Martin Scorsese's recent film *The Wolf of Wall Street* conjures a prevalent caricature of business in popular culture, one that psychoanalysts may be particularly vulnerable to believing. Psychoanalytic work at its best is profoundly generous, open-minded and helpful. But from the fundamental position of peering into the private lives of others, the clinical encounter is a setup for the experience of envy, and for the distorting effects of hearing about business exclusively through the narrow lens of an individual patient's experience, without the benefit of direct immersion into the complex group dynamic system in which that patient functions every day.

APPLIED PSYCHOANALYSIS

Those few analysts who spend their time consulting to business leaders are often tarred with the same brush as the businesspeople themselves. When I gave a talk to a psychoanalytic society some years ago about my work in the business world, one analyst denounced the idea that this could possibly be a form of applied psychoanalysis and asserted instead that my work was akin to consorting with the devil, or worse, similar to the human experimentation conducted by Nazi doctors. My sense is that this sort of criticism of psychoanalysts who consult to business has much less to do with envy of perceived income inequality and much more to do with envy of the freedom to take a psychoanalytic perspective and apply it in some line of work outside the confines of the traditional consulting room. It also stems from a basic misunderstanding of what an applied psychoanalyst really does and the lack of training in family systems theory, which is an essential tool in organizational consulting.

In any event, lest this sound like an unvarnished defense of the business world, I can assure you that I do not see that world as free of greed and its close relative, corruption. Clearly that is not the case. Organizations are always greater than the sum of their parts, and when corrupt individuals lead companies, corporate cultures develop that are at least tacitly permissive of greed, if not actively encouraging downright unethical and illegal behavior. Corporate cultures are the group-scale analog of individual personality, an elusive yet highly useful concept that describes the consistent experience of being inside of, and interacting with, a particular organization.

Enron became one of the paradigmatic examples of such a pernicious, greedy corporate culture, and there have been countless others in which otherwise ethical individuals lose the ability to resist the unconscious pull to identify with corrupt authority figures. But those same organizations also have within them other people who have the emotional freedom and independence of mind (otherwise known as strength of character) to either speak truth to power as whistle-blowers or to protect themselves by leaving. And psychoanalysts may be uniquely qualified to understand what leads some to succumb to such intense group dynamic pressures, while allowing others to resist this magnetic attraction.

Another aspect of the business world that is important for analysts to understand, and enhance our empathy for those who live in it, is that success in business, by definition, is measured by creating something of value. Many of the best and most successful business leaders are entrepreneurs passionately driven to create products or services that change the way we live or work, and the wealth this creates for themselves and others is actually viewed as a secondary byproduct of their labors. Executives and employees deeper inside organizations are constantly being evaluated and measured for their performance, and part of the recognition they receive for their good work is financial. But what matters to most of them, even more than money, is recognition from their bosses and the feeling of belonging to a company of people they can identify with and take pride in. The best businesses are not driven by greed but by values.

In the wake of the financial crisis of 2008, negative public perceptions of business in general have largely been colored by perceptions about Wall Street in particular, despite the fact that most businesses in the world are not part of the financial industry, even if they are dependent on it. Yet another misunderstanding among analysts about businesspeople is that the philanthropy of wealthy business executives can be reduced to reaction formations against their guilt over their aggressive greediness. While this formulation may apply to some, in my experience many successful CEOs are far more emotionally dedicated to doing good than they ever were to the businesses that made them wealthy in the first place.

In Oliver Stone's 1987 film classic, *Wall Street*, Michael Douglas's character Gordon Gekko declares, "Greed is good." Greed is not good. But in emotional terms its development is an understandable response to certain early life experiences. It also turns out to be exceedingly difficult to treat. Our awareness of the psychological underpinnings of greed provides valuable insights at a group level that may allow us to have a greater impact on organizations and society at large than our work with those few greedy individuals who are fortunate enough to make their way to our consulting rooms.

The Constellation of Greed

Salman Akhtar

Salman Akhtar

Among the fables told by Aesop, the gifted Greek storyteller of ancient times (circa 620 BC) is the story of the farmer who found a goose that laid a golden egg each day. Initially jubilant at his good fortune, the farmer soon felt unable to wait 24 hours for the next egg to arrive. He imagined that the goose had hundreds of eggs inside her but was stingy in doling out the wealth. The farmer grew restless and wanted all the gold immediately. He cut the goose open but found no gold inside it. All that happened was the goose died and the farmer lost the daily nugget of riches that was assured to him. In this brief tale, Aesop elegantly addressed the co-existence of enormous hunger, impatience, inconsolability, a defective sense of empathy, and ingratitude towards one's benefactors. It is this constellation of descriptive and dynamic features that are subsumed under the rubric of greed.

The dictionary definition of greed is "excessive and reprehensible acquisitiveness." The first qualifier, "excessive," suggests acquisitiveness is to be termed greed only after it exceeds a certain threshold but does not specify what that threshold is and how and by whom it has been set up. The second qualifier, "reprehensible," posits greed lacks dignity, is perhaps immoral, and something to be looked down upon but does not reveal why greed deserves such derision. Left in a phenomenological morass, we open our eyes wider and discover what we call "greed" is actually a complex set of affects, attitudes and fantasies lumped together.

The primary manifestation of greed is an excessive and unrelenting desire to acquire and possess goods. Its excessive nature is revealed by the fact that the quantity of goods desired far surpasses actual need as well as by its exaggerated quality when compared to the desires of others. Its unrelenting nature is revealed by the fact that the individual afflicted by it is momentarily pleased with the attainment of supplies and then becomes unsatisfied, empty and inconsolable. While out of proportion with reality, desires associated with greed are subjectively experienced as "needs." And, since psychic needs, as opposed to wishes, do not carry the burden of intentionality, experiencing greedy desires as needs confers upon them an aura of justifiability. Thus, entitlement comes to be a third feature of greed, along with excessive desire and inconsolability.

The realms in which greed can manifest itself vary greatly. Food and money are the most prominent of these. Overeating that leaves one physically bloated but psychically unsatisfied is a telltale sign of greed. Similarly, an insatiable desire to amass wealth, regardless of its instinctual origins in oral acquisitiveness or, as Otto Fenichel declared, in anal retentiveness, gives evidence of greed as a character trait. Sex is another area where the operation of greed is frequently discernible.

Alongside the three primary features of greed, i.e., excessive desire, inconsolability, entitlement, exist certain other manifestations. Prominent among these are a constant sense of hurry, ingratitude, defects of empathy and corruption of superego functions. Hurrying is a frequent accompaniment of greed, since to be able to wait means tolerating less-than-full states of body and mind. Waiting for supplies also implies taking turns, sharing with others, and believing in a less than magical regeneration of goods. The greedy individual insists upon sustained

fullness and cannot tolerate temporal gaps in the appearance of supplies; impatience is the twin sister of avarice.

Ingratitude is also a frequent accompaniment of greed. Called the "marble-hearted fiend" by Shakespeare, ingratitude is, in essence, a refusal to acknowledge that one has received goodness, love and material supplies from others. No amount of indulgence appears enough to the one incapable of gratitude. Inwardly measuring every favor against the "debt" owed to him due to childhood deprivation, such an individual remains thankless to his benefactors. Constant yearning for supplies leads to pushing others aside and losing contact with their needs and rights. This indifference to fellow human beings is most likely the reason greed is deemed "reprehensible." Moreover, such defective empathy has a boomerang effect insofar as others gradually begin to avoid the greedy person. He or she loses the respect of family members and is ostracized. The resulting loneliness increases his insatiable need for love and materials goods.

FOUR COMMON DEFENSES

Greed can be rendered unconscious by defensive operations of the ego due to moral condemnation from within and/or due to the need to safeguard a lofty self-image.

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Salman Akhtar, M.D., *is professor of psychiatry, Jefferson Medical College; training and supervising analyst, Psychoanalytic Center of Philadelphia; author of 72 books, most recently,* Sources of Suffering: Fear, Greed, Guilt, Deception, Betrayal, and Revenge *(Karnac Books, 2014).*

Four common defenses deployed against greed are repression, reaction formation, splitting, and projective identification. By the use of repression, longings felt to be greedy are sent into psychic exile, but hints of greed continue to appear in parapraxes and dreams. Moreover, the individual who has repressed his own greed feels exquisitely uncomfortable at encountering the attitude in others and might even equate their healthy appetites with avarice. Reaction formation against greed can give rise to unrelenting generosity, which involves excessive and incessant giving to others.

Another distortion occurs when self-representations tinged with greed are held in abeyance via the mechanism of vertical splitting. As a result, the individual alternately acts out the contradictory attitudes of being greedy and being not greedy. He seems rational and well regulated in his appetites and then, to everyone's surprise, suddenly turns greedy. Sequestered avarice of this sort can also undergo projective identification and lead to the perception of others being greedy. When this happens, desires and demands of others are looked at with suspicion; even if those wishes are, in fact, realistic. At times, others (especially the spouse and children) are unconsciously manipulated to live out one's own repudiated greed. Scorn and contempt can then be directed at them. The deposition of one's greedy self-representation onto others can also result in uncanny empathy with their acquisitiveness and fear of being devoured by them.

All this impacts upon the clinical situation. Manifestations of the patient's greed can be crude or subtle and include struggles over payment of fees, sensitivity to the slightest lateness of the analyst, wishes for longer and more frequent sessions, and frequent contact-seeking between appointments (e.g., by phone, email). Malignant erotic transference, with its characteristic coercive quality, also is a manifestation of greed. To be sure, factors other than greed (e.g., mental pain, unbearable amounts of loneliness) can play an etiologic role in such developments but greed is often at their center. The same is true of the patient's hatred of the analyst's other patients; the analytic breast is not allowed to feed anyone else. Needless to say, the patient's greed extracts a heavy toll from the analyst's poise and patience. The risk of moral judgment becomes great under such circumstances. This risk can only be avoided if the analyst holds on to the awareness that lurking behind the patient's inconsolable hunger is the void of desperation and feeling utterly unlovable.

The hunger for more coupled with intense oral aggression makes internalization and retention of good objects (including the analyst) difficult. Prognosis is better for patients who are consciously aware of their greed and can even muster a bit of self-reflective humor about their malady. Prognosis is worse when the patient is oblivious to his greed and its destructive impact upon others. Analytic work in such cases has to continually oscillate between affirmative and interpretive interventions. On the former front, the analyst must empathize with and validate the patient's agony and desperation. On the latter front, the analyst must point out the sadomasochistic destructiveness in the patient's reducing his interventions to excrement: inert, offensive, and useless. Both maneuvers are ultimately aimed at helping the patient transform his greed into appetite. However, this work is not easy. The patient often misconstrues overtures of validation and alliance as throwing crumbs and mercilessly devalues the analyst's efforts. Silence is found unbearable and speaking useless. In such an environment, the potential for negative therapeutic reaction is great and the analyst might be better off focusing upon what did not happen in the course of the patient's development than what did.

> …lurking behind the patient's inconsolable hunger is the void of desperation and feeling utterly unlovable.

ANALYTIC GREED

It is also helpful to remember the patient is not alone in bringing the hues of greed into the clinical situation. The analyst contributes to it, too. An excessively austere style of intervening on the analyst's part can stoke the fires of greed in the patient. Such co-creation needs to be acknowledged, rectified, and then handled in an interpretative manner. On a gross level, the analyst's greed becomes evident via an exorbitant fee, ostentatiously decorated office, overly-packed clinical schedule, and refusal to consider retirement even upon becoming old and infirm. Sadly, none of these attributes are rare among psychoanalysts and seem to have become more pervasive as analytic patients become scarce, insurance companies shirk reimbursements, and the monetary wellspring of academia dries up. On a subtler level, the analyst's greed is stirred up in response to the patient's seduction, the idealization of interpretive prowess, and from what I call "interpretive greed." Dedicated to analytic work and idealizing of interpretation as the centerpiece of his clinical enterprise, the analyst might interpret excessively, too deeply or prematurely. The fact is the analyst has to make choices of not only what to address in a session but also of what to leave untouched. Such titration of dosage, timing and even the very offer of interpretation is what makes analytic work forever challenging. Adam Limentani's quip that "psychoanalysis is an art and for this reason it needs discipline" is pertinent in this context. The art consists of both interpreting and not interpreting. Interpretive appetite is good, analytic greed is not.

The Analyst's Greed: A Clinical Vignette

Aisha Abbasi

Greed is a ubiquitous human phenomenon. Since psychoanalysts are human beings, we too can feel greedy. Greed can be manifested in many ways. A young analyst with a family to support might feel greedy for patients to bolster her income; a very senior analyst might be greedy for patients and supervisees, because her work with them fosters a feeling of being needed and having something useful to give at a time in her life when much else is being lost. Analysts can sometimes feel greedy about making interpretations in their haste to show the patient what the analyst has understood about the patient (and to feel helpful and admired) whether or not the patient is ready to hear it. There are many examples of the manifestation of greed by an analyst. Some are very subtle, and there may be theoretical differences about whether or not a particular stance or behavior on the analyst's part should even be labeled greed. Some are more overt, and most analysts would agree that something was going on with the analyst and in the analyst/patient dyad. I will describe a brief clinical vignette to illustrate my own sense of greed, as it manifested itself in my work with a patient, and how I came to understand it.

Mrs. B* was an elegant, beautifully coiffed woman in her late fifties who came to see me early one spring day, after returning from her winter home in Arizona. She had been given my name by her boyfriend's analyst and had heard I was an "excellent analyst." She needed an excellent analyst, she said, because "so many of the ones I've previously had were

Aisha Abbasi

incompetent at worst and mediocre at best." She felt that none of them had been able to help her with her lifelong recurrent depression. Its source was unclear to her, and medication had helped only temporarily. She had been widowed for about seven years and currently had a "gentleman friend" she enjoyed spending time with, but did not feel ready to make a major commitment.

FROM UNWANTED CHILD TO INDEPENDENT WEALTH

Over time, Mrs. B revealed that her childhood had been marked by her mother's postpartum depression after giving birth to her. This had not happened after the births of Mrs. B's sister and two brothers, who were much older, ranging in age from 14 to 20 years her senior. Mrs. B suspected that she had not been planned and had arrived after her mother assumed she was done having children.

Mrs. B's father had been a successful and innovative businessman, who was loving toward the children when he was not out of town for meetings or visiting the sites of his ongoing projects. Her older sister helped look after her, as did a housekeeper who worked for the family during the week. Her mother's depression, lack of engagement, and subsequent difficulty in being able to attend to Mrs. B's emotional needs, combined with her father's lack of physical presence, had left scars on Mrs. B's functioning.

In her twenties she married a wealthy, somewhat older man who, like her father, was often away and, like her mother, was emotionally disengaged when physically present. When he died seven years earlier, Mrs. B crossed the boundary from being rich (which she already was, having inherited money from her parents' estate) to being independently wealthy. She had never been interested in having children and said she had never regretted being childless. The thought of looking after a constantly needy little creature had been abhorrent to her, and she felt she would not have handled the situation well. Her husband had not objected to this decision, stating that with all the traveling he was required to do, it would be hard for him to be a father.

Mrs. B said she struggled with an underlying sense of depression all the time, even though she functioned well in many areas of her life. She wanted to take care of this problem before she got much older, because she had a sense that if left unaddressed, it would make old age (when other challenges would come her way) even more difficult. Her three previous analytic treatments had involved an analysis of seven years' duration followed by two psychotherapies, at a frequency of two or three times a week, each for four to six years. From her description, it seemed the treatments had largely focused on her feelings about her father's frequent absences from her life and the pain of her mother's disengagement.

I suggested that given the lifelong depression she wanted to fully understand, her previous treatment, and her wish to improve her emotional understanding of herself an analytic treatment five times a week would be a useful way to proceed. She readily agreed,

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saying that her gentleman friend (who had found analysis extremely helpful) had encouraged her to consider it and that she was eager to start.

THE CUSTOMARY FEE

Then something unusual happened. As I began to discuss the treatment framework with her, it was easy to discuss matters related to frequency, appointment times, my cancellation policy and vacations. However, when I broached the fee I found myself in a dilemma. As Mrs. B was very wealthy, I debated charging her more than my customary fee. At that point in my career, this had never been a serious issue with any other patient, although many years later, I experienced a similar urge with a very wealthy male patient and could not sort out the determinants of it on my own and sought consultation with a colleague. I generally worked within a certain fee range, and revised the range every two to three years. I had heard from colleagues that if they treated an especially wealthy patient they raised the fee. Their reasoning was that for such a patient, the analyst's customary fee might seem a mere pittance and have no major financial impact on the patient; treatment, therefore, would not be valued. I wondered whether my resistance to this approach was based on reason or masochism, and decided that to increase the high end of my fee range for a wealthy patient did not make sense and would be inauthentic.

> I had heard from colleagues that if they treated an especially wealthy patient they raised the fee.

Why, then, was I feeling greedy about money with Mrs. B? What did it mean that I wanted to raise the bar, just for her, by $20 a session? And what was it about Mrs. B that had aroused my hitherto slumbering greed about money with a patient? I also found myself thinking that she had had three previous treatments, and had come to me with a very high opinion of my "excellence" as an analyst. She would need a lot of help, and I might be the only analyst who could provide it. I was, in this way, getting rather caught up in a sense of my specialness and importance as her future analyst, which was also unusual for me. Intrigued by these ideas, I decided to set her fee at my usual rate and see what came up in the treatment and in my mind.

It did not take long for me to discover that Mrs. B's beautifully composed external persona disguised an internal self that felt damaged, ugly and unwanted. She was hungry—indeed greedy—for my time, attention and love, all of which had been in scarce supply from her mother and father. This was something she had learned to hide from others during her childhood, and it had not been fully expressed or deeply worked through during her previous treatments. I keenly felt the yearning within her to have more, the sense that she deserved more, and her wish to be very special to another person and, in particular, to a person who was special in some way (as she had expressed about me as an analyst and as I experienced her and her wealth). I could feel this and understand it, because I had felt something similar when I had the urge to charge her an unusually high fee. My greed for her money now allowed me to understand her greed for time, love and specialness with me. It became clear to me that in my unusual thought of wanting more than the usual fee from her, I had been warding off awareness of her wanting more than the usual analytic attention from me.

A MEANINGFUL NUMBER

At a much later period in her analysis, Mrs. B shared that she had always wished she could have been the first child in her family, like her sister, who had probably received the most from their mother. The sister was 20 years her senior. I then realized that I had not let myself put together, what I had heard from her at our initial meeting, about the ages of all her siblings. It made sense that Mrs. B would want to be 20 years older; this might have given her the best her mother had to offer, before other children came along, life aged her, and depression claimed her few emotional reserves. I was struck now by the curious "coincidence" that I had considered adding an extra $20 per session to her fee. Was this an example of how much we unconsciously understand about our patients, and may express in an almost enacted form, before its meaning can be fully and consciously felt, articulated and understood?

In the vignette described above, I wanted to do something with my patient that I had never been tempted to before. I felt greedy in a way that was new for me. Against the background of my particular life history, and Mrs. B's, and our individual vulnerabilities, we pulled at each other in ways that were not immediately understandable. Initially, I was only aware of the wish to charge her more. It took me a while to understand that she, on the other hand, had come to see me with the wish to have as much of me as possible, and then some. I believe it was in an effort to ward off a realization of this "greed" in her that I began to feel greedy in a concrete way: a rather overt example of greed in the analytic setting and the significance of trying to understand and contain it, rather than act upon it.

**The patient's identity has been masked to protect her privacy.*

Greedy Patients

Andrew B. Klafter

Andrew B. Klafter

> *"Who is wealthy?*
> *The one who is satisfied with his portion."*
>
> —Rabbi Simon Ben Zoma,
> *Pirkei Avot 1:4* (second century)

Melanie Klein, in her famous conceptualization of envy, did not devote the same level of attention to the phenomenon of greed. While envy may be more destructive, greed is arguably more basic to the human condition. The *Merriam-Webster Dictionary* defines greed as a selfish and excessive desire for more of something than is actually needed. All of us, at some point in our personal lives, have encountered greedy people. Robert Waska, in several psychoanalytic papers, has described the subjective experiences of relentless craving and emptiness in patients who are consumed by greedy desires.

In the consulting room, a variety of patients with various forms of psychopathology can present with insatiable, problematic greed. They share a set of painful feelings associated with their inability to achieve satisfaction and a sense of desperation as they are perpetually overwhelmed by their desires. There is no single psychoanalytic formulation that can explain this common, complex human problem. Rather, each person's unique unconscious fantasies, defensive styles and core conflicts, patterns of object relations, attachment styles, and self-representations must be considered in order to arrive at an understanding of how and why greedy desires have become a central problem in their lives. A brief discussion of three different manifestations of greed will illustrate the range of psychodynamics that mediate overwhelming, insatiable desires.

Andrew B. Klafter, M.D., *is a psychiatrist and psychoanalyst in Cincinnati. He serves on the teaching faculty of the Cincinnati Psychoanalytic Institute and University of Cincinnati Residency Training Program. He resides in Cincinnati with his wife and four daughters.*

RELENTLESS PURSUIT OF MORE

In the classical analytic literature, early deprivation and/or an unsatisfactory resolution of the oral phase are implicated in causing a lifelong inability to achieve a sense of satisfaction. This leads to a constant craving for more—more money, more food, more clothing and more possessions. The developmental task of the oral stage is, largely, the person's ability to come to terms with the fact that he cannot have whatever he wants, whenever he wants it. Therefore, seen through the lens of classical theory, greed can be understood as an inadequately tamed expression of oral libido.

The fundamental conundrum of greed is that the emptiness and hunger that fuel greedy wishes are never satiated. After what is wished for has been acquired, the same emptiness and hunger now stimulate a fear of losing what has just been obtained. As a result, greedy patients are reluctant to share with others. They have trouble negotiating fairly, not just with professional colleagues but with friends and lovers. They may resent the analyst's fees, and indeed may resent spending money in general. The advent of self-psychology provided a new framework for understanding greed. Wealth and material possessions in our society represent power and success.

Therefore, patients who are narcissistically vulnerable due to their depleted self-representations often struggle with greedy desires. While they may superficially resemble patients who have difficulties with oral regression, the underlying dynamics and fantasies of narcissistically driven greed are different. Rather than coping with early physical and material deprivation, narcissistic patients are dealing with a flimsy sense of intrinsic worth as a person. They seek validation and admiration. Fine clothing, fancy cars and other accoutrements of material success are sought, not primarily for the intrinsic pleasure they provide but because they serve as representations of one's success, importance, and basic worth as a person. Patients with narcissistic problems are often also greedy in their quest for accomplishments and achievements in order to compensate for an inner sense of depletion and defectiveness. Therefore, they may be intensely driven for publications, awards, headlines or association with rich, powerful and famous people.

DESPERATE DEMANDS FOR LOVE

Psychoanalytic authors of various eras and theoretical orientations have described greed, normal and pathologic, in our desires for love and affection. Sigmund Freud recognized that our desires for love and affection can be greedy. In discussing his treatment of Dora, Freud described the sibling rivalry as a form of "greed for love" in the sense that the child resents having to share the affection and attention of his or her parents with other children in the family. Elizabeth Zetzel, in her well-known categorization of hysterics, described patients who are incapable of tolerating the fact the analyst has any relationships or meaningful connections with other people. In her opinion such patients are unanalyzable.

Nearly 50 years later, our sense of who can be helped with analytic treatment has greatly widened in scope. To the contrary, most analysts would now see greediness and possessiveness in love relationships as a major life problem serious enough to warrant psychoanalytic treatment. When people cannot tolerate their lovers' friendships or attachments to their family of origin, this typically becomes a major source of distress for everyone involved. Both borderline and hysterical patients can be extremely greedy in their attempts to forge enduring connections to their love objects, in their real lives as well as with their analysts. Ronald Britton

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distinguishes between the greedy love hysterical and borderline patients often express in the transference. In his view, hysterical patients demand the total devotion of the analyst and will not tolerate the possibility that the analyst has an erotic relationship with anyone else in the world; borderline patients demand a total, constant, unfaltering intersubjective merger and cannot tolerate any distractions or inconsistency in the analyst's attention or empathic understanding. This subtle difference is important for the analyst to understand as it signifies different forms of psychopathology calling for different types of interventions in treatment.

NECESSITY TO BE RIGHT

I will briefly describe an additional group of patients who, to my knowledge, has not been discussed in the psychoanalytic literature. I am referring to people who will not budge in any discussion or disagreement. They are greedy in that they refuse to ever concede a point, retract a position, rethink an opinion or acknowledge an opposing point of view may have merit. This includes individuals who are always more interested in winning a debate than enjoying a discussion or learning from someone with greater knowledge or a different perspective. When people are greedy about their opinions and beliefs, even minor decisions about where to eat or what movie to see may lead to bitterness and resentment. A discussion between parents about how to handle an issue in the family, where both parents are motivated to do what is best for their children, may easily transform into a nasty argument. In my experience, several very different personality types may express this type of greed, including obsessive-compulsive patients who fear losing control, narcissistically sensitive patients who are easily slighted, paranoid patients who feel attacked and cheated, as well as patients dealing with intense competitiveness and aggression.

Ultimately, patients with inordinate greed are suffering significantly in various aspects of their lives due to their inability to achieve a sense of peace or satisfaction. They need our understanding and deserve our professional expertise.

Top 10 Misunderstandings about Psychoanalysis

Lou Agosta

Lou Agosta

As a candidate at the Chicago Institute for Psychoanalysis and an assistant professor at the Illinois School of Professional Psychology, I am often approached by members of the public or my students with the question, "Why would anyone want to do psychoanalysis?" There are many misunderstandings of psychoanalysis in the community. Therefore, I have written a document in response to the top 10 myths regarding psychoanalysis and hope *TAP* readers find it useful.

10. Psychoanalysis takes a long time.

False. Freud's shortest case, that of Katharina (Freud 1893), was concluded in one day. His longest case lasted several years. There is room for individual variation here. Never was it truer that "your mileage may vary."

9. Psychoanalysis is a movement; it is not evidence-based psychotherapy.

False, though it may be both. Psychoanalysis is the father of psychodynamic psychotherapy. Growing numbers of studies are providing robust empirical data support that psychodynamic methods, including psychoanalysis, are effective forms of therapy. Do not let insurance companies push back without protest. See the works of Jonathan Shedler, Barbara Milrod, David Orlinski, Arnold Goldberg, Nathan Schlessinger and Fred Robbins among others.

8. Psychoanalysis does not address social issues such as gay rights, bullying, gender violence, and others.

False. One of the few things about which Freud never changed his mind was the essentially bisexual nature of the human being. Given the technical definition of "perversion" as a developmental, pre-genital form of sexuality, it was not (and is not) a devaluing term, unless you have devaluation in your heart. Get over it—we are all perverts now.

7. Psychoanalysis is no longer the therapy of choice given the advent of cognitive behavioral therapy (CBT).

False. CBT was developed by two psychoanalysts, Albert Ellis and Aaron Beck, working separately and at different times. CBT is effective due to those aspects of empathic listening and optimal responsiveness that are the essence of psychoanalysis. If you read Beck carefully, the sessions are intended to be training in CBT. That is, the work with the trainer is to teach the patient how to do CBT so that he or she can go back into their lives and apply the therapeutic distinctions, reporting back periodically on the results. Survivors of hard-core CBT often endorse the assessment: Absent a warm empathic listener, psychotherapy is often indistinguishable from dental work—or CBT.

6. Psychoanalysis does not treat trauma.

False. Freud's first 18 patients experienced sexual boundary violations, euphemistically called "seductions" in Victorian times, amongst the definitive causes of their neuroses. The decisive engagement with trauma as a source of neurosis occurred during and after World War I, which presented new horrors to civilians and soldiers. An ambitious project was envisioned whereby clinics and hospitals would be set up using psychoanalytic methods for treating war neuroses. The collapse of governments and the post WWI political and economic chaos thwarted this vision. However, Freud went on to publish *Beyond the Pleasure Principle* (1921) in which the mastery of trauma through the repetition compulsion was on the critical path to dealing with aggression and overcoming neurotic suffering. Given that our community is dealing with the return of soldiers from two wars, psychoanalytic methods are more important than they have ever been.

5. Psychoanalysis has not progressed since Freud.

False. A short history of psychoanalysis since Freud: Melanie Klein and Anna Freud ventured to learn about psychosocial sexual development by talking with children rather than theorizing. A diverse group of psychoanalysts, including Robert Fairbairn, Donald W. Winnicott and Harry Guntrip, decided to formulate human interactions in terms of relationships. Heinz Kohut proposed innovations in strengthening the ego through transformations of narcissism in treating the self and breakthroughs in forms of transference.

4. Psychoanalysis is expensive.

It depends. One thing is definite. The most expensive approach is doing nothing about personal, emotional suffering. It can cost a person a lifetime of satisfaction and fulfillment, do almost incalculable harm to entire families, and damage whole communities through violence, substance abuse and diverse antisocial behavior. As Freud wrote in his *Recommendations for Physicians Beginning Psychoanalysis*, "Nothing in life is so expensive as illness and stupidity."

3. Psychoanalysis is not the therapy of choice, given psychotropic medications (e.g., Prozac).

False. In 1993 Peter Kramer published a book entitled *Listening to Prozac*. This book knocked the knees out from under *all* forms of talk therapy, without exception, and, as the jewel in the crown, psychoanalysis perhaps had more at stake and further to fall than most.

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Lou Agosta, Ph.D., *candidate and psychotherapist in private practice in Chicago, teaches History of Psychology at Argosy University. He is author of Empathy in the Context of Philosophy (Palgrave 2010) and A Rumor of Empathy (Routledge, forthcoming). See www.ListeningWithEmpathy.com*

The Female Body

Malkah Notman

The initial focus of the COPE Study Group on the Female Body, integrating biological and psychoanalytic concepts, has developed into a more clinical project. We are interested in those individuals for whom the body serves as a way of experiencing and expressing memories, affects, and relationships. We have been identifying, describing and working to understand patients for whom this is central. The body is often absent from clinical descriptions that focus on the psychic reality and do not include somatic reality. We are considering the whole body, not specifically the genitals.

A broader concept that has evolved from our discussions is the concept of the "somatic self" as a characteristic that captures the woman's sense of herself and her body. We are interested in the role a woman's body plays in her self concept. The shape, size and functioning of the body also contribute to the psychic reality. There is a reciprocal relationship between the effects of one's self concept on bodily functioning and the effect of the body's functioning on the sense of the self. For example, a self concept as strong, powerful or being identified with a particular parent can affect posture—being "straight," holding oneself tall, or being stooped or crouched. Size, athletic ability, as well as being seen as beautiful, contribute to self-esteem. Particular characteristics also have meaning, such as eye and hair color.

The representation of the body, the way one perceives oneself, is also determined by the sensory processes of perception, the visual, auditory and tactile sensations, and by memories, residues of one's experiences and

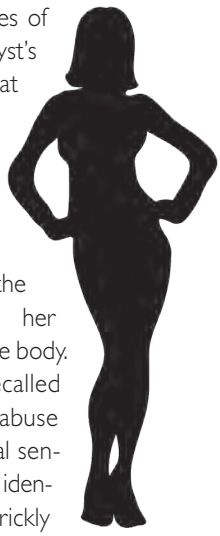
Malkah Notman

the emotions that accompany the memories. So concepts such as "ugly" and "strong" are ideas, part of the mind, and not only express ideas about the body but also involve the neural circuitry that has to do with perception, memory and experiences. Recognizing the neural circuitry provides one level of integration of the biological and psychoanalytic.

"Biological" contains many elements, including circulatory, hormonal, neurological and anatomical. Hormonal interactions also influence the way we feel, and feelings influence hormonal activity. In the group we have also considered biological and psychological aspects of important female body experiences, such as pregnancy, menstruation, menopause, breast development and breast augmentation. We have discussed the ways in which depression affects female body functions. Infertility is an example of a situation where the fact that the body is not functioning "as it should" has profound effects on self-esteem. It can create feelings of helplessness and failure, being unable to fulfill a critical realization of female gender identity. Current knowledge attributes about one-third of infertility problems to male conditions, another third to female conditions, and one-third are either combined or unknown. However, a woman may feel responsible even if the problem is not primarily hers, since being able to reproduce is such an important part of a woman's traditional and historical role whether or not she actually wants children at a particular time.

CASE PRESENTATIONS

We have had a number of presentations of patients for whom somatic issues were prominent. One patient had concrete fantasies about her analyst's body, particularly her breasts. These involved detailed daily observations of the analyst's body and represented her wishes for closeness by fantasies of being inside her analyst's body. She also felt that closeness was more possible because as women they shared the same bodily configuration and sensations. At times she had the fantasy that she and her mother were in the same body.



Another patient recalled memories of sexual abuse by remembering physical sensations, which she then identified as being the prickly mustache of the abuser. Another patient did not at first understand her reluctance to brush her teeth, until it became clear that this was associated with memories of oral sex.

Many women change the shape of their bodies to deal with sexual feelings or experiences. Becoming fat avoids presenting oneself as sexual or having sexual feelings. One patient literally needed to create layers of fat so she could begin to talk about a long and not openly discussed history of sexual abuse. Body sensations contained the memories. Body feelings, such as having legs that were heavy enough that they were touching served defensively.

Another patient, a successful professional woman who was seen for many years, used her body symptoms such as nausea to express affect, still needing the analyst's help to recognize anger and panic. These patients are examples of people who have important somatic components in their clinical presentation.

We have considered the effects of acute and chronic trauma. There is evidence that there are brain changes affecting sexual response in individuals who have experienced chronic sexual abuse.

We are exploring ways of fulfilling the educational mission of COPE. We thought about developing a curriculum and a bibliography for teaching about the actual physical body in clinical work. Our current plan is to describe several cases, including some that have been presented, accompanied by a bibliography related to the particular problem of each patient. We would like to describe all aspects of the patient, psychological and somatic, and aim to integrate these into one coherent formulation.

Malkah Notman, M.D., *graduate of Boston University School of Medicine, is clinical professor in psychiatry, Harvard Medical School; faculty at Cambridge Health Alliance; faculty and training and supervising psychoanalyst, Boston Psychoanalytic Society and Institute; and in private practice, Brookline, Massachusetts.*

American Psychoanalytic Foundation Interview with a Filmmaker

Linda R. Benson

Garrick Duckler is a third-year candidate at the San Francisco Center for Psychoanalysis, who received his MFT from the Wright Institute and his Ph.D. in English language and literature from the University of Chicago. Drawing upon his experience as both a college instructor and mental health clinician, Duckler has written, illustrated and narrated a unique set of short films (hand-drawn animation and mixed media) that present various psychological dilemmas for discussion groups and classrooms. I conducted this interview because his grant proposal to support this project impressed the American Psychoanalytic Foundation as the kind of innovation we wish to encourage.

LRB: When did you first get the idea for your project "Presenting Problems"? What was the turning point or moment when you felt you were on to something?

GD: I didn't make these films with the explicit purpose of using them in discussion groups. At least initially, they were ways for me to portray certain types of psychological struggles that didn't fit neatly into a category of anxiety, depression, or the like. I brought them to a former professor of mine whom I had always felt a deep bond with, Elisabeth Young-Bruehl. I wanted to show her how I was thinking both about my own analysis and the clinical dilemmas I was faced with as a relatively new clinician. I knew as an innovator she would perhaps appreciate the novelty of form, but I had no idea her response would be so ebullient. She then encouraged me to begin to think of making more with the idea, as there would be more and more "presenting problems" since film and new media were ways of keeping alive ideas and therapeutic dilemmas that, she felt, would engage a broad array of thinkers, therapists, philosophers and teachers.

LRB: When you started on "Presenting Problems," did you have any thoughts about the economics of putting a video together? Did you consciously think about seeking out grants? When did that occur?

GD: No, I didn't have much of a sense of how to fund, distribute, market or produce a video. It was not my strength. Elisabeth was very good, as she put it, at wearing various hats. She ran a production company called Caversham Productions, which now sadly is no more because of her death. The films had limited distribution through Caversham, but in various ways, I am learning that side of this venture along the way. The films have appeared in many festivals and have won several awards, but there hasn't been any outright marketing plan of action, which would probably be of enormous benefit, but writing, drawing, doing voice over and all the editing and shooting are a fair amount of work (on top of an analytic practice). I wasn't aware of funding until I heard the APsaA foundation was looking for new ways to get psychoanalysis out to the public. I thought analytically minded films by an analyst who has taught classes and has a background in literature had a fair chance at helping in that regard.

LRB: Your proposal talks about finding a new way of promoting psychoanalysis. What is your biggest expense in doing this?

Garrick Duckler

GD: I'm uncomfortable with the idea of "promoting psychoanalysis" as if psychoanalysis is something one could (or should) believe in, like "promoting democracy." It sounds like a good idea, of course, but can lend itself to misuse and do a disservice to the sophistication of what so many of the thinkers have worked so hard to preserve. If I'm doing any promoting, it is that psychic life (and the pursuit of what is considered therapeutic) is far more complex and layered than most people consider, and that psychoanalysis provides some important and interesting ways to capture that complexity. The biggest expense by far is time. Time not only in making the films but also in dissuading myself this is a pointless endeavor in which I'll just wind up illustrating psychoanalytic concepts in some banal way that will defeat the whole tension between knowing and not knowing.

LRB: You talk about your relationship to Elisabeth Young-Bruehl. How did you meet her? You sound like a "go-getter." Do you think more could be done within the psychoanalytic community to mentor people with good ideas? If so what? Does creativity get started on its own?

GD: The idea that I'm a go-getter makes me laugh. Of course, as an analyst, I am always curious about what we become in the eyes of others, so I will let that marinate. Although for anyone who knows me very well, that term would not be very high on the list of descriptors. I met Elisabeth at Wesleyan when she taught her yearlong Freud class.

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Linda R. Benson, M.A., *has served on the board of the American Psychoanalytic Foundation for four years. She is an independent writer who specializes in health and medical topics, and teaches at Wayne State University.*

It changed my life. I have no doubt I would not be talking with you today if I had not taken that class from that particular person. I was very, very lucky to be in that class. Later in life, I did not seek her as a mentor. I sought her as a thinker whose ideas and responses offered something no one else did. That I would even be thought of by her as a mentee still blows my mind. Perhaps that's how she felt about Hannah Arendt, who was her mentor, but whatever the case, it still fills my heart with a bizarre sense of gratitude and disbelief that I was ever that close to her. I sought her reaction and wound up with her companionship. Again, incredibly fortunate.

LRB: Estimate how many organizations or audiences you have had contact with in showing this video.

GD: I have shown the films to probably 15 to17 different audiences, ranging in numbers from 20 to over 200. The responses are my favorite part, of course, since that is the whole point. The films are, on some level, entertaining to see on your own but, in some ways, you would be missing out on what is importantly a collective experience. Once one person raises a question, an idea or association, there is another and another. The films I think appear simple but they are rather dense and even though they're short, the discussions tend to be long.

Analysts or analytically minded people are my favorite viewers because they tend to feel comfortable associating—to their patients, to their own clinical struggles. There have been many analysts who've used the films in classes they've taught so that's always intriguing. And many of whom want to now make their own films, which I think is a tremendous idea and I would love to help people develop their own presenting problems, since in each of us there is such a distinctive meeting place between our own histories, personalities and conflicts and those in the patients we treat. It has been an absolute honor to hear from so many different people. Their responses are truly the reward that will help me to continue developing new forms to find ways of talking about all those things in us that don't have names.

Institute Autonomy

Continued from page 6

Institute Autonomy offers institutes real and complete choice without sanctions. Institutes will have the right to decide if they accept and choose to adhere to one of the three IPA models. If the requirements of these models are objectionable or threaten the survival of an institute, that, institute can choose to be freestanding. Their decision need not have any bearing as to whether their members can remain members of APsaA. Every APsaA member could continue to remain an APsaA member because APsaA will be a true membership organization free of enforcing or imposing standards on any institute.

Won't the loss of uniform standards return us to the days of local politics and undue influence related to faculty and career progression?

Moving from a national system to one of greater local autonomy does create risk for a return to undue and unchecked influence on analytic careers based on local politics. It is a cost and risk of relinquishing agreed upon and enforceable standards. However, those institutes using ACPE Inc. accreditation or participating in an elective commitment to other standards may find some opportunities to balance unchecked local influence.

Doesn't APsaA need to define membership by training standards?

Ironically, this question has been voiced most loudly by some who insist that APsaA is and should only be a membership organization. They remind us that institutes are not members although each institute pays a substantial annual fee to APsaA. Any membership organization can set membership criteria however its members choose. Membership does not need to be defined by one training model or its "substantial equivalent." We already include candidates and psychotherapy associates among our colleagues. Would we now exclude them because of differing backgrounds or because they have not yet graduated? Those who now oppose the dissolution of the Board on Professional Standards and who want to keep regulation within APsaA using the Live and Let Live model may themselves be reluctant to relinquish the belief that one group can determine and enforce standards for all and control these standards.

We all have deep connections to APsaA as a professional home. Why would we support a proposal that diminishes APsaA?

Institute Autonomy will not diminish APsaA. To the contrary, it will allow APsaA to thrive. Freed from the acrimonious infighting over standards that has drained our members' energy and morale for decades, we can return to a focus on the intellectual, professional and educational interests that brought us to the organization. APsaA will then become a true membership organization.

Won't APsaA be diminished in its capacity to advocate and lobby for the profession if the institutes are more independent?

Not at all. As a membership organization APsaA's power to advocate and lobby comes from the vitality of its membership. Freed from our internal acrimony, our membership will grow, our finances will be more secure, and our energies can be directed to the critical policy issues around which we can unite.

CHANGE, LOSS AND ADAPTATION

We appreciate that the proposal for Institute Autonomy touches deep emotions. It is difficult for many to trust that autonomy will not diminish our professional bonds and friendships or the sense of APsaA as our professional home. Most of us have wanted to believe that, like a good parent, APsaA would take care of us, protect us, and keep us uniform despite our anger and infighting. It is a difficult idea to relinquish. However, growth always occurs when the dissolution of an existing structure catalyzes movement to a new structure and improved adaptation. Increased autonomy of our institutes will not diminish professional bonds and friendships. Nor should it in any way diminish APsaA as our professional home. Freed from acrimony over the enforcement of a particular educational model, it will become a much better home. We are confident that with the autonomy inherent to the Institute Autonomy proposal, our institutes and APsaA can thrive.

APsaA's Excellent New Fellows for 2014–2015

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


Claire Brickell

Claire Brickell, M.D., is a staff psychiatrist at the Gunderson Residence, a McLean Hospital-affiliated residential program for the intensive treatment of women with borderline personality disorder. She provides individual, group, and family therapy and medication management. She participates in the Mentalization Based Treatment Training Program and the Program in Psychodynamics. Brickell received her undergraduate degree in molecular biology from Yale University and studied medicine at Harvard Medical School, where she had the opportunity to complete multiple international rotations in Africa and South America. She completed an adult psychiatry residency and a fellowship in child and adolescent psychiatry at MGH/McLean Hospital, where she was proud to have cofounded the first outpatient interpersonal group for adolescents at MGH.


Jane Caflisch

Jane Caflisch, Ph.D., is a postdoctoral fellow at Columbia University Counseling and Psychological Services. She received her doctorate in clinical psychology from the City University of New York and her bachelor's degree from Harvard University, where she studied religion and medical anthropology. Her research investigates the roles of fluidity, loss and mourning in the process of identity formation, especially with respect to gender and sexuality. Growing out of her work in hospital settings, she is interested in psychodynamic approaches to treatment for complex trauma and for psychosis. She is co-author, with Steven Tuber of *Starting Treatment with Children and Adolescents* (Routledge, 2011); winner of the White Institute Case Presentation Award; and co-organizer of Choice and Abundance, a conference at the White Institute.


Justin Chen

Justin Chen, M.D., M.P.H., is a psychiatrist at Massachusetts General Hospital and instructor at Harvard Medical School. He received his undergraduate degree in molecular biophysics and biochemistry and literature from Yale, with a focus on German/English Romanticism. Following a year of immunology research in Germany as a Fulbright Scholar, he enrolled at Yale Medical School. Chen completed his residency training at MGH/McLean, where he served as MGH outpatient chief resident and developed a strong interest in cross-cultural psychiatry, pursuing electives in Shanghai, Taipei, and Fukushima. Since then, he completed his M.P.H. at Harvard, focusing on stigma among depressed Chinese-Americans in primary care, and became co-chair of MGH's Psychodynamic Psychotherapy Case Conference Steering Committee. He is interested in exploring cultural considerations in psychodynamically oriented treatment.


Christopher Cselenyi

Christopher Cselenyi, M.D., Ph.D., is a child and adolescent psychiatry fellow at Columbia and Cornell Universities, and he is a Leon Levy research fellow at Columbia University, where he studies dopamine signaling in the laboratory of Jonathan Javitch. With undergraduate majors in English and biochemistry at the University of Miami, he wrote his thesis on epic simile and developed biophysical methods to study DNA damage and repair. He earned his M.D./Ph.D. degrees at Vanderbilt University, where he won awards for "most progress in clinical psychiatry" and "most outstanding Ph.D. training accomplishments." He then completed his adult psychiatry residency at Columbia University, where he developed a passion for psychodynamic psychotherapy. Cselenyi hopes to use psychodynamic perspectives to enrich and deepen his work with patients and in the laboratory.


Katharine Baratz Dalke

Katharine Baratz Dalke, M.D., M.B.E., is a chief resident in psychiatry at the Hospital of the University of Pennsylvania. After graduating magna cum laude in classical literature and Latin from Haverford College, she earned her M.D. and master's in bioethics from the Perelman School of Medicine at the University of Pennsylvania.

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Her clinical and academic interests include using individual and group psychodynamic psychotherapy as well as psychopharmacology to care for and support people with variant gender and sexuality. She has participated as an advocate for individuals with intersex traits and their families in publications, conferences and national media. In addition to clinical care, Dalke is involved in medical education and has been recognized with multiple teaching awards.

Benjamin Y. Fong, Ph.D., is a Harper Fellow at the University of Chicago. He received his Ph.D. in religion from Columbia University, where he was also an affiliate scholar at the Psychoanalytic Training Center. He is currently working on a manuscript entitled "Death and Mastery: Toward an Old Psychological Foundation for Critical Theory," which seeks to strengthen the psychoanalytic "foundation stone" of first generation critical theory in the hopes of rejuvenating its conception of interpellation and subjection in late capitalism. He has published in *Psychoanalysis, Culture, & Society, The Journal for Cultural and Religious Theory*, and the *Journal of the American Academy of Religion*. He has also written posts for the *New York Times* philosophy blog, "The Stone," on Freud and neuroscience.


Valery Hazanov

Valery Hazanov, Ph.D., was born in Moscow and grew up in Israel. He received his Ph.D. in clinical psychology from Columbia University and his B.A. in psychology and the humanities from the Hebrew University of Jerusalem. Recently he completed his internship at the Columbia University Medical Center. He is a past fellow of the Columbia University Center for Psychoanalytic Training and Research and currently serves as an adjunct professor of psychology at Teachers College, Columbia University, where he teaches psychotherapy process (his main clinical and research interest) to graduate students in clinical psychology.


Cole Hooley

Cole Hooley, M.S.W., is director of Social Work and Counseling Services for Harlem Village Academies. He is a lecturer at Columbia University School for Social Work and a clinical instructor at Smith College School for Social Work. He received his B.S. in social work from Brigham Young University and his M.S.W. from Smith College School for Social Work. He is beginning his fourth year in the Child and Adolescent Psychodynamic Psychotherapy Program at Columbia Psychoanalytic. His current professional interests are the application of psychodynamic psychotherapy with children and adolescents in urban school settings, psychodynamic efficacy studies and implementation strategies, and effective training practices. Cole currently lives in New York City with his wife and two small girls who continue to be his favorite professional and personal interest.


Michael Nevarez

Michael Nevarez, M.D., is a second-year child and adolescent psychiatry fellow at MGH/McLean Hospitals in Boston. As an undergraduate, he attended California Polytechnic State University, San Luis Obispo, and majored in electrical engineering. After high school he volunteered on a Native American reservation in Arizona; this experience provided inspiration for a career in medicine. After working as an engineer, he went to Harvard Medical School and completed adult psychiatry training at MGH/McLean. His interests include mental health care for underserved populations and in school settings. He was granted the award for scholarly excellence in psychodynamic writing at MGH and also writes on topics related to mindfulness. His current research examines the lifetime use of defense mechanisms and cognitive function in older age.


Benjamin Ogden

Benjamin Ogden, Ph.D., holds a degree in literature from Rutgers University. His research interests include 20th century fiction, global literature, post-apartheid South African literature, stylistics and linguistic criticism, psychoanalysis, and the craft of writing. His work currently focuses on the importance of mystery to literature and psychoanalysis. Ogden has published widely on 20th century literature, including articles on Philip Roth, Samuel Beckett, William Faulkner and Phaswane Mpe; he also has written experimental forms of literary criticism. He is co-author of the book *The Analyst's Ear and the Critic's Eye: Rethinking Psychoanalysis and Literature* (with Thomas Ogden, Routledge 2013). The book has been translated into Italian and Portuguese. He is currently an assistant professor at Stevens Institute of Technology.


Uyen-Khanh Quang-Dang

Uyen-Khanh Quang-Dang, M.D., M.S., was raised in California by her parents and maternal grandmother, who are Vietnamese refugees. She graduated from Harvard College in 2002. For her undergraduate thesis, she received a grant to conduct field research in Vietnam's psychiatric hospitals and studied how Vietnamese culture's perception of mental illness shaped the psychiatric profession in Vietnam. Quang-Dang received an M.S. from the Harvard School of Public Health in 2005; her thesis focused on creating new gender equality and women's empowerment indicators for the United Nations Millennium Development Goals that factored in sexual/reproductive health. She received her M.D. from New York Medical College in 2010, and completed her general adult psychiatry residency training at UC San Francisco this past June. Upon graduation she received the Edwin F. Alston Award for Leadership in Psychiatry.

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2014–2015 Fellows

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Jessica Rollin

Jessica Rollin, M.D., is a fourth-year psychiatry resident at Emory University where she also received her M.D. She is chief resident of Emory's Outpatient Psychotherapy and Psychopharmacology Training Program. Prior to medical school, she graduated cum laude from Yale University with a B.A. in history. She worked in publishing and then found her way to medicine via an interest in women's health and work with midwives in Guatemala. Her interest in women's health continues. Psychoanalytic and psychodynamic approaches to pregnancy and the peripartum are her interests now, along with medical student and resident education. In particular she is committed to helping medical students and residents in other specialties understand the importance of their patients' internal lives as they conceptualize and treat their patients.


Leah Rosenberg

Leah Rosenberg, M.D., is an attending physician at the Massachusetts General Hospital in Boston where she practices as a hospitalist and palliative medicine consultant. She completed undergraduate degrees in philosophy and political and social thought at the University of Virginia. She entered the Mount Sinai School of Medicine through the Humanities and Medicine Program and graduated with distinction after a yearlong experience in psychosomatic research investigating the biological consequences of anger expression styles. She completed an internal medicine residency at Duke University Medical Center in 2013 and has recently finished a yearlong hospice and palliative medicine fellowship at Massachusetts General Hospital and Dana Farber Cancer Institute in Boston. Her interests include teaching communication skills and psychosocial assessment techniques to clinicians at all levels.


Craig Schiltz

Craig Schiltz, M.D., Ph.D., hails from the Midwest and early on had an interest in behavior. He studied biochemistry, molecular biology and philosophy at the University of Wisconsin, Madison. He obtained an M.D. /Ph.D. at the University of Wisconsin School of Medicine and Public Health. His Ph.D. was aimed at understanding the neuroanatomy of motivated behavior. He completed his general adult and child and adolescent psychiatry training at the University of California, San Francisco, where he developed an interest in psychotherapy and analytic/dynamic theory as a way of understanding behavior. Soon he will start working for the San Francisco Department of Public Health serving youth at risk for out of home placement, providing consultation to multidisciplinary teams of clinicians at various levels of training in addition to direct clinical care.


Pernilla Schweitzer

Pernilla Schweitzer, M.D., is a fourth-year chief resident in psychiatry at the University of California, San Francisco. She is also a first-year fellow in the psychodynamic psychotherapy training program at the San Francisco Center for Psychoanalysis. She graduated from Harvard University magna cum laude in molecular biology and minored in French literature. She received her M.D. from Columbia University's College of Physicians and Surgeons. During medical school she received a Doris Duke Fellowship grant to spend one year doing research on somatoform disorders, with a focus on hypochondriasis. Other areas of clinical interest include anxiety disorders, substance abuse, and long-term process groups.


Alicia Simoni

Alicia Simoni, M.A., L.M.S.W., earned a master's degree in social work from the Smith College School for Social Work and is currently working as a therapist at the Heartwork Counseling Center in Atlanta. Her B.A. from Johns Hopkins was in anthropology and women's studies after which she completed an M.A. in international peace studies at Notre Dame. Her interest in the intersection of gender and violence led Simoni overseas to work in communities ravaged by war. A conviction that personal and societal transformations are interconnected drives her clinical and research aspirations. Simoni's M.S.W. thesis examined how civilian therapists' subjectivities manifest with service members who have killed in combat. Her current interests include the intersubjective implications of violence as well as the role of culture in psychodynamic psychotherapy.


Lisa Weiser

Lisa Weiser, Ph.D., recently completed her postdoctoral fellowship at the New York Psychoanalytic Society and Institute and is currently in private practice in Brooklyn. She received her doctorate in clinical psychology from Long Island University's Brooklyn Campus, where she is now a clinical supervisor and research scientist. She completed her internship at Lenox Hill Hospital. She was first exposed to psychoanalytic thinking as an undergraduate at Yale University where she studied literature with a focus on French and gender studies. Her master's thesis investigated the relationship between issues of separation/individuation, gender role conflict, and homophobia in heterosexual males. Her dissertation and current research explore how perceptions of childhood trauma relate to the variable development of object representations and shame-proneness in adulthood.

Misunderstandings

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Kramer's promises were abroad in the land, even if the ultimate outcome was disappointing. In 2008 Stephen Stahl (one of America's premier psychopharmacologists) wrote "…antipsychotics have been on the market for over a decade, and only now is it becoming clear that some of these agents are associated with significant cardiometabolic risk…and with pharmacological actions that may mediate this cardiometabolic risk… At first, weight gain and obesity were clearly linked to atypical antipsychotics, but more recently, increased risk for dyslipidemia, diabetes, accelerated cardiovascular disease, and premature death have been linked to certain drugs in this class as well." Premature death indeed.

2. The level of understanding of psychoanalysis among the general public and college students is high.

Guffaw. Think: *Lost in Translation*. The level of understanding is *Analyze This* and *In Treatment*. Admittedly, each one compelling in its own way. See the post for a response www.ListeningWithEmpathy.com

1. The approach of psychoanalysis to proposed interpretations of the patient's issue is "Heads, I win; tails, you lose."

False. Even if the patient agrees with the analyst's interpretation, that is not confirmation of its accuracy. It could be conforming and agreeing with authority. It is only if additional relevant personal material is expressed that aligns with the interpretation that it is considered to be a confirmation ("yes"). Oftentimes a "no" means that the interpretation is incomplete or something significant is missing. APsaA

Editor's Note:
You can visit the author's website (www.ListeningWithEmpathy.com) to read the complete version of this article.

From the Unconscious

poetry

Sheri Butler

John Samuel Tieman, Ph. D., co-chairs APsaA's Schools Committee. He authored an award-winning chapbook of poetry, *A Concise Biography of Original Sin*, published by Bk Mk Press of the University of Missouri at Kansas City. His scholarly essays appeared in *Schools: Studies In Education* and his commentaries regularly appear in *Vox Populi*, a forum for the discussion of contemporary politics. This academic year marks his 40th year as a certified teacher. He currently teaches in the St. Louis Public Schools.

Ash Wednesday

You will cast all their sins
into the depths of the sea.
Micah 7:19
like the old Jews in the neighborhood
once a year I carry my sins in my pockets
I cast them into the Mississippi
where I confess

to writing more poems than prayers
to losing my faith to a silk nyloned thigh
to ignoring the moment between dusk and night
to defeating dreams with my sleeplessness

I would absolve myself if only I could remember
all the murders
instead I cross my brow with the ashes
of all the angels I cremated

—John Samuel Tieman

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

Trailblazing Local Option: One Institute's Experience

Richard Tuch

The following is an interview with Jeff Prager, co-author of the New Center for Psychoanaysis's Expedited Pathway

RT: How does it feel to be at the forefront of change at APsaA, having co-authored the first working localized system for certifying members and appointing TAs at the same time?

JP: I believe the New Center for Psychoanalysis (NCP) has found a way, with the cooperation of the national organization, to move forward without promoting divisiveness at the local institute level. We succeeded in creating an APsaA-approved set of procedures, known as the "Expedited Pathway," which "localizes" certification and appointment of training and supervising analysts. The kind of change NCP has pioneered—with the approval of the Committee on Institutes (COI)—came about by our institute working to develop a set of procedures that were acceptable to NCP members. Only then did we seek approval from and obtain agreement from our national organization. Ours was a "bottom up" approach.

The Expedited Pathway procedures I'm about to describe provide a working model that can help extricate us from the impasse that's plagued not only the Association and individual members' relation to it, but also, and perhaps more important, the divisions that exist between members of local institutes. This set of procedures does not require local institutes to decide between those who prefer local option—a kind of secessionist impulse—and those who believe there is a role for the national organization in the healthy functioning of local institutes.

Richard Tuch, M.D., *serves as dean of the New Center for Psychoanalysis.*

RT: When and how did the Expedited Pathway come about?

JP: One result of our 2010 site visit from COI was its recommendation that we affirmatively respond to an impending crisis in our institute. Our TA system was strained by two factors: 1) an aging population of TAs (The average age of our TAs was 73) and 2) a total lack of interest on the part of NCP analysts in pursuing certification from the Association. Otherwise, our institute was doing quite well and, at the time, we had just admitted a first-year class of seven incoming candidates. It was clear that unless we responded through some exceptional mechanism, we would not be able to provide a sufficient pool of training and supervising analysts for our trainees. That was COI's concern, which quickly became ours as well.

NCP's plan was the result of a long and arduous process. At the time, I was co-dean, along with Martha Slagerman, and together we discussed with NCP members our plan to provide an Expedited Pathway in response to the recommendation of the Site Visit Committee. We described this as "expedited" to indicate that NCP would revisit these procedures once our developmental pathway curriculum was fully in place. After receiving faculty endorsement, we appointed an ad hoc committee to draft a plan we hoped would prove acceptable to the Association. Even more important, we wanted to put into place a procedure that might entice those NCP analysts who had not pursued TA status to consider signing up and going through the Expedited Pathway. In 2012, we received the approval from our Education Committee to proceed, pending approval by the Association.

Richard Tuch

Martha and I began discussions with Betsy Brett and Dan Jacobs, at the time co-chairs of the COI, and proceeded to make minor changes here and there that would help satisfy members of COI and, ultimately, BOPS as well. Again, this was a painstaking process in which more careful language was introduced concerning the ways in which local and national members would be appointed to the examining committee, the conditions under which certification from the Association would be granted and other issues. At a breakfast meeting in January 2012 at the APsaA meeting, NCP and COI reached agreement on the final form for the Expedited Pathway. Later that day, we received approval from the co-chairs of BOPS, at the time Colleen Carney and Lee Ascherman, for our set of procedures. We were then off and running.

RT: How exactly does the Expedited Pathway work?

JP: There are several features of this plan that make it distinctive, and very attractive to our members. First, it shifts the process of evaluation, in its entirety, to our own institute and away from New York. Second, it offers simultaneously, if one is successful in his or her application, TA/SA status and certification from the Association. Certification, when it occurs, is simply ratified at the next meeting of BOPS. In this instance, COI and BOPS agreed to consolidate the procedures for certification from the national organization with application for TA/SA status at the local level.

The procedures (available for anyone to examine) provide for a two-step process, designed to take somewhere between six months and a year to complete. Assuming the applicant meets the necessary immersion criteria for psychoanalysis, he or she appoints a study group. This group consists of three or

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four NCP TAs with whom one meets to discuss the ethical, legal and professional expectations of NCP and the Association to serve as a TA/SA. Various issues are expected to be covered that bear heavily on the duties and responsibilities of TA/SAs, including confidentiality, teaching while serving as a training analyst, and conditions when recusal from administrative activities are appropriate. In addition, contemporary and classical journal articles on the supervisory role for TA/SAs are read and discussed. By mutual agreement of the applicant and the committee, the work of the study group is declared complete once these issues have been taken up and sufficiently discussed.

At that point, the applicant appoints two TA members of an Examining Committee, the institute appoints a third member (subject to the applicant's veto), and BOPS appoints the fourth and final member. The Examining Committee meets with the applicant to discuss clinical material, case write-ups, as well as the one particular case the applicant has prepared to present for his or her final exam. All local members of the committee are expected to attend each of these meetings, and the national representative is free to join the group for these discussions, though in practice they have tended to join in only at the tail end of the process. By mutual agreement, the applicant is deemed ready and able to convene a final examination during which the national member must be in attendance. In a three-hour exam, the applicant provides a case presentation on one selected case to demonstrate psychoanalytic competency, as well as an awareness of legal and ethical issues that might have arisen in the case. Each member of the committee has a single vote. The expectation is that consensus will develop through the examining process about whether the applicant should be passed or sent back for further work. No single voting member has veto power over the final decision.

RT: How has this been working thus far?

JP: The procedures have been working remarkably well. On the issues that matter, NCP cannot be more pleased, though we are hoping more eligible members will come

Jeff Prager

forth to take advantage of the opportunity. To date, we have attracted two applicants who have successfully completed the process and have accordingly been certified and appointed as TA/SAs. Several more seem to be in the pipeline. As we had hoped, the decision-making process by which the committee renders its opinion, thus far, has produced a consensus that the applicant had met the requirements being assessed. There have been no split votes. And while the BOPS representatives to each of these committees were, at first, skeptical of the process, they have now endorsed it as adequate for establishing the competency of the applicant. We are very encouraged.

RT: You were recently reassessed by the chairs of COI. How did that go? What was their reaction to how the Expedited Pathway has been operating?

JP: As stipulated in the final agreement, the approval for the Expedited Pathway was contingent on the preparation of a report to the COI in January 2014. Martha and I met with the new co-chairs of COI, Jack Solomon and Ingrid Pisetsky and reported on the implementation of the program and the experiences of those who've completed it. They were both very impressed by the procedures and, in fact, asked if we would be willing to circulate the procedures to other institutes faced with similar problems as our own.

RT: With all this talk about local option, what do you make of the fact that the Expedited Pathway isn't better known? It appears that some institutes are leaning in favor of local option—and here is a BOPS-approved program that's been up and running for two years. What do you make of that?

JP: In the preamble to our procedures, we indicate that we were seeking COI and BOPS approval of this plan for NCP only. We explicitly stated that the procedures were not drafted to be precedent setting and necessarily applicable to other institutes. We thought this explicit statement was needed at the time to reassure both the leadership of COI and BOPS that our interest was simply the survival of NCP and responsive to the specific request of our site visitors.

RT: Granted, the Expedited Pathway was developed by a specific institute facing a particular problem. But from what you are saying, I wonder whether it might be something other institutes might want to consider adopting.

JP: I happen to think this set of procedures, working to the satisfaction of our local institute and to COI, offers a way to preserve the advantage of some national oversight in the function of local institutes while respecting the capacity of local institute members to evaluate the competency of their own members. However, we do not see these procedures as necessarily applicable to each and every institute. Similar kinds of procedures might be adopted, bearing in mind the specific challenges faced by the particular institute and the specific attitudes of the local membership. We tailor-made these procedures to be responsive to our own institute and its membership. Other institutes, I believe, ought to do the same.

RT: Thanks for filling us in on the details. I hope this clarifies the many questions that have arisen around the country at institutes that have become curious about what the Expedited Pathway is and how it works. And congratulations for having crafted such a useful and elegant solution to your institute's problem.

Interview with Bob

Continued from page 11

is a one-upping gesture regardless of how tactfully it's handled. Do this and you'll get the best they can give.

We shifted classes from the weekends to Wednesday afternoon, and set aside Wednesday evening for faculty study groups, thus offering a mid-week bloc of time that analysts could devote to the institute. Faculty groups met monthly throughout the year, and were open to everyone, with topics like art and creativity, group process, mentalization, panic disorder, neuropsychoanalysis, community process, Melanie Klein, Primo Levi, our organizational history, couple therapy, the seven deadly sins, and various clinical formats.

The Faculty Development Committee created a group to study the teaching of psychoanalysis. This group, which Richard Fritsch and I led, eventually formed a training model that would revamp psychoanalytic training for us. Some years earlier, David Joseph and I proposed combining the first year of teaching for psychotherapy students and psychoanalytic candidates, but at a poorly attended faculty meeting, with the opposition in high gear, this was shot down. I was challenged at a site visit for letting the idea fall away. With Dick Fritsch, we revisited it at this new study group and after a few years of organizational work and negotiation we created the Psychoanalytic Studies Program (PSP). In capsule, the PSP offers a two-year curriculum for candidates, potential candidates, psychotherapists, and scholars. For those interested in becoming analysts, it counts as the first two years of analytic training, even if the person doesn't apply for candidacy until after the program ends. We just finished our first year, working with 20 remarkable students. It's a way for clinicians curious about candidacy to engage with the field without the pressure of making a commitment. All the students are offered analysis on an appropriate fee basis. Dick and I will write this up for *TAP* or *JAPA* when we complete the work with our first cohort.

Meanwhile, I had grown dissatisfied with our teaching content in our psychotherapy training program (a program which in any event would be preempted now by the PSP). Specifically, I thought the clinical aspect of our psychotherapy training was weak, that we weren't effectively helping our students grasp their patients' psychic realities. I created a new program, Close Attention, as an educational experiment. What if we offered a program whose sole purpose was to help you get your mind around your patient's mind? Getting your mind around the patient's experience is hard, hard work. I designed a whole bunch of formats in which one could work at that, and that program is now entering its third year. It's been a hard sell to the clinician public, because it's rather stripped of formal theory teaching and on the surface looks too elementary, but it's actually making a mark on the participants.

BS: You seem to always be just a bit outside the system. You're not a TA. And you're not well known nationally despite all you've done educationally.

BW: I like being a bit of an eminence grise, outside the spotlight. I like creating programs and seeing them meet people's needs. I'm conflicted about public acknowledgment, easily self-conscious. You know I've put off your wanting to do this interview for a few years. I've also always felt best being a bit outside whatever I perceive to be the establishment. Upon entering medical school, I was one of two students out of 80 who knew we wanted to be psychiatrists, and that outsiderness felt comfortable to me. I was frightened by the prospect of submitting to analytic training, but after my analyst insisted that I was trying to practice analysis without a license, I relented and applied. Training was not the Procrustean bed I had anticipated. Nor were marriage and child-rearing the claustrophobic trap I feared. Quite the contrary.

On a few occasions I've been asked to apply to be a TA, and I haven't felt tempted. I think it means to me becoming part of a system that I'll find constricting, in terms of how I view the constraining forces in institutional psychoanalysis, where the terms have been, to such a wide extent, defined. I don't think I'm missing out. I really enjoy the work I do and feel I've gotten better at it over the years. Gotten better at creating functioning families.

BS: Your home in Bethesda has become the center of many functional families.

BW: We do hold a lot of activities there, and that's meaningful to me. You know, I respect the people I work with, but that's why I chose to work with them. Also, I'm pleased I could recognize when something I was doing for a long time wasn't working the way it needed to, and I could try to rethink it, like with the Close Attention program.

I think our institute and center needed someone with an educational-organizational vision to create programs. That person doesn't need to run them, but primarily needs to find the right people in the organization to do that. Our New Directions program, as an example, has held 51 weekend conferences, each organized by a faculty member or graduate. My skill has been in finding the right people to do that, then providing only the help that person needs. Friends ask me how I manage to do so much organizationally, and my answer is always the same: delegate.

BS: How do you envision spending your seventies and eighties?

BW: Trying to stay in shape and spending time with my family, especially my amazing new grandchildren. Continuing working to find the best ways to educate clinicians. And writing.

BS: Your article on time that begins with "Time's arrow peers out at me from behind my awareness," deserves reading by a wide audience. It was published in Anne Adelman and Kerry Malawista's book, *The Therapist in Mourning*.

BW: Thanks. I did write a book that got a good reception, and I'm working on two other books now. The one really underway is based on a set of extensive interviews Kerry and I are doing with psychoanalysts from around the world, using 30 questions about their work experience. We're collecting some very interesting accounts. The other book is a project Marshall Alcorn and I are developing with the scholars in our new program. So I always have much too much to do. Which, of course, is also about something.

Changing World: The Shape and Use of Psychoanalytic Tools Today

Stefano Bolognini and Alexandra Billinghurst

The IPA 49th Congress will take place in Boston July 22-25, 2015. We invite you to a congress that aims to deepen our understanding of where psychoanalysis is heading and the challenges and opportunities that lie ahead.

We are living in a fast-changing world, which challenges the psychoanalytic ideals of reflection and time for thought. The IPA Congress plays a unique role in providing and protecting such space for reflection and thought at an interregional level: European, North American and Latin American analysts can directly exchange their views.

Working on the theme of the congress, we came up with a number of questions that our time raises about psychoanalysis today. How does a fast-changing world affect the mind, our technique and our consulting rooms? How have we developed in terms of tools and theories? Have we more to offer today than 50 or 100 years ago? How have new technologies and other changes influenced our practice, and how are we answering these various challenges? And finally, what are the further developments in technique and how do we deal with the impact of technology and high mobility in our practice?

We are living in a fast-changing world, which challenges the psychoanalytic ideals of reflection and time for thought.

INTRODUCING BOSTON GROUPS

The clinical and theoretical presentations at this congress are designed to show how different analysts from Europe, North America and Latin America think about and work through the questions raised above. But there will also be a new initiative at this congress, the Boston Groups, where small, interregional groups of members, candidates and non-members will be able to meet online before and during the congress to discuss the main congress themes. We have aimed to distinguish the Boston Groups from the other discussion groups, and are convinced they will be an opportunity for you to participate more directly and actively in the congress proceedings and to benefit from the extraordinary diversity of participants at IPA congresses.

The idea behind the Boston Groups is to provide the possibility to meet people from other parts of the psychoanalytic world in a small and intimate setting, as a way of making it easier to express oneself despite possible language obstacles. As all who have been to an IPA congress may have noticed, the overwhelming size of the conference creates an apparent tendency to stick to the people we already know. As you move about you hear and see people chatting away in their own languages. It makes sense that we enjoy the company of known colleagues, and we certainly do not want to take that joy away. However, if size and language hinder us from also meeting "unknown" colleagues, we would like to counterbalance that.

By placing people together in groups of 15 to 21 people, we hope to create new "safe" groups, a "home" group within the vast smorgasbord of the congress. Each Boston Group will be composed of an equal number of people from each of the three regions and will have a facilitator, whose role is to do just that, facilitate the discussion within the group. The group should not be seen as a supervision group but rather a place to discuss clinical and theoretical material in an equal and intimate way, offering the chance to get to know psychoanalytic thinking in practice in the parts of the psychoanalytic world that are unfamiliar.

The groups will be created as people register and announce whether or not they would like to be part of a Boston Group. The groups will start their work in January 2015. They will meet by Internet to discuss the material the keynote speakers have provided, abbreviated versions of their papers. This way the group will already be formed and working before they actually meet in person in Boston. During the congress there will be a slot after the keynotes for the Boston Groups to meet in person for discussion. For those who have not joined a Boston Group there will also be larger more traditional discussion group options provided.

Our hope is that the Boston Groups will present us with the chance to explore both how we differ and how we are alike in the way we work and think in different parts of the world. By defining and redefining the concepts we use and the assumptions we make, we will be enriched by others, and also be given the opportunity to further discover how we think theoretically and with our patients, not only by "the experts" and the people who offer their knowledge in panels and individual papers at the congress but also by our peers and colleagues in other parts of the world.

We really hope you will be part of and enjoy the work of the Boston Groups.

Stefano Bolognini *is a training and supervising analyst at the Italian Psychoanalytical Society and president of the International Psychoanalytical Association.*

Alexandra Billinghurst *is a member of the Swedish Psychoanalytical Association and vice president of the International Psychoanalytical Association.*

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