

THE AFFILIATE COUNCIL



NEWSLETTER

PRESIDENT'S LETTER

— By Julio G. Calderon, MD

As we get on with our busy lives and the work of the Affiliate Council, I urge all of us to remember our colleagues and friends affected by Hurricane Katrina and the devastation it unleashed. Although safe, they remain displaced as they make efforts to rebuild their lives while grieving the loss of their homes, community, practices and patients. The Association has been coordinating relief efforts along with assisting candidates of the New Orleans Psychoanalytic Institute whose training was disrupted by this terrible disaster. Some candidates have restarted their training at other institutes while others have decided to wait because of the enormous burden of rebuilding their lives. If you have not yet, I urge all Affiliate members and candidates to make a contribution to the Psychoanalytic Assistance Fund. Please make your checks payable to: American Psychoanalytic Association. Write "PAF-Hurricane Relief" on the memo line and send your contribution to the American Psychoanalytic Association, 309 East 49th Street, New York, NY 10017.

Thanks to our co-editors of the Affiliate Council Newsletter, Carol Arland (Portland) and Leslie Cummins (NYU) for all their time, hard work and dedication. This issue is a bold depart-

EDITORS' NOTE

At the Affiliate Council Meeting in June, the idea was raised to change the thrust and format of the Affiliate Newsletter by selecting a theme for each issue. The response to this proposal was enthusiastic, and we implement it here for the first time with the theme of finding control cases. We have invited Dr. Arnold Rothstein,

ture from our traditional format as we look towards ways of improving communication about what is foremost among candidates' concerns. Each issue will take on an important topic in psychoanalytic training beginning with our look at the dearth of control cases and what many of you are doing throughout the country to address this problem. We hope you enjoy this new format and look forward to your feedback.

95th Annual Meeting and Leadership Academy

I would like to extend a personal invitation to have you join us at the Winter 2006 Meeting of the American Psychoanalytic Association in New York. The Affiliate Council under the leadership of its candidate members has organized a wonderful line-up of programs of interest to candidates. The Affiliate Council meeting and breakfast on Thursday, January 19, 2006 at 7:45 am will be a wonderful opportunity to meet other candidates from across the country and learn more about what other institutes are doing to address candidate concerns. This meeting will feature a special workshop on scholarly writing and brainstorming a manuscript for publication for Affiliate Members led by Steven Levy, MD, edi-

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faculty and supervising analyst at New York Psychoanalytic Institute and faculty member of New York Psychoanalytic Institute, to offer his stimulating thoughts on the subject. As you will read, his reflections are shared by several institutes nationally. We hope you find his column and the new format interesting and thought-provoking, and look forward to any comments you may have.

January 2006
Volume 8, Issue 1

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tor of JAPA, as part of the ongoing Affiliate Council Leadership Academy. Don't miss it!

Affiliate Membership Drive

As you know, there are many advantages to membership in the American Psychoanalytic Association; yet historically only 70% of candidates join. This year we proposed joining the Association in sponsoring a membership drive to invite all new first-year candidates to join our ranks. It is not just a matter of numbers and membership dues. The Affiliate Council found that candidates who join the Association are more likely to complete their training than those who do not join. Membership in the national organization representing our shared professional interests makes a difference in the way candidates feel about their training and their identity as psychoanalysts. I want to thank the national office, especially Debbie Steinke (Manager, Education and Membership Services), the faculty representatives and all of you who participated in the first-ever Affiliate Membership Drive which ran from

October 15 through November 15. At press time, it was still too early to know if we made our goal of recruiting 100% of all new first-year candidates. I hope to report on those results at our Affiliate Council meeting on Thursday. Stay tuned!

Exercise Your Right and Vote

Two major issues are coming up that will require your attention and most importantly your vote. The first is the upcoming election for president-elect of the Association. Thanks go out to Thomas Bartlett (Philadelphia) for inviting both nominees to post statements over the Affiliates listserv specifically addressed to candidates. If you did not get a chance to read those posts, both nominees have created web sites as a means of educating members on their views and I encourage all of you to visit both sites and see for yourselves what each candidate has to offer the Association, candidates, and the future of psychoanalysis. The two nominees are: Prudy Gourguechon, MD (<http://plganalytic.com>) and Warren Procci, MD (<http://wrprocci.org>).

The second issue is the two upcoming by-law proposals. The controversy

is over the "local option" proposal. This proposal seeks to abolish the current requirement that all Training and Supervising Analysts be certified by our current national standard of certification. The new "local option" would leave this requirement to the discretion of each local institute to require certification as a precondition for such appointments. I encourage all of you to read Thomas Bartlett's post in support along with the letter posted by those opposed in your efforts to educate yourself on this very important issue. In our efforts to study the current TA/SA system, the Affiliate Council has been asked to join PIPE (BOPS Committee- Project for Innovation in Psychoanalytic Education) by its chair, Dr. Michael Singer, this January for an in-depth candidates' perspective on our current system.

I hope you will take the time to exercise your right to vote. It was one of the major achievements in the history of the Affiliate Council. We are a powerful constituency. Our votes matter. Let your voices be heard. Educate yourselves on the important issues that affect our training.

I look forward to seeing you all in New York.

ON PSYCHOANALYSIS

THE FAILURE OF AN ILLUSION

— By Arnold Rothstein, MD

About twenty years ago, a depressed colleague was bemoaning the state of his practice. When I told him I had ten cases in analysis, he responded, "That's because you are often published." I thought, "No, it is because I know something about helping patients begin their analyses." I decided to observe the way I conducted consultations and began analyses. This led to the publication of a number of scientific publications and a book.¹

In the process of discussing my findings, I became aware that the pedagogy regarding selection employed for the past eighty years had failed. Authoritative training analysts have promulgated the illusion that prospective analysts could be *evaluated* in face-to-face consultation and that suitable cases could be selected. This myth has been taught in courses on "selection" and "analyzability." These courses persist despite outcome research which demonstrates it is not possible to predict outcome at the beginning of analyses. Relatedly,

many candidates begin analyses with patients who have been "chosen" and "approved" by others. This process ignores the importance of "match" as a factor in outcome.

The traditional model proposes that the analyst, as authority, greet a prospective patient with an *evaluative* attitude. The analyst is trained to ask the question, "Is this patient analyzable?" In an effort to answer that question, the analyst assesses the patient's personality and makes a diagnosis. If

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¹Jacobs, T. & Rothstein, A. (ed.), (1990). *On Beginning an Analysis*. Madison, CT: International Universities Press.

Rothstein, A. (1998). *Psychoanalytic Technique and the Creation of Analytic Patients*, 2nd ed. Madison, CT: International Universities Press.

Bornstein, M. (ed.), (2001). "Where Have all the Patients Gone?" Essays inspired by Arnold Rothstein's *Psychoanalytic Technique and the Creation of Analytic Patients*. Psychoanalytic Inquiry.

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the patient is considered “neurotic,” or in Glover’s term, “transference accessible,” analysis is the recommended treatment. To begin an analysis, a patient must be ready to meet with the analyst four or five times a week and assume a supine position while attempting to put his experience into words.

If the patient’s personality is considered impaired or defective, or if the patient receives one of the dreaded diagnoses (borderline, narcissistic, or, even worse, psychopathic or paranoid), or if he is in the habit of using drugs, he is considered not ready at this time or unsuitable for analytic treatment. In such a situation, a treatment conceptualized as “psychotherapy” that is, usually characterized as “less intensive,” “preparatory,” ego-strengthening,” and/or “supportive” is recommended. In contemporary practice, the analyst working from this evaluative perspective might also suggest adjunctive pharmacotherapy. After a period of such treatment, a patient might be deemed more suitable for psychoanalysis. This entails the *former* psychotherapy be *converted* to psychoanalysis.

Before outlining my contrasting perspective, I emphasize that, of course, there are some patients (such as most of those described by Axis 1 diagnoses of DSM-IV) who are better served by treatments other than psychoanalysis. However, I also stress that for the vast majority of patients, the treatment is determined more by the analyst’s taste than by scientific clinical assessment. The ideas presented here did not evolve from questions concerning analytic failures or hypothesized “deficits” in analysands’ capacities. Rather, they arose in response to colleagues’ expressed dissatisfaction with their practices. I wondered why so many well-trained colleagues were having trouble developing and maintaining an analytic practice. In attempting to answer that question, I stumbled upon a revolutionary (with a small “r”) answer. I discovered in my own attitudes and way

of working in a consultation a new “concrete puzzle solution” to the problem of how to help a prospective, often reluctant, collaborator give analysis a “try.”

I call this new concrete puzzle solution a *trusting* model for conducting a consultation and beginning an analysis. I trust that people who come seeking our help *do* want our help. Regardless of their presenting complaint and/or deficiencies (which I regard as analogous to manifest content of dreams), I trust that they want to improve their lives. The analyst working from the perspective of the trusting model asks the question, “How can I help this person begin a trial of analysis with me at this time in our lives?”

I greet prospective analysands with the conviction that analysis is the optimal treatment for them. Integral to communicating such a belief, the analyst must be confident in the therapeutic efficacy of psychoanalysis. I optimistically trust that we will be successful in our collaborative enterprise. I assume that patients are analyzable until they prove unanalyzable in a trial analysis. Such a trial may last for as long as two to three years.

If such a trial fails, it does not mean the patient is unanalyzable. All I can say after such a failure is that *we* failed, that we were unable to collaborate successfully at this time in *our* lives. Such a patient may be analyzable with a colleague, or might be analyzable with me at another time in *our* lives. A judgment is made concerning the success or failure of the collaboration rather than of the analysand. If a trial of analysis fails, all we can determine is that the analytic couple was not “collaborative.”

When a patient seeks my help, I am not particularly interested in evaluating his personality, and, relatedly, in diagnosing him. Instead, I focus on helping him accept the recommendation for a trial of analysis as the optimal treatment for him. In that regard, I am interested in his sensitivities and responses to me and to the recommendation. The emphasis here is on the analyst’s constant working to restrict his functioning to analyzing.

From this perspective, the analyst’s urge to evaluate, diagnose, prognosticate, and/or medicate may be regarded as a possible countertransference signal. The analyst should regard recurrent pessimistic thoughts about a patient’s suitability for analysis and his diagnosis as manifestations of evoked or induced fantasies. If I find myself thinking about differential diagnosis rather than considering a patient’s sensitivity, I assume that I am responding to some transference trend that creates unpleasure in me. Countertransference unpleasure, associated with feelings of revulsion for a patient, may be defended against by distancing oneself by considering the prospective analysand’s diagnosis.

If a patient objects to one or more of the parameters that define the analytic situation, such as frequency and/or the use of the couch, I agree to begin analytic work (not conceptualized as psychotherapy) with the patient at any frequency the patient desires, with the understanding that an aspect of the work will be our effort to understand why he objects to a frequency of four or five times per week and/or the use of the couch. I conceive of such objections as *enactment resistances*.

The prospective analysand’s objections are viewed as enactments that are analogous to symptoms. The symptomatic enactments often have transference significance and derive from unconscious fantasies, best understood as compromise formations. The analyst must be able to accept that the patient must do it his way first, before the enactment can be understood. Stated another way, the analyst has to be able to accept being frustrated by the patient while the patient is gratified.

An analytic attitude that accepts the patient’s imperative desire for gratification as an aspect of a symptomatic enactment may engender a collaboration with the analysand so that his or her objections to accepting the analyst’s recommendations can be understood as resistances. When these defensive aspects of the enactment are sufficiently understood as resist-

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ances, the analysand (if analyzable with this particular analyst at this time in their lives) should be able to proceed with the analysis in the recommended manner.

In a sense, my approach frames the patient's reluctance as a self-defeating, masochistic enactment and, in collaboration with the patient, focuses on an aspect of the early work of understanding this expression of the neophyte analysand's character. It is not infrequent to discover that this symptomatic expression of his character reflects the expression of more pervasive masochistic conflicts.

Reluctant patients are not usually experienced as "good" patients. They often can be obstinate or defiant. They may express some disdain for the analyst's preferred vision of the way things should be and present their own treatment plan in an arrogant and entitled manner. A good deal of tolerance for this kind of abuse, played out in the consultation, is required to help such patients experience themselves as participants in an analytic collaboration.

My perspective emphasizes that, particularly in a consultation and at the beginning of an analysis, it is not primarily the parameters of the analytic situation which define a treatment as an *analysis*. It is the analyst's *attitude* toward the patient and the patient's behavior and verbal associations which fundamentally define the treatment. Features of the analytic situation, such as frequency of sessions and the use of the couch, though

important, are not always absolutely essential. I qualify this statement with stating that a trial of analysis has failed if the standard parameters of the analytic situation are not established by the conclusion of the collaboration.

In summary, a trusting model consists of the following six premises:

1. Analysis is the optimal therapy for most patients who seek your help.
2. Recommend a trial of analysis to most people you meet in consultation.
3. Work to maintain a positive and analytic attitude toward the outcome of the trial. If you find yourself pessimistic, at an impasse, and/or experiencing the urge to diagnose, consider the possibility that you may be having a negative countertransference response.
4. Begin the trial in any way the patient is able. The ultimate goal of the trial is to establish a frequency of four to five times per week and to use the couch. Think of the patient's reluctance to establish such a situation and to deprive themselves of the optimal treatment as enactment resistances.
5. Consider the patient analyzable until he has proven unanalyzable with you at this time in your lives.
6. Think of impasses and/or failures as failures in collaboration rather than reflections of patients' analyzability.

If the validity and usefulness of the trusting model are accepted, revision

of analytic curricula is required. Because it is impossible to assess analyzability at the beginning of treatment, courses on selection should be deleted. In their place, a trusting model should be taught. This approach has pedagogic implications for teaching beginning-phase process. In addition, a course could be offered that provides candidates an opportunity to discuss their psychotherapy practices. In this course, candidates could be helped to consider several questions: Why isn't each of your "psychotherapy" patients engaged in a trial of analysis with you? Why aren't you more optimistic about the therapeutic efficacy of psychoanalysis? Why don't you offer a trial of analysis to a wider range of patients?

In conclusion, I emphasize that the concept of "analyzability" derives from the medical psychiatric tradition out of which psychoanalysis arose. Freud, the neurologist, was interested in establishing a diagnosis and in developing a specific treatment modality for the treatment of specific disease entities. I suggest that the trusting model reflects the evolution of psychoanalysis as a discipline in its own right. From this perspective, psychoanalysis is not a subspecialty of psychiatry, psychology, or social work; its practitioners are not psychiatrists, psychologists or social workers. They are psychoanalysts. As this perspective results in a different experience of ourselves, it also creates a different view of our analysands. There are no "good" or "bad" analysands; there are relatively successful and unsuccessful trials of analysis.

IPSO

— *By John Skulstad, MD*

IPSO Vice-President for North America

The International Psychoanalytic Studies Organization (IPSO) is an international organization open to all psychoanalytic candidates at a training institution accepted by the IPA. IPSO was established in 1971 to provide candidates an opportunity to come together to discuss issues of training, theory, and practice and to provide a social context for engagement. Candidates training in institutes of the American Psychoanalytic Association automatically become members of IPSO when they join as Affiliates. This column will report on IPSO activities and provide some general information related to the experience with training cases around the world.

IPSO has several upcoming activities planned. From January 27–29, 2006, IPSO will have a candidates-only meeting near Geneva, Switzerland. The theme for this meeting is “The Way We Were, The Way We Become” (www.swipso2006.org). From April 6–9, 2006, the European Psychoanalytical Federation conference will be held in Athens, Greece (www.epf-eu.org). The conference theme is “Psychic Transformations in the Psychoanalytic Process” and IPSO will have a program in conjunction with this meeting. From June 14–18, 2006 the APsA will hold its annual meeting in Washington, D.C. (www.apsa.org). At this meeting, IPSO will have a discussion group in which Margot Brandi, IPSO Vice-President for South America will present a paper entitled “Magic Mirror on the Wall, Who is the Baldest One of All?” This paper will be formally discussed by candidates and recently graduated analysts from South America, Europe, and North America. The next congress of the International Psychoanalytical Association (www.ipa.org.uk) will take place in Berlin, Germany from July 25–28, 2007. IPSO will have meetings in conjunction with that congress. The IPSO program usually starts a day earlier, in this case, July 24. The IPSO program includes paper presentations, senior analyst presentations, and public supervision of candidate cases by senior analysts. These programs are almost uniformly enjoyed by all participants and usually include fun social events as well. Candidates wishing to present papers or submit cases for supervision should watch for announcements about deadlines on the affiliate email list and the IPSO website. Every two years new officers are elected for many of the IPSO executive committee positions. Interested candidates can submit their names in the nominating process as outlined on the IPSO website in the bylaws section.

Regarding training cases, both Europe and Latin America are highly diverse areas. In Europe the first training case may usually be undertaken after one year of theoretical seminars and one to two years of personal analysis. Most

institutes require two control cases, seen four times a week each lasting at least two years. In Israel, Finland, and Holland three control cases are required. Some of the largest societies, including Madrid, Hungary, France, Italy, and Germany will accept one or both control cases at a frequency of three times a week. The British society only requires two cases, but both must be seen five times a week. In most institutes there is no specification of gender concerning control cases, although having analysts of both genders is generally preferred. One society, the British, has an age specification—between 21 and 45 years of age. The ease of finding training cases has been highly variable. Analysts of candidates generally pay much reduced fees. In Norway, Holland, and Germany, the health insurance or social security recognizes analysis and pays at least a portion of the costs. In the United Kingdom on the other hand, the candidates do not get paid until they are graduated.

The Latin American experience is perhaps even more variable. In countries like Argentina and Uruguay, psychoanalysis is a more routine aspect of the culture. Control cases are reportedly easier to establish in these countries, although recently that ease may have diminished as a result of the economic hardship those countries are experiencing. In Brazil, there are many psychoanalytic candidates spread through institutes of different theoretical orientations and concentrated in their largest cities. I have not heard the Brazilian candidates complain of difficulty finding control cases. In countries like Venezuela and Colombia, candidates report more difficulty. The time and financial commitment involved in analysis have been difficult for people (other than those in healthcare related fields) in these countries to take on. Generally, there is also growing competition from briefer therapeutic modalities. In many Latin America institutes, the requirement is for two control cases. Candidates are finding it progressively harder to get cases that meet four times a week. In some institutes, a reduction to a three times a week requirement has boosted candidates’ optimism about being able to complete their training. Analysts of candidates also frequently pay very low fees. Much has been written there about the transference-countertransference implications of these low fees.

This concludes a brief summary of the international candidates experience with training cases. As I conclude this column, I want to mention again that at many of the IPSO related meetings, candidates have an opportunity to submit papers for presentation and to present cases for public supervision by analysts from other parts of the world. For more information about these opportunities and other IPSO related activities please consult the website (www.ipsocandidates.org). From links on that website, candidates can also obtain access to the organization’s biannual journal and sign up for discussion lists in several languages.

AFFILIATE COUNCIL SCIENTIFIC PAPER PRIZE COMMITTEE

— *By Carol B. Levin, MD*

This has been a wonderful year for the Affiliate Council Paper Prize competition (which is being handled completely electronically this year, thus incurring no costs except for the prize money). We had a record number of thirteen submissions from candidate writers from institutes all over the country, and the papers contained original, creative and valuable ideas. It was thus also a difficult year for our judging panel to select the winners from so many interesting papers. The first round judging panel (Anne Adelman, Carol Arland, Sol Bankier, Beverly Betz, Leslie Cummins, Barbara Drinka, Cheryl Eschbach, Susan Kattlove, Rebecca Mair, Carmen Maza, Karen Melikian, Monisha Nayar, Susan Orbach, Peggy Walsh, Howard Weiner) did a superb job of evaluating the papers, sending back detailed comments on a judging form that was included with each paper (with each paper getting two or more readers).

Then the five most favorably reviewed papers were sent on to the panel of final judges (Ephi Betan, former chair of the competition; Beverly Betz, current Program Chair of the Affiliate Council; Ellen Hellman, former Affiliate Council Program Chair; and Caroline de Pottel, a former co-winner of the prize) who each ranked the papers from most to least favorite, a daunting task. Adele Tutter of New York Psychoanalytic won the prize for her paper "Medication as Object," an original and important expansion of our understanding of the use of medication in psychoanalysis in the new century, and Susan Scheffel of Columbia Center for Psychoanalytic Training and Research is the semifinalist for her paper "The World of Steig," a delightful integration of current concepts in attachment research with the illustrations of William Steig, the popular children's book author. Julio Calderon will present the \$1,000 and \$500 prize checks to the winners at the Meeting of Members on Friday, January 20, at the upcoming Winter 2006 Meeting in New York, Adele will

present her paper the same day at 11:15 am. Howard Weiner of Michigan will be the discussant. Susan will present her paper at the same time on Friday, June 16 at APsaA's 95th Annual Meeting in Washington, D.C. These presentations have always been well attended and have stimulated lively discussions.

Steven Levy, the editor of JAPA, has invited the judges to become editorial readers for JAPA, and several have already accepted. I encourage all of you to consider submitting a paper for the 2006 cycle of the Prize. And please consider being a judge as well, for we are always in need of candidate judges. Please email me (levinc@msu.edu) if you would like to join the judging panel.

The prizes have been funded by the American Psychoanalytic Association and the American Psychoanalytic Foundation Committee. In order to receive their awards, the winning authors present their papers at a local venue, an outreach requirement of the Foundation Committee.

RESEARCH ASSOCIATES OF THE AMERICAN PSYCHOANALYTIC ASSOCIATION (RAAPA)

The Research Associates of the American Psychoanalytic Association (RAAPA) provides a base for meetings and collaborative exchanges among researchers and analysts, that is also accessible to graduate students, psychiatry residents and candidates in psychoanalysis. All of us know that a research focus is increasingly becoming a priority for the membership of The American Psychoanalytic Association. In a recent survey of the membership, conducting research to demonstrate the efficacy and effectiveness of psychoanalysis and psychoanalytic psychotherapy ranked second only to education in priorities for the organization. RAAPA's goal is to contribute further to the expansion of systematic psychoanalytic research, and to add new perspectives and vitality to training at both the graduate schools and Institutes of the American and International Associations.

To this end the Research Associates program has been developed. This is a non-membership category of affiliation in the American Psychoanalytic Association which is available to research scientists, research-oriented clinicians and others with an interest in psychoanalytically-oriented research. While individuals who meet the qualifications for Affiliate and Active Membership in APsaA are not eligible to join the Associates program, they are welcome to participate in RAAPA's sessions.

RAAPA organizes programs and activities to stimulate the role of empirical research in psychoanalytic theory and treatment—including clinical and developmental research, and treatment process and outcome studies. RAAPA conducts an

open forum at the winter national meetings where new and ongoing empirical research is presented and discussed.

These programs are now planned in collaboration with the Program Committee and will be part of the official program. These exciting programs are open to all registrants of the meetings. We are particularly eager for psychoanalytic candidates to attend these research meetings in order that they learn first hand about the scientific activities in psychoanalysis throughout the world. The next RAAPA meeting will be January 21, 2006.

- 10:30 to 12:30 - Sex Research and the Oedipus Complex.
Presenter: Richard C. Friedman
Discussant: Leon Hoffman
- 2:00 to 3:30 - Change in Attachment and Reflective Function in the Psychodynamic Treatment of Borderline Personality Disorder.
Presenter: Kenneth N. Levy
- 3:30 to 5:00- Psychological Factors Associated with the Experience of Effectiveness of Psychoanalytic Psychotherapy; A Follow-up Study from the IPTAR Program of Clinical Research Training.

Ad Hoc Committee for RAAPA-CAMP
Chair: Wilma Bucci, Ph.D.
Co-Chair: John Porcerelli, Ph.D.
Members: Leon Hoffman, M.D.
Robert D. Scharf, M.D.
Philip Wong, PhD

The Affiliate Council of the American Psychoanalytic Association

Announces

The 2006 \$1000 Affiliate Council Scientific Paper Prize

The Affiliate Council awards this annual prize on the basis of peer review to the Affiliate Member who submits the most outstanding scientific paper on a psychoanalytic subject.

A \$500 honorarium will be awarded to the semi-finalist.

The winning author will present his/her paper at the Winter 2007 Meeting of the American Psychoanalytic Association; the semi-finalist will present his/her paper at the 2007 Annual Meeting in June. The winners must also arrange to present their papers at a local society meeting or community venue.

The winner and semi-finalist may submit their papers for review by JAPA and, if accepted, they will be published as the winner or semi-final paper of the Affiliate Council Paper Prize.

Submission Guidelines: Papers must be unpublished (but may have been presented at professional meetings) and must conform to the Preparation of Manuscript guidelines outlined by JAPA, with the exception that the length should not exceed 30 double-spaced typed pages.

Entries must be submitted electronically no later than August 1, 2006. Email one **Word document** containing the manuscript **with all references to the author deleted**, and email **another Word document** containing the author's name, e-mail address, address, phone number, and Institute affiliation to:

Carol B. Levin, MD
Chair, Affiliate Council Paper Prize
517.381.0496
Email: levinc@msu.edu

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THE CANDIDATE

CALL FOR PAPERS FOR INAUGURAL ISSUE

Volume 1
FALL 2006

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The Candidate

Perspectives from an Evolving Psychoanalytic Community

The first volume of *The Candidate*, scheduled for online publication in the Fall of 2006, is dedicated to “Beginnings” — candidates’ initiation into the psychoanalytic community with emphasis on the critical rites of passage that characterize a candidate’s early experiences. We welcome submissions from candidates and graduate analysts from all psychoanalytic institutes, as well as others interested in psychoanalysis. Literature reviews, essays, research papers, personal narratives and other innovative approaches to the topic of “Beginnings” are welcomed.

Beginnings: Psychoanalytic training is characterized by rites of passage: the interview process, referral to a training analyst, approval to begin an analytic case, to name a few. How do these initial experiences affect the candidate’s development into a psychoanalyst? Which rites of passage have strong educational underpinnings leading to intellectual and emotional growth? And which of the rituals hamper curiosity and stifle creativity?

Candidates’ real experiences with, and fantasies about, such rites of passage color their development, not only as analysts, but also as candidates. As early as the interview process, candidates may wonder who is included in the psychoanalytic community and who is excluded? Who progresses through training and

who is left behind? What are the values reflected in that process and what is the resulting psychoanalytic community? Which aspects of the status quo do they maintain? Psychoanalytic beginnings can be open and welcoming or frightening and mysterious. Has the psychoanalytic community adequately addressed the benefits and detriments of these rites of passage, or do some longstanding rituals become relics of the past, requiring further examination?

SUBMISSIONS

Submissions for the First Volume of *The Candidate* must be received via email no later than April 15th, 2006.

For submissions and inquiries, please contact:
Hilary Rubenstein Hatch, PhD
Editor-in-Chief
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Rachel Blakeman, JD, LCSW
Managing Editor
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THE CANDIDATE WEBSITE

Sign up for direct e-mail updates:
www.psychoanalysis.net/IPPsa/theCandidate
(watch for the website launch in January)

The Candidate — a new online journal

The Candidate at the Winter Meetings—January 2006

In recognition of the First Volume of *The Candidate*, the Affiliates' Council of the American Psychoanalytic Association will host a panel at the Winter Meeting.

Join us at a special panel presentation
Thursday, January 19, 2006

2:00 p.m.—4:00 p.m.

Nidus for *The Candidate*'s First Volume

The Development of an Analytic Identity: The Impact of Early Formative Experiences and Theoretical Models in Training

Panelists:

K. Chapman Attwell, MD
NYU Psychoanalytic Institute
Christopher F. Bonovitz, PhD
William Alanson White Institute
Elizabeth Groisser, PsyD
NYU Psychoanalytic Institute

Discussants:

Earle W. Baughman, MD
Washington Psychoanalytic Institute
Elizabeth B. Fritsch, PhD
NY Freudian Society,
Washington, DC
Judy L. Kantrowitz, MD
Boston Psychoanalytic Society and Institute

All are welcome to attend the panel and encouraged to participate in the discussion.

MISSION STATEMENT

The Candidate seeks to engage candidates in the written dialogue amongst psychoanalysts early in their development as analysts. The journal welcomes submissions from candidates in training at any psychoanalytic institute, regardless of affiliation or theoretical orientation. Our goal is to enrich candidates' current training by representing the diversity of theoretical perspectives in the field.

In addition to candidate submissions, *The Candidate* welcomes non-candidate submissions that address issues of particular interest to candidates, such as training issues

and education. The journal will accommodate a variety of written formats: research and clinical papers, interviews of clinicians, reviews of articles, books and films. *The Candidate* seeks both to give voice to the newest generation of psychoanalysts and to cultivate an expanded, intelligent dialogue in an evolving psychoanalytic community.

Content of *The Candidate* will be edited and determined by candidates from the NYU Psychoanalytic Institute and rotating guest editors from other psychoanalytic institutes.

PROGRAMS FOR CANDIDATES IN NEW YORK

— *By Beverly Betz, MSW, Chair of the Scientific Program Committee*

The excitement of New York City has infused two programs planned to address the interests and concerns of candidates. The Affiliates Forum is entitled "The Development of an Analytic Identity: the Impact of Early Formative Experiences and Theoretical Models in Training." We have organized a panel of both candidates and graduate analysts from diverse theoretical backgrounds to consider how early experiences, including the processes of application and interviewing, and the theoretical grounding

of an institute, contributes to the candidate experience. Three candidates, Chap Attwell, MD, Chris Bonovitz, PhD, and Elizabeth Groisser, PsyD, writing papers for the new online journal *The Candidate*, have generously agreed to present a synthesis of their thinking from which a discussion will be launched. We are very fortunate to have graduate analysts Elizabeth Fritsch, PhD, Judy Kantrowitz, PhD, and Earle Baughman, MD, participating in what promises to be a lively exchange of ideas. The Affiliates' Forum takes place on Thursday, January 19 from 2:00 to 4:30 p.m.

The Candidate-to-Candidate Discussion Group will feature a most intriguing paper by Jessica Brown,

MD, entitled "Technique and the Act of Prescribing Medication in the Opening Phase of Analysis." This timely paper addresses the dilemma of clinical decisions made in the context of an early analysis, including managing emerging transferences, countertransferences, and the inevitability of enactments. This creative paper promises to stimulate a discussion of the many dilemmas faced by candidates as they negotiate both arenas of training (and evaluations) and the clinical practice of psychoanalysis. This discussion group takes place immediately after the Forum on January 19 from 4:45 to 7:15 p.m.

INSTITUTE NEWS

BALTIMORE WASHINGTON

— *By Beverly Betz, MSW*

The Baltimore Washington Institute welcomed two new classes this year: a first-year class of four and a pre-matriculation class of four. In order to address the issue of acquisition of control cases more effectively, the Institute's Community and Referral Service Committee reviewed the workings of its two clinics, in Baltimore and in Washington, in order to standardize and simplify the referral process. Because our Center encompasses two major cities and surrounding counties, two clinic directors, Drs. Noreen Honeycutt and Arthur Stein, coordinate and oversee referrals. After the patient's initial phone call to the Center, the clinic director returns the call and conducts a screening interview to determine whether psychoanalysis may be indicated. If so, an evaluation of 2-3 sessions is arranged, at a pre-established fee paid to the Institute. It is performed, in most cases, by a candidate who may take the analytic case, and who then distributes a written evaluation to the Clinic Committee (there are two Committees, one in each city) prior to the Committee's meeting. As each Committee is comprised of training analysts, graduate analysts, and candidates, the meeting to discuss the potential patient's analyzability is a rich educational experience for all involved. Finally, the patient becomes a control

case for the candidate if (a) the Committee concurs, or if (b) the Committee does not concur or is ambivalent, but the candidate has discussed the case with a supervisor who agrees the patient is appropriate for a control case. Since the adoption of these procedures, and with an increase in outreach efforts by all members of the Center, the number of referrals has significantly increased.

One such outreach effort which combines the efforts of four institutes is the Joint Institutes Candidates Committee Symposium, recently held on October 30. The focus of the meeting is the presentation of a case by a candidate from one of the Institutes, a responsibility/opportunity that is rotated each year. Discussants from the four institutes, the Baltimore Washington, the Washington, the New York Freudian, and the Institute for Contemporary Psychotherapy and Psychoanalysis, then discuss any aspect of the case which interests them. The atmosphere is collegial and ripe with ideas from diverse schools of psychoanalytic thought. In fact, as a result of the increased dialogue among analytic communities, one control case from the Baltimore clinic was referred to a candidate from another institute because no one from Baltimore Washington was able to accept the case at that time.

DENVER

— *By John Skulstad, MD*

The experience of candidates at the Denver institute regarding training cases has been highly variable. Some candidates have had no trouble getting cases and others have had a great deal of difficulty. Child analytic patients are harder to recruit than adult patients. Some candidates have had cases quit prematurely. This has been associated with embarrassment and a sense of comparing poorly with peers whose cases are ongoing. All candidates are required to take at least one case, usually at a much reduced fee, from the institute "clinic." Here again, candidate experience has been variable. Some candidates are very happy with their "clinic case" experience, clinically, educationally, and financially; others are not. In general, the low fee of these cases is a frustration. The amount of time involved in training as well as the low fees of many training cases leads frequently to concerns regarding income.

FLORIDA

— *By Gail Eisenberg, MD*

Six candidates have graduated from the Florida Psychoanalytic Institute after

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much hard work, dedication and enthusiasm. Carol Levy, MN, MPH graduated in June of 2004. Julio Calderon, MD, Teresa Carreno, MD, Eileen Piasecki, RN, MSW, Stuart Rostant, MD, and Sheppard Speer, LCSW graduated in June of 2005. Carol Levy and Eileen Piasecki commuted from Atlanta for their training. Congratulations on your accomplishments! A party is planned to celebrate their graduation after being postponed due to Hurricane Wilma. Now it is time for an increased effort at recruitment of candidates to fill the void.

The Psychoanalyzing the Movies program, the scientific meetings and the Psychodynamic Psychotherapy course continue to thrive. Hopefully, these programs are having an impact on psychoanalytic thinking and practice in the community. Henry Smith, MD gave a wonderful talk on "Analyzing Action: Seeing What's Hidden in Plain Sight." Regina Pally, MD spoke on "Interaction of Genes and the Environment: Implications for Treatment," stimulating thoughts about the interaction between neuroscience research and psychoanalytic treatment.

One of our recent graduates, Stuart Rostant, MD, generously donated his time by traveling to Houston to give medical and psychiatric care to hurricane victims of Katrina. Little did we know that soon after hurricane Katrina, hurricane Wilma would affect South Florida. Power outages for up to three weeks affected three counties. Life became inconvenient for many, but returned to normal before too long.

Regarding the topic of psychoanalytic training cases, candidates have obtained cases via different routes. Cases have been successfully converted from psychotherapy to analysis from the candidates' own practices. This seems to be the most usual route for obtaining control cases. Referrals have been made to candidates from Institute faculty members. There is a program at our Institute that offers six months of free psychotherapy to psychiatric residents. At times, the residents have been interested in continuing in psychoanalysis. When candidates are willing to be more flexible with their fees, particularly being open to significantly reduced fees, it has been easier to obtain control cases. Often candidates have obtained first and second control cases and then have had

to wait for a third. One can always postulate what psychodynamic factors might play a role in obtaining control cases.

The most challenging problem for our Institute seems to be the recruitment of candidates. Hopefully, those individuals exposed to psychoanalytic thinking through psychodynamic psychotherapy courses, scientific meetings, residency and graduate school training programs and their own personal experiences with psychoanalysis or analytic therapy will appreciate the unique opportunity offered by psychoanalytic training programs.

KANSAS CITY

— *By Michael Lubbers, MD*

Three significant matters regarding training cases have shifted over the last several years. First, there is greater acceptance of "widening scope" cases as training cases. Indeed, there is general recognition among faculty and candidates that the applicability of psychoanalysis to a more diverse population is a healthy development for candidate progression and the viability of the Institute within the communities we serve. As many candidates are gathering training cases from our own practices, this flexibility allows us to consider patients beyond the classic control case of decades past. The idea of "growing" our own analytic cases is important for candidates as well as graduated analysts. Many of us are finding that patients typically begin once a week, and the analytic couple discover over time that analysis is the treatment of choice. If an analytic frame was established at the beginning, frequency may fairly easily increase as the work intensifies.

The second matter affecting training cases, and directly related to the "growing" idea, has been our Education Committee's informal understanding that candidates may "start the clock" on cases beginning three times a week with the recognition that the case must be at the four or five times per week frequency for at least one of the two years as a training case. Certainly there is a risk that the patient may never choose to add the fourth session. However, most of us have found this added flexibility helpful, given that patients are often more receptive to gradually increasing sessions, say from two to three than a jump from two to four.

The third shift affecting progression, and perhaps the most significant in terms of graduation, was the decision by the Education Committee in November of 2005 to discontinue the requirement of a terminated case. Data from the Affiliate Council's straw pole at the January 2005 New York meeting that most represented Institutes no longer require a terminated case was compelling to our faculty. As well, there was wide agreement that countertransferences around keeping a person in analysis through some mythical classical termination has been problematic. There was also the practical reason that in terms of recruiting new candidates, we are better off giving them a clearer idea of how long analytic training lasts. Our new policy is that candidates must have three cases into the mid-phase for a minimum of two years, with one case continuing through termination before or after graduation. The graduated analyst is expected to continue in consultation to help with the termination process. The immediate effect of this policy change is that at least three candidates became eligible for graduation during the 2005–06 academic year. (The author of this report is one of the happy beneficiaries.)

A final note: At our yearly Institute retreat held November 2005, there was much discussion about our relationship with BOPS. There was agreement that our Institute supports "Local Rule" and that, although important, the certification process as it is currently constructed has serious flaws. A mini-retreat is planned for the Spring on the supervision process with all faculty and candidates invited. There are also procedures being developed for mentoring recent graduates through whatever version of certification and training analyst selection unfolds in the future. If your Institute does not have a yearly retreat, consider starting the tradition.

MICHIGAN

— *By Susan Flinders, PhD*

Michigan is slowly falling toward winter as the last golden-turned-brown leaves have been blown by Jack Frost to blanket the sleeping blades of grass, dreaming already of next Spring's fresh green lawns. All the while, our Institute has experienced a vibrant awakening of

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a new year of classes and more candidates. Michigan is celebrating a new class of five regular Candidates and four Early Admission Candidates. With these two new groups of Candidates, there seems to be growing energy among all the candidates. The Summer began with a Candidate party of music and celebration at the home of one of the outgoing Candidate Co-Presidents, Rebecca Mair, PhD. The Summer then ended with more socializing and fine food at the home of the other outgoing Co-President, Robin Rayford, MA, overlooking a lake at sunset. Perhaps it is these related events of wonderful conversation, collegiality and ambience that set the stage for the seeming burst of energy from the Michigan Candidates whose meeting attendance has approximately doubled since last year.

The first Candidate meeting was accompanied by East Indian cuisine and an enlightening case presentation by Marcie Broder, MSW, an advanced candidate, to Alan Sugarman, PhD (LaJolla, Calif.) Dr. Sugarman's discussion enriched the presentation and he subsequently presented a paper entitled, "Fantasizing as Process, Not Fantasy as Content" with discussant Don Spivak, MD. The candidate meeting focused on motivating candidates' local and national involvement and the subsequent benefits of both and an upcoming book sale. The second candidate meeting accompanied the book sale and underscored issues from the first meeting. A candidate committee was also formed to explore fundraising possibilities to help offset candidate tuition. Nancy Kulish, PhD, counselor at large, also attended the last part of the meeting to explain upcoming voting issues for APsaA. This meeting was also accompanied by food and preceded a paper by Aisha Abbasi, MD entitled "'Finding A Voice': A Useful Metaphor in Working With Inhibitions of Self-Expression in Women" with discussant David Dietrich, PhD

In regard to control cases, I sent out an e-mail inquiry and candidate response was minimal (they are perhaps feeling somewhat bogged down while in the midst of classes). There are really no

generalizations that could be made. Descriptively, I can say that there seems to be some variance as to whether there are concerns about getting and keeping control cases, about whether cases are approved by supervisors or not, and whether cases are referred by the treatment clinic or acquired through conversion. There is also some expressed concern about how the Institute's rules surrounding control cases may interfere with getting and keeping control cases.

NEW YORK PSYCHOANALYTIC INSTITUTE

— *By Susan Jaffe, MD*

After not having, in recent memory, a candidates' organization at our institute, we started one. Thus far, we have set up a mentoring program for new candidates, are dealing with administrative issues, and are planning a holiday party. In addition, Dr. Phil Herschenfeld, our Dean of Education, and the Education Committee are planning to invite candidates to join some institute committees — also a first.

Adele Tutter, MD, PhD, wrote an excellent paper, "Medication as Object." The paper was accepted by JAPA, won the NY Psychoanalytic Institute's Candidate Writing Prize, received honorable mention for the International Psychoanalytic Association's Tyson Prize for candidate writing, and won the American Psychoanalytic Association's Affiliate Council Scientific Prize. Dr. Tutter will present the papers at the Winter 2006 Meeting in New York in January.

NEW YORK UNIVERSITY PSYCHOANALYTIC INSTITUTE

— *By Carmela Perez, PhD*

The fall began with the start of another large class of candidates at NYU Psychoanalytic Institute. This year's entering class is large and diverse professionally, consisting of one LCSW, one PhD, one PsyD, two DO's, and seven MD's. The total number of candidates is now 35 between the four classes!

There has been much positive activity at the Institute. First and most significantly, enthusiasm remains high as preparations continue to launch the first issue of *The Candidate*, our candidate-faculty journal. Candidates and faculty presented the future online journal at APsaA's annual meeting in Seattle in June, and an article appeared in the Spring/Summer volume of TAP. In terms of our candidates' organization, we have put together our by-laws and will be holding our first elections in November. The positions up for re-election include: President, Treasurer, Secretary, Affiliates Council Delegate (APsaA), and Affiliates Council Alternate. One last but very important ongoing project involves the NYUPI Clinic, and increasing efforts to attract more psychoanalytic patients for candidates. The Committee on Marketing Clinical Services, which I have recently joined, will be holding an Open House in the near future. This event will offer opportunities for all candidates to be involved as we try to compile a comprehensive list of contacts in the mental health community to invite to NYUPI sponsored events.

Recent candidate presentations and publications abound: Stephen Snyder presented "Therapeutic Dilemmas in Patients with Co-Morbid Sexual Dysfunction and Sexual Impulse Control Disorders" at the Fall Clinical Meeting of the Society for Sex Therapy and Research, New York City, Sept 16, 2005; I co-published with Lisa Fortuna, MD, a paper entitled "Psychosocial stressors, psychiatric diagnoses and utilization of mental health services among undocumented immigrant Latinos" in the *The Journal of Immigrant and Refugee Services*, Vol 3 (1/2); and Chap Attwell, who graduated in May, authored the book "100 Questions and Answers About Anxiety," which was published in October by Jones and Bartlett. The book is part of a "100 Q&A" series for lay people who wish to understand more about the topic at hand, in this case anxiety, and Chap does a lovely job of explaining the psychoanalytic perspective and treatment options. Candidates and faculty attended a book signing and celebration in early November.