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**PSYCHOANALYST**

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Quarterly Newsletter of The American  
 Psychoanalytic Association

## Capturing Time and Space in the Analyst's Office

### An Interview with Photographer Shellburne Thurber

Michael Slevin

In a program at the Boston meeting titled "In-Depth: Art, Culture and Politics: Memory and Material Space: Analytic and Other Interiors in Photographs," noted photographer Shellburne Thurber presented work from two of her series. Thurber has exhibited widely in the United States and Europe, including three one-person shows in New York City. The Fogg Museum, Harvard University, the Museum of Fine Arts, Boston, and the Polaroid Corporation are among the public collections holding her work. Her awards include the Maud Morgan Prize from the Museum of Fine Arts, Boston, and a Bunting Fellowship from the Radcliffe Institute for Advanced Study at Harvard University. She was artist-in-residence at the Boston Athenaeum from 1999 to 2002.

Morris L. Peltz, founder of the "In-Depth: Art, Culture and Politics" presentations, introduced the program. Daniel H. Jacobs chaired the morning panel. Discussants were Michael Belldoch, faculty member at the Payne Whitney Clinic in New York City, and Lia Gangitano, founder and director of Participant, Inc., an alternative, non-profit art space in Manhattan. The two black-and-white photographs on this page, originally in color, were among those shown.

Michael Slevin, M.A., is a Ph.D. candidate in British literature at George Washington University and an academic associate at the Baltimore-Washington Institute for Psychoanalysis.



Newtonville, MA:  
 Blue couch with multiple portrait of Freud.

Michael Slevin conducted and edited the following email interview with Shellburne Thurber:

*Q. When did you begin taking photographs?*

A. I started to photograph seriously around the time that my mother died. I was 19 and had dropped out of college. I was living in Saratoga Springs in a Sanford White-designed Victorian mansion that had been converted into a boarding house. I was living with an eclectic mix of people.

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Gholson Homeplace:  
 Upstairs hallway with window and torn curtain, view #2.

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**SPECIAL INSERT: Practice Guidelines 1, Revised—Committee on Peer Review**

# The Crisis on Our Threshold

Newell Fischer

Efforts to more clearly define our organizational priorities and a mandate to reduce the internal tensions in our governance are action items on the Association's agenda. The need to address these all too familiar issues is made more pressing by the fact that APsaA, as a not-for-profit corporation, is not in compliance with New York statutes. Expert legal consultation has advised us and we have actively begun the process of studying our current organizational structures and functioning. We must come into compliance with State laws. Even more important to our Association's well-being, we must reduce the organizational tensions that drain our energies and distract us from addressing the challenges to our profession.

Reviewing the history of the psychoanalytic movement and the establishment of the American Psychoanalytic Association, it appears that from the earliest years, ambiguities, conflicts, and debates about internal governance have been intrinsic to our Association.

Association and the International Psychoanalytical Association (IPA) over the issue of lay analysis. This debate began as early as 1910 and reached critical proportions prior to World War II.

In addition to the historical roots of these internal struggles, the nature of our clinical work might fuel these organizational conflicts. As psychoanalysts, we work with intense intrapsychic and interpersonal affective pressures in relative isolation. We might speculate: Do the conflicts and tensions experienced in the privacy of our consultation rooms find expression and an arena for enactment in the more public domain of Association politics?

Though these speculations may be of importance in our ongoing discussions, at the



Newell Fischer

that many of the issues on the table for discussion are invested with considerable passion. Old hurts, the sense of entitlement, the inequities of a hierarchical system, the privileges/benefits of the abused are just a few of the hot spots that can become the foci of personal agendas, which may obscure and derail the larger organizational mission. It is imperative that we keep in focus that this is a time-limited process to achieve certain objectives and that we not confuse an absorbing process with the mission itself.

As the challenges in our surround become more complex and more intense, there may be a temptation and some transient comfort in turning further inward and becoming totally immersed in studying the internal dynamics of the Association. Such a preoccupation might well serve to protect and blind us to these daunting challenges. Introspection, so highly prized in our profession, can also be mobilized in the service of defense and to avoid confronting threatening external realities.

The IPA devoted several years, and a great deal of money, to reorganizing its complex international corporate configuration as well as its internal governance structure. This restructuring process was certainly necessary and is still ongoing. But, while immersed in these complexities, no one seemed to notice the need to develop a strategy to deal with the worldwide crisis unfolding in psychoanalytic practice. It was only in recent months that an official position paper was put forward by Professor Daniel Widlocher, president of IPA, that the priority for 2003-05 will be to address the crisis in clinical practice. Unfortunately, the crisis has been with us for quite some time but we seemed to have been transfixed by organizational blueprints.

## REASONABLE INERTIA

My second concern about our current process to study and reorganize governance structures is worrisome because on the surface it seems so "reasonable" and suggests a working premise that may be accepted without further reflection. This reasonable voice says,

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Introspection, so highly prized in our profession, can also be mobilized in the service of defense and to avoid confronting threatening external realities.

Freud set the stage for internal organizational conflict. His intense battle to establish and define psychoanalysis in a hostile environment found expression in his delineating an inner circle of confidants and then extruding dissidents and detractors. Bob Wallerstein in his thoughtful book, *The APsaA, the IPA and the Certification/Training Analyst Linkage* developed the thesis that many of the contentious structural and governance issues that have been with us for nearly a hundred years find root in the struggle between the American Psychoanalytic

moment we have a mandated task before us to examine and modify our governance with "due diligence." I feel confident that this self-examination and the ensuing deliberations will result in a less conflicted Association and a more effective organization.

However, I also have some concerns about how we proceed, concerns that I believe require our attention:

1. Will this study and debate about governance become an end unto itself, pre-occupying and interminable?
2. Will the "reasonable" caution about keeping the process insulated lead to organizational inertia? My first concern is

Newell Fischer, M.D., is president of the American Psychoanalytic Association.

## Thurber Interview

*Continued from page 1*

The bikers lived on the first floor; the jockeys from the track nearby lived on the second, the witches on the third, and the artists on the top floor. I lived in a turret surrounded by stained glass. With this move to Saratoga, I had finally found a group of people that I felt comfortable with and I began photographing them. I'm sure that this need to record was given an extra edge by my mother's death. I suppose I had this sense that by photographing my life, the people and places that meant something to me, I could insure against their disappearance.

The interior work began when I started making pilgrimages out to southern Indiana to visit my mother's mother. I never knew my mother well and our relationship had always been difficult. I was hoping that by visiting my grandmother and the place where my mother grew up, I would come to a better understanding of who she was. My grandmother lived alone in a Hopper-like Victorian farmhouse on the top of a small rise in the middle of a cornfield. At night, when she went to bed, I would skulk around looking for anything that could give me some sense of who my mother was, but my grandmother had cleared anything of any meaning out of the house. What I was left with was the house itself and I began to photograph it at night. When I got home and processed this work, I was stunned by how accurately these empty interiors spoke about my mother and her family and their life in this place.

*Q. What prompted you to photograph analysts' offices?*

A. I was visiting Buenos Aires with a close friend. We stayed with a friend of his who lives with his mother, who is an analyst. We happened to be down there during soccer season and there were two TV's in the house going almost constantly. When I got home from walking around, I would want to read but could never find a place quiet enough. Finally Gela suggested that I take my stack of books into her office. I was a little shy about it at first. It was as if there were some kind of force field over the entrance. Anyway, I went in, stretched out on the couch and started to read, but I got



Michael Slevin

distracted almost immediately. As I looked around, I started to think about all the history it had witnessed—Gela's, her patients', and the difficult and sad history of the country itself. Every object seemed charged to me, every object felt like it was there for a reason.

I asked Gela if I could photograph it. She said, yes, and then asked me if I'd be interested in photographing some of her friends' offices.

Before I knew it, she had lined up several offices for me to visit and I was off and running. I got a Bunting Fellowship from the Radcliffe Institute for Advanced Study at Harvard the following year and decided to spend that time photographing analytic offices in the Boston area. There are so many aspects to this project that fascinate me. These offices clearly belong to the analysts. The analysts choose them, decorate them, spend their working lives in them, surround themselves with objects that are often significant and meaningful. Yet, for the hour that the analyst is there, the space becomes his or hers.

*Q. There are no people in your analysts' offices or your abandoned houses, but they have such a palpable psychological presence.*

A. I agree, but I think that the sense of presence plays out in the two types of spaces in different ways. When I decided to photograph abandoned domestic dwellings, I was very much interested in how human energy plays out in spaces where the inhabitants are

*Continued on page 31*



### MENNINGER CLINIC STAYED ALIVE AND WELL

In the article about new appointments at the Anna Freud Centre in the most recent issue of TAP, Dr. Tyson incorrectly notes the closure of the Menninger Clinic as an example of the outcome of financial troubles in many organizations. While it is true that the Topeka Institute for Psychoanalysis closed, the Menninger Clinic remained open and moved with over 100 patients and

staff to Houston, Texas at the end of May 2003. In Houston, the Clinic is continuing its nearly eight-decade tradition of providing psychodynamically informed assessment, treatment, education, and research in collaboration with the Baylor College of Medicine and the Methodist Hospital. Some of its research, in fact, will be done in conjunction with the Anna Freud Centre and the Child Study Center at Yale University.

In addition, the department at Baylor was renamed the Menninger Department of Psychiatry. Psychoanalysts from the Topeka Institute relocated to Kansas City, St. Louis, Portland, Cincinnati and Houston, and many remained in Topeka.

**Richard L. Munich, M.D.**  
Vice President and Chief of Staff,  
The Menninger Clinic

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

## A Three-Ring Circus of Exciting Choices at the January Meeting

Sharon Zalusky

When Marvin Margolis was president of this organization some years ago, he envisioned that one day our program would be as vibrant as a three-ring circus. Each ring would house something exciting, informative, provocative, even foreign, to contemplate. After looking at the upcoming program, no one can doubt that we have accomplished his goal. If anything, our program is an embarrassment of riches that forces us to make choices among many stimulating experiences. The richness of our current program is due in large measure to the efforts of Glen Gabbard, chair, and the rest of the hardworking program committee.

On Wednesday and Thursday, in addition to our many ongoing discussion groups, we are fortunate to begin the meetings with two different two-day clinical workshops in process and technique, featuring Peter Fonagy from London and Jorge Canestri from Rome. The presence on the program of two major child sessions, the two-day workshops led by Ruth Karush from New York and Cal Narcisi from Denver, represent a new effort to include programs on child and adolescent analysis. In addition, Fred Pine will chair what appears to be an extremely interesting course on multiple models as unified theory.

A Friday afternoon highlight, not to be missed, is the Third Annual Poster Session showcasing research relevant to theory and practice of psychoanalysis.

On Friday, the panels begin placing the audience right in the middle of the current clinical debate with "Do Analysts Do What They Say They Do?" There will be many of us wishing we could be in two places at once, because at the same time, we could listen to another timely presentation, the "Meet the Author" series, featuring Gilbert Cole, who has written *Infecting the Treatment: Being an HIV-Positive Analyst*.

Sharon Zalusky, Ph.D., is faculty, Southern California Psychoanalytic Institute, a member of the APsA Program Committee, and a member of the TAP board.

Later that day, Anton Kris will challenge us with his plenary entitled, "The Lure of Hypocrisy."

Saturday morning, we again have to choose from two equally inviting offerings: "Revenge" and "How Psychoanalysts Think about Children: The Analysis of an Adopted Child." In the afternoon, we have a panel on shame and humiliation which meets opposite a psychoanalytic dialogue, "The Love Debate," featuring Ethel Person and Otto Kernberg.

The concept of revenge will be dramatized during a two-day film workshop featuring *Carrie* and *In the Bedroom*.

If you take a look at our program, you will see an increasing commitment to psychoanalysis in the community.

Here are some symposia and other programs that might interest you: "Terrorism: Looking Toward Conflict Resolution: A Conversation with Lord John Alderdice, Speaker of the Northern Ireland Assembly," "Psychoanalysis and Spirituality," "Expanding Our Psychoanalytic Identity: III Lessons from Case Studies of Community Psychoanalysis," "Bridging Worlds: Contributions of Attachment and Reflective Functioning to our Understanding of Psychoanalytic Psychotherapy," "Promoting Emotional Competence and Academic Achievement: Psychoanalysts and Educators Working Together."

And more: "Capturing the Friedmans: A Conversation with Director Andrew Jarecki," "Psychoanalysis without Walls: Interventions in Violent Communities," "Psychoanalysis and the Opera: A Conversation with Soprano Shirley Verrett," and "In-Depth: Art, Culture, and Politics—The Legacy of Bloomsbury."

We finish our meeting on Sunday with a timely panel entitled "Have Non-Psychoanalytic Sciences Affected Your Practice?" In another room at the same time, an interdisciplinary colloquium on "Psychoanalysis and Literary Criticism" will be occurring. In the afternoon, a second interdisciplinary seminar, "The Clinical Applications of Self-Psychology—the Neurosciences," will finish our official program.

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### Terrorism Symposium: Towards Peaceful Resolution

On Friday morning, January 23, 2004 at APsA's Winter Meeting, attendees will have the opportunity to be in conversation with one of the world's foremost experts on bringing peace to situations involving terrorism. In a symposium entitled "Terrorism: Looking Toward Conflict Resolution: A Conversation with Lord John Alderdice," participants will engage in discussion with Alderdice regarding one of the most challenging sociopolitical problems of the 21st century. Alderdice, who is speaker of the Northern Ireland Assembly and a psychoanalytically oriented psychiatrist, was instrumental in establishing the landmark 1998 Good Friday Agreement. This agreement, the unique outcome of the ongoing Ireland peace process, offered new ways of transacting old disputes after thirty years of violence and bloodshed.

Not only does Lord Alderdice have substantial experience regarding political conflict and terrorism, subjects on which he has published a number of critically important papers, he is also immersed in international affairs. He is vice-president of the European Liberal Democrat Party (a key voting block in the European Parliament) and deputy president of Liberal International, a worldwide federation of over eighty political parties. For all of us interested in the application of psychoanalytic thinking to social problems, this symposium provides a unique occasion for learning and discussion.

—Nadia Ramzy

## January Meeting

Continued from page 5

Throughout the meeting, there will be special programs for psychiatric residents and psychology and social work students. They include: 1) "Working Within and With the Patient Metaphor;" 2) "Whose Trauma is it?: Countertransference with the Traumatized Patient;" 3) "Intensifying Psychotherapy;" and 4) "Contemporary Kleinian vs. Attachment Theory: Two Perspectives on a Case Presentation."

Special programs will also be presented during the week for candidates and affiliate members.

And though it may be difficult to believe, there will be additional papers, a course on ethics, meetings, and discussions going on all around you.

Come. Enjoy. Partake.

See you in New York.



The Metropolitan Opera House at Lincoln Center.

Photo: NYC & Company

## Theater Lights in Manhattan And Other January Joys

Broadway shows are a warm and natural destination for our January meeting attendees. Tickets are more easily available than at our old pre-Christmas meeting time.

APSA member and theater aficionado Fred Sander recommends that visitors pick up the weekly publications, *TimeOut New York*, and the waiting room standby, *The New Yorker*. Both have comprehensive listings and useful reviews. Sander recommends "Avenue Q," a musical (for adults) improbably based on Sesame Street. He describes it as "not an intellectual heavy hitter, but an unforgettable entertaining evening."

Catch up on your Pulitzers. Don't miss *Anna in the Tropics*, in performance at the Royale Theatre. Tolstoy's *Anna Karenina* features prominently in Nilo Cruz's 2003 Pulitzer-winning drama, set in a Cuban-American cigar factory. Jimmy Smits stars. And sometimes, you know—"a cigar is not just a cigar."

A stellar off-Broadway play not to be missed is *The Exonerated*, directed by Bob Balaban, the noted New York actor and writer of *Gosford Park* acclaim. On stage in Greenwich Village's Bleeker Street Theatre, the play is based on interviews with innocent men and women freed from death row and has proven to be a compelling experience for theater goers, regardless of what they may think of the death penalty.

Some of New York's most exciting theatrical experiences are those off-Broadway and off-off-Broadway—this is a sample.

Opera is another unique cultural opportunity available in the city during our visit. Playing at the Met during our meeting are no fewer than five different operas—Boris Godunov, *Madama Butterfly*, *Rigoletto*, *Werther*, and *Tosca*. Go to [metopera.org](http://metopera.org) for more information.

For restaurants, you might want to pick up a copy of *TimeOut New York's 2004 Eating and Drinking Guide*. It's available on New York City newsstands, and can also be ordered from the Web at [store.yahoo.com/shoptony](http://store.yahoo.com/shoptony) for those who like to plan ahead.

Newsstands also have a special edition of *New York Magazine*, a guide to New York shopping. The *New York Magazine Website*, [newyorkmetro.com](http://newyorkmetro.com), also is a good source for store information. In addition, this Website features enticing "best of New York lists" reprinted from the magazine.

You can also check out The New York Times online general guide to New York City—Times. <http://www.nytimes.com/top/features/travel/destinations/unitedstates/newyork/newyorkcity/index.html>.

## Support Group for Analysts with Cancer

On Friday, Jan.23, 2004, the third Support Group for Analysts with Cancer will be held at an offsite restaurant from 12:00 PM to 2:00 PM. The idea for the group evolved as a number of our members who attended the Discussion Group on the Psychoanalytic Treatment for Cancer Patients were themselves cancer patients and came looking for support. Actually, some of the presenters chose to present their cases because of countertransference issues created in part by their also having cancer. Jerry Winer encouraged the establishment of this support group under the auspices of the Committee on the Impaired Faculty Analyst (CIFA). The members of the group have expressed satisfaction and enthusiasm about the first few meetings.

As you might expect, we have discussed mutual problems connected with carrying this diagnosis and the impact on our families, our work, and ourselves. Participants have revealed as much information as they wish about their illness experiences. However, the majority of the time has been spent discussing the practical and theoretical issues that relate to working with analysts in general and in particular from the time of diagnosis of cancer. We have observed that the content of the sessions, especially when issues that involve the illness or absence of the analyst are raised, is largely dependent on the psychological comfort of the analyst. We have asked one another about the considerations given for disclosing or not disclosing illness information and the outcomes of those decisions.

We have had very interesting discussions about how the impact of the illness may have brought out certain transference issues earlier than might be expected or how the analysis may have taken another course.

The members of this group appreciate this opportunity to meet together. They have found a great sense of relief in having a forum that is safe, and supportive without risk of possibly damaging their referrals. The camaraderie and the strong bonds created by having a fellow traveler cannot be underestimated. The co-leaders of the group are Norm Straker and Miriam Winicoff. Each has had a long-standing experience with cancer patients. Straker is consultant at Sloan-Kettering Cancer Center, clinical professor of Psychiatry at Weill Cornell College of Medicine, and faculty at New York Psychoanalytic Institute. Winicoff is a nurse who cared for cancer patients prior to her training and graduation from the Pittsburgh Psychoanalytic Society and Institute. She has a private practice that includes cancer patients.

We know there are large numbers of our membership who have cancer and are coping alone with the serious issues of how to handle their analytic or psychotherapy practices. We urge you to join us for an informal and supportive meeting over lunch. If you are interested, you can be in touch with me at [nstraker@nyc.rr.com](mailto:nstraker@nyc.rr.com) or contact the registration desk to find out where the lunch is to take place.

**Norm Straker**

## NY Meeting Free for Students

Thanks to generous grants from the American Psychoanalytic Foundation and three New York area psychoanalytic organizations, all residents in psychiatry, post-docs in psychology, graduate and undergraduate students, and student associates can attend the New York meetings in January 2004 free of charge.

The New York groups are the Association for Psychoanalytic Medicine and Columbia University Center for Psychoanalytic Training and Research; the New York Psychoanalytic Society and Institute; and the NYU Psychoanalytic Institute and its affiliated society, the Psychoanalytic Association of New York, Inc.

Additionally, the Psychoanalytic Center of Philadelphia will be underwriting the registration fees of students from the Philadelphia area who attend.

The practice of underwriting attendance for students began just this year with the Boston meeting, where a grant from the institutes and societies of PINE and BPSI covered student fees. The inaugural project was a great success, with more than 200 students attending.

The initiative of the Philadelphia Center institutes another valuable angle to this outreach approach. Societies and Institutes in the host cities of meetings are often burdened by the tasks of hosting a meeting, both financially (paying for receptions and special events) and in terms of manpower. If regional societies can pitch in by also supporting student attendance, the load is lighter for the host community, and the other local communities in the region can benefit from the exposure of their students to a national psychoanalytic meeting. To quote president Newell Fischer, "The more students who come to our superb scientific meetings, the more we will all gain."

For registration information, including free fees for students, go to [apsa.org](http://apsa.org) and click on meeting registration.

## Book It Through APsaA!!

When you book your hotel room for our meeting in New York in January, or San Francisco in June, or any future meetings, PLEASE use the official APsaA reservations line. For the Waldorf in January, call 1-800-WALDORF and use code APA. Debra L. Eder, APsaA's Scientific Program and Meetings director, negotiated a rate of \$199 for a queen room, a price that couldn't be beaten by either Orbitz or Expedia at the time this article was written. And obviously, these business related hotel expenses are tax deductible.

Are there cheaper hotel rooms available in the area if you search hard? Yes. Is it possible you could book a room at the Waldorf via your computer at an even lower rate than the terrific \$199 bargain? Maybe. But don't do it. If you enjoy the hunt for huge travel bargains on the computer, save that for your vacation trips. Like every other company or association hosting a meeting, when our organization negotiates with a hotel we must guarantee that a certain large number of rooms will be used in order to obtain meeting rooms at no cost. Without this tradeoff, we wouldn't be able to afford meetings. The cost of renting meeting space would be enormous, and would lead to drastic increases in our registration fees, which remain modest.

In August, the *Wall Street Journal* reported that conference attendees booking hotel rooms at other hotels or at the conference hotel through discount computer sites is the number one problem in the meeting and convention industry. At some conventions, attendees staying at another hotel are charged more for their registration fees. Associations are losing tens of thousands of dollars. Hotel contracts contain fines they can levy against the association if the block of rooms is not full. One organization emailed its members: "I implore you to STOP doing this."

The *Journal* article notes that off-site conventioners have to find transportation to the meeting site, and also miss out on networking opportunities in the lobby.

For our group, "Meet me at the clock," is a familiar refrain, and running into friends in the lobby and nearby lounges is a pleasant habit. Personally, I've gotten very attached to the Waldorf. When I was a candidate, I thought it was such a stuffy place for APsaA to meet. But over the years, meeting after meeting, it's become, in its old fussy elegance, and perfect location—quiet but near everything—a home for a treasured interval in my year. There are very cheap eats nearby for breakfast and lunch and a good inexpensive wine store (go out the Lexington Avenue door; take a right, and look for where local workers eat); nice moderate restaurants, dry cleaners, and drug stores over on Second and Third Avenues. You know about the rest of the glories of midtown Manhattan—but that's our home neighborhood at the Waldorf. I like pretending I live at Lexington and 49th for the better part of a week each year.

—Prudy Gourguechon

## Accreditation Council on Continuing Medical Education Recredentials APsaA

The Accreditation Council on Continuing Medical Education (ACCME) has reaccredited APsaA for four years. In its letter of notification, ACCME cited "Exemplary Compliance" in one particular area, Needs Assessment, which was the most problematic to those involved in the preparation of the reaccreditation materials. The application requirements had changed significantly from previous years, becoming even lengthier and more complicated. In addition to the submission of extensive documentation, this Review required an interview via videoconference with an ACCME appointed team of surveyors. The preparations and interview were a collaborative effort by the following: James Edgar, the then chair of the Committee on Continuing Education; Glen Gabbard, chair of the Program Committee; Anna Janicki, who is now chair of the Committee

on Continuing Education; Debra Eder, Scientific Program and Meetings director; and Ellen Fertig, APsaA administrative director, with support from the assistants to Edgar and Janicki.

Accreditation by ACCME for both the Association and for jointly sponsored programs by societies/institutes should by no means be taken for granted. ACCME requires that the Association concretely demonstrate and extensively document compliance with its Essential Area Elements and Policies. The reaccreditation process with ACCME takes place as often as every four years. Accreditation to offer CEUs for psychologists is a less onerous process, but does involve its own application procedures. Because each state has its own social work licensing guidelines, avenues are being explored for social work accreditation. Continuing education credit is a valuable member benefit and APsaA is pleased to be able to offer it.



# Chair of Psychoanalysis, Uncommon or Not?

Harriet Basseches

Glen Gabbard has been appointed to a chair of psychoanalysis in the Department of Psychiatry at Baylor College of Medicine.

The news triggered a question as to the frequency of such an appointment at a time when it is often claimed that psychoanalysis has been marginalized in our culture. The view of an eclipsed role for psychoanalysis and psychoanalysts contrasts with the situation in the 1950's when many psychiatry department chairs in medical schools were psychoanalysts.

This article focuses on two areas: the notable details surrounding Dr. Gabbard's accomplishment; and TAP's attempt to determine how many others might hold similar positions. Named chairs of psychoanalysis give recognition not only to a particular distinguished psychoanalyst but equally to the field itself.

First, let's turn to Gabbard's appointment. He has been at Baylor since 2001. His appointment as the first Brown Foundation Chair of Psychoanalysis has recently been approved. He was recruited two years ago by Stuart Yudofsky, chair of the Department of Psychiatry at Baylor. At that time, Gabbard was the Callaway Professor of Psychoanalysis and Education at the Karl Menninger School of Psychiatry, so he was already in a position of influence in an academic setting. He was promised a similar status at Baylor, where there has been a long history of sympathetic connection with psychoanalysis and close ties to the Houston-Galveston Psychoanalytic Institute. What prompted this important naming of a chair and how it was funded were questions that Gabbard considered more appropriately answered by Stuart Yudofsky. I interviewed them both for this article.

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Harriet Basseches

Yudofsky said it was his intention to make it possible financially for Gabbard to devote himself to his many and diverse psychoanalytic responsibilities, for example, his work as program chair for the APsaA meetings. He is also currently joint editor-in-chief (and the first non-British editor) of the *International Journal of Psychoanalysis* with Paul Williams. His duties at Baylor include directing the Psychiatry Clinic, where all the residents and psychology interns learn dynamic therapy, and being director of Psychotherapy Training. In those capacities, he has responsibility for revamping the residency curriculum to increase psychoanalytic therapy courses, in addition to teaching psychodynamic psychiatry and therapy to the residents.

Gabbard remarked that many residents go on to psychoanalytic training at the Houston-Galveston Institute. He believes this choice is due to the presence of analyst/role models among their residency teachers.

## A VISION FOR THE 21ST CENTURY

In my interview with Yudofsky, he explained that the creation of this appointment goes back to a planning initiative undertaken at Baylor College of Medicine in anticipation of the new century called, "Vision 2000." Yudofsky, a neuropsychiatrist, made a proposal to the Research Committee, composed mostly of biologically oriented scientists, to set up a Brain and Behavior Center that would be funded by the Brown Foundation for \$25 million. This center was to consist of the full range of theoretical and academic pursuits, i.e., molecules and genetics, areas in which Baylor has always been strong, but also various perspectives of psychology, areas less strong at Baylor.

In Yudofsky's view, Baylor has always been committed to a bio-psycho-social model, including a psychodynamic/psychoanalytic perspective.

Setting up such a chair is challenging, because not only the person but the named chair has to be approved and funded. To arrange for a named chair, the Faculty Council, made up of all faculty—the entire basic science departments (strongly representing biological scientists) as well as the clinical faculty—must approve. This appears to have been quite a coup.

The Brown Foundation supports the arts, museums, performance arts, and education. This was the largest gift ever given to a medical school. Yudofsky explained why he had proposed a chair in psychoanalysis, rather than the broader category, psychotherapy. He values the psychoanalytic perspective, which he came to appreciate through his own psychoanalytic mentors, such as Hilde Bruch, Larry Kolb, Sherv Frazier, to name a few, and other influences, Bob Michels, Roger MacKinnon, Ethel Person, Michael Stone, Otto Kernberg, Harold Searles. He strongly believes that psychoanalysis must be supported in medical schools. He mentioned Jim Lomax, associate chair, who is also close with the Houston-Galveston Institute.

## EIGHT PSYCHOANALYSIS CHAIRS

Following the news of Gabbard's appointment, TAP searched for other known chairs of psychoanalysis. The search yielded eight others so honored. These include: Thomas Barrett, Schmule Erlich, Peter Fonagy, Ed Foulks, Steven Marans, Jon Meyer, Bill Meissner, and Leo Rangell.

Detailed account of the positions of three of these distinguished colleagues follows.

Peter Fonagy has held the position of chair of psychoanalysis at the University College of London since 1992. It was initially a visiting professorship, with Roy Schafer the first holder, in 1975. The one-year model did not sufficiently meet the donor's aim of establishing psychoanalysis within the university, however, so a permanent chair was instated. Joseph Sandler was appointed the first permanent chair in 1985.

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## Chair of Psychoanalysis

*Continued from page 9*

The chair was established by the late owner-editor of the *Observer Newspaper*, the Right Honorable David Astor. The interest from that large donation now funds the professorship. The psychoanalysis unit, which has three academic staff (Peter Fonagy, Mary Target, David Tuckett), an editor, a conference organizer, and two administrators, is funded by research grants, the Higher Education Funding Council, course fees, and conference fees, in addition to the donation.

The chair's responsibility is to promote psychoanalysis within the university. Fonagy explained, "We run two master's level courses, one on theoretical studies in association with the British Institute and one on development in association with the Anna Freud Centre, and a doctorate in child psychotherapy in association with the Anna Freud Centre." Fonagy described both master's programs as highly successful and massively oversubscribed with excellent highly qualified candidates from U.K. and U.S. first-rank universities. Since 1992, 23 students have received research Ph.D.'s through the unit.

Fonagy's group has organized the IPA's research training program for the past 9 years, and the IPA's annual research conference for the past 15 years. The success of the unit as a center for international psychoanalysis has increased respect for psychoanalysis within the university. Moreover, Fonagy thinks that the active participation of the Freud chair in the administrative work of the Department of Psychology has "legitimized" psychoanalysis for many academics.

### COLLABORATION IN ACADEMIA

On this side of the Atlantic, Jon Meyer has just retired from a chair of psychoanalysis at the Medical College of Wisconsin in Milwaukee, which he has held since 1996. Based on that position, Meyer was also the director of the Division of Psychoanalysis in the Department of Psychiatry. Not a customary title at the college, but recommended by the chairman of psychiatry and granted by the dean, Meyer has been the only person to be so named. This position was funded as part

of his overall financial support as full-time faculty at the Medical College. Meyer explained that the original concept of his position was to promote coordination and collaboration among a teaching hospital, the medical school, and the Wisconsin Psychoanalytic Foundation. This was conceptualized 20 years ago, much ahead of its time, and has worked out more successfully than anyone could have imagined.

In an interview with William Meissner, he described the way his chair of psychoanalysis at Boston College evolved. Dr. Meissner's position was formalized in 1987. He had resigned his post as a clinical professor at Harvard, where the combination of the increasingly biological direction of the department and the increasingly difficult institutional changes had become frustrating. Already on the Boston College Board, he moved fully into that Jesuit community. The president of Boston College and he decided on naming him University Professor of Psychoanalysis, a tenured position financed within the University budget. Boston College did not have a medical school; his appointment was the first non-medical post of its kind in the country.

As part of his responsibilities, Meissner ran a lecture series open to the Boston analytic

community that gave analysts a place to voice their changing views more freely than was felt possible at the institutes. He arranged for analysts to give paid courses in the Counseling Program and in the Social Work School. He offered weekend symposia to the broader mental health community, including one on music and one on aggression. For the past six years, he has provided an introductory course for the University and the Counseling Program, drawing approximately 25 students each year.

Meissner is enthusiastic about a new set of courses he views as a breakthrough offered in the fall of 2003. These will make up a psychoanalytic minor in the undergraduate college for students majoring in English, history, literature, and philosophy. The introductory course, mentioned above, will be used as a basic course for the minor. Some other courses include one by Bill Richardson, a Heidegger scholar and primary interpreter of Lacan. Thus, psychoanalytic ideas will be integrated into undergraduate as well as graduate education.

To complete this survey, mention, albeit brief, needs to be made about others who hold this special title. Thomas Barrett occupies a newly endowed Chair of Child Psychoanalysis in the Department of Pediatrics of Case Western Reserve School of Medicine and University Hospitals of Cleveland. Barrett is clinical director of the Hanna Perkins Center.

Professor Shmuel Erlich holds the Freud Chair at Hebrew University in Jerusalem, Israel. Steven Marens holds a position at the Yale Child Study Center of the Yale University School of Medicine as the Irving Harris Associate Professor of Psychoanalysis.

Edward F. Foulks, associate dean of Tulane University Medical Center, has held the Mary Peters-Polchow-Sellers Chair of Psychoanalysis at Tulane University School of Medicine since 1986. He explained that donor Mary Sellers had established the chair position in order to ensure that psychoanalytic psychotherapy would continue to have a prominent place in the training of medical students as well as residents in psychiatry in this era of ever-expanding advances in pharmacological treatments of mental disorders.

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## A Red Brocade Appointment

One of the most striking academic appointments in psychoanalysis belongs to Elise Snyder, who is Professor of Psychoanalysis in the Department of Philosophy at Sichuan University in the city of Chengdu. Snyder told TAP, "I have the most impressive appointment document framed in red brocade." The university has just gotten permission from the national government Department of Education to begin psychoanalytic training, says Snyder. She is supposed to teach there every other year.

# American Imago: Past and Present

Vera J. Camden

"The smartest new journal on the academic scene may actually be the oldest," writes Diana Fuss of Princeton University about *American Imago* under the editorship of Peter L. Rudnytsky and his team of co-editors, Louise J. Kaplan and myself.

Every psychoanalyst has surely heard of *American Imago*. Not many, however, may realize that, as the successor to the original *Imago: A Journal for the Application of Psychoanalysis to the Human Sciences*, founded by Freud in 1912, with Otto Rank and Hanns Sachs as its editors, it can claim to have the longest tradition of any psychoanalytic journal. The first American journal, *The Psychoanalytic Review*, was founded in 1913, the same year as *The International Journal of Psychoanalysis*. *The Psychoanalytic Quarterly*, established in 1932, was second in this country.

Both Sachs, who was by profession a lawyer, and Rank were among the first lay analysts. In 1932, Sachs came to the United States to be a training analyst at the Boston Psychoanalytic Society. When the Nazis occupied Vienna in 1938, Freud consented to Sachs's request to continue *Imago* under the name *American Imago*. Freud was to have served as its honorary editor, but did not live to see the inaugural issue.

Sachs declared in his preface:

The *American Imago* lost its editor before the publication of its first issue. We cannot look out for another one to replace him ... Our aim can be no other than to keep the flame alive which he lighted and to try, as best we can, to continue in his spirit the science which he has founded and developed.

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As indicated by its subtitle, the special provenance of *Imago* has always been what Freud, in *The Question of Lay Analysis*, called those "branches of knowledge ... which the doctor does not come across in his practice: the history of civilization, mythology, the psychology of religion, and the science of literature." While preserving this emphasis at *American Imago*, today we are eager to integrate clinical perspectives, in the belief that it is no longer possible or desirable to distinguish sharply between "pure" and "applied" analysis.

Under its first three editors, the journal published classic papers by, among others, Siegfried and Suzanne Bernfeld, Edmund Bergler, Mark Kanzer, Richard Sterba, Géza Róheim, Theodore Reik, A. Bronson Feldman, George Devereux, and Martin Grotjahn. During Gliserman's tenure, it expanded its focus to encompass new trends in gender, film, and cultural studies, featuring



Vera J. Camden



1912 Cover of the first edition of *Imago*, published by Hugo Heller, Leipzig/Vienna.



Cover of most recent *American Imago*, September, 2003, published by Johns Hopkins University Press.

Since its inception, the journal has had only five editors. Sachs remained in the post until 1946, the year before his death. He was followed by George Wilbur, who served until 1963. Wilbur, a Harvard-educated psychiatrist, had been analyzed by Rank. After Rank's break with Freud, Wilbur was forced to resign from the Boston Society so that it could join the American Psychoanalytic Association, but he was readmitted in 1936. Harry Slochower, who during the McCarthy era successfully fought before the Supreme Court his politically motivated firing by Brooklyn College, presided over the journal for a quarter-century. In 1990, his successor, Martin J. Gliserman, brought *American Imago* to The Johns Hopkins University Press.

such luminaries as Jacques Derrida, Harold Bloom, Shoshana Felman, Sander L. Gilman, and Slavoj Žižek.

Now, building on its illustrious history, *American Imago* seeks to reintroduce itself to members of the American Psychoanalytic Association as the preeminent scholarly journal of psychoanalysis and the place where the academic and clinical worlds intersect. Rudnytsky, who took over in 2001, is professor of English at the University of Florida. He received the 2003 Gradiva Award for his book, *Reading Psychoanalysis: Freud, Rank, Ferenczi, Groddeck* (Cornell University Press) and, in 2004, will be the Fulbright/Freud Society Visiting Scholar of Psychoanalysis in Vienna.

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# Opportunities and Obstacles in Organizational Consultation: Joint APsaA and ISPSO Panel

Mark F. Poster

A joint panel with members of APsaA and the International Society for the Psychoanalytic Study of Organizations (ISPSO) was held in Boston in June, in conjunction with the simultaneous annual meetings of both groups. Kenneth Eisold, co-chair of the Committee on Organizational Consultation of the APsaA and also President-elect of ISPSO, moderated.

In his opening remarks, Eisold noted that among the obstacles to psychoanalytically oriented business consultation were analysts' internal inhibitions against working in a business environment and providing concrete help, rather than therapy. Both the panel and its subject matter, he said, were "boundary events," each working at the boundary, between areas of inquiry and organizations, respectively.

Kerry Sulkowicz, chair of APsaA's Public Information Committee, remarked that psychoanalysis is in trouble from external and internal threats. One of the central notions of psychoanalysis is the concept of boundaries, which can be both a strength and a barrier in organizational consulting. Boundaries, often discussed in intrapsychic and interpersonal terms, can also be conceptualized in terms of organizations. He finds it ironic that the notion of boundaries was itself one of the biggest boundaries to organizational consulting. To psychoanalysts, boundaries are a way to protect the therapeutic frame and prevent the violation of ethical principles, but this idea can be taken too far and become reified, resulting in a distant and obsessional stance. This seeming paradox can be resolved by maintaining a critical attitude about when boundaries are being crossed, and what is going on, and why. Boundaries can be hiding places from emotional engagement, but they can also be helpful. The best work is often done at a boundary,

where parties are pulled and stretched. Sometimes boundaries need to be crossed.

Kenneth Settel, co-chair of the Committee on Organizational Consulting of APsaA, traced his personal odyssey to becoming an organizational consultant, paying tribute to his mentor, Dr. Harry Levinson, a founder of ISPSO, who was in the audience. Twenty-five years ago, Levinson recruited Settel to teach in his psychoanalytically based training program for business leaders. Initially, Settel wasn't certain that doing organizational consulting was compatible with being a psychoanalyst, but he credits Levinson with helping him overcome this prejudice. In his work with organizational problems, Settel listens for unconscious processes, but does not speak to primary process.

Settel summarized what psychoanalysis offers to organizational consulting into two broad areas: First is the power of the unconscious, especially transference including that between the organization and the consultant. Second is an understanding of developmental needs. This can often explain seemingly irrational behavior.

Settel emphasized that he eschews psychoanalytic jargon, in favor of business language. Furthermore, he tries to help his organizational clients by providing a clear sense of what is going on and being direct.

Jon Stokes, director of the Tavistock Consulting Service in London, England, and past-president of ISPSO, outlined four major barriers to doing organizational consultation:

One is values and temperament. By encompassing an inquiry into emotional phenomena, psychoanalysis can be useful to the organizational consultant. However, to do organizational consulting, psychoanalysts may have to work with personality types different from themselves. Psychoanalysts, in Stokes' view, by temperament often overvalue thinking, are thin-skinned, easily hurt, and struggle with

interpersonal relationships. Business leaders, on the other hand, often prefer action to thinking and are thick-skinned and gregarious.

A second is frame of reference. Psychoanalysis is conducted within an individual framework, which is not immediately transferable to a group. Ethics at an organizational level are different than at an individual level. Dr. Stokes recommended reading Machiavelli's "The Prince" to gain an appreciation of this fact. Whereas Bion wrote about "introducing the individual to himself," Stokes likes to think of his work as "introducing the organization to itself." He tries to facilitate conversation within the organization. This does not require interpretation, other than to himself. He tries to get the staff in the organization to have the courage to explore deeper thoughts and feelings. In this regard, he referenced Christopher Bollas' "unthought known" and Bion's "thoughts waiting for a thinker".

The third is maturational experience, which affects how one deals with tensions and conflicts. Dr. Stokes believes that a "valency" for one of Bion's basic group assumptions can be generalized according to occupational field. For instance, doctors tend to have a valency toward dependency, psychologists toward pairing, and social workers toward fright or flight. He added that the asymmetric framework of psychoanalysis is notoriously unhelpful in learning how to deal in an experiential and maturational way with problems with authority.

The last barrier is lacking an understanding of the client's field of work. Only by gaining such an understanding can the consultant be of help. Stokes has a partner who is an MBA. He believes this helps him immensely working with business people.

Stanley Gold, chair of the Center for Psychodynamic Studies in Melbourne, Australia, began his remarks by crediting his own mentor, Harold Bridger of the Tavistock Clinic in London, for stimulating his interest in organizational consulting. Dr. Bridger taught him that psychoanalysis does not belong solely to the individual treatment setting, but also has applications in business, politics, and health care. Gold summarized Bridger's mentoring with three phrases:

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# Spotlight on Psychotherapy Training Programs

## Dilemmas and Accomplishments

Robert S. White and Caryle Perlman

APsaA societies and institutes have been offering psychotherapy training since 1977, when the first program was established in Boston. Even at that time, there had already begun a progressive decrease in long-term psychotherapy training in all disciplines and an increasing emphasis on alternative therapies such as brief psychotherapy, cognitive-behavioral therapy, and psychopharmacology. This trend has accelerated in recent years. A motivation for starting the psychoanalytic psychotherapy programs was that the majority of psychologists and social workers were ineligible for full psychoanalytic training, since APsaA was primarily admitting psychiatrists. By 1999, there were 19 programs for adult psychotherapy training and 5 for child psychotherapy training associated with institutes and/or societies. Today, the situation in mental health education is even more dire. Many training programs in psychiatry, psychology, and social work offer little or no training or supervision in psychodynamic psychotherapy. It may well be that psychoanalytic societies and institutes will become the guardians of this important art.

This special TAP section will focus on problems in developing psychotherapy training programs. Talking with training directors around the country, we found a remarkable similarity of concerns and developmental problems. In starting psychotherapy training programs, typically there are fears that such programs will drain off candidates for full training, exposure to litigation will increase, and graduates will “pass themselves

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off” as analysts. In fact, none of these have proved to be major problems. On the contrary, psychotherapy training programs have become a major source of new candidates. Perhaps a more fundamental barrier is confusion and controversy about the relationship between psychoanalysis and psychotherapy.

As Saporta and Pollack discuss in their article, we are not clear if psychotherapy is a type of watered down psychoanalysis or a discipline in its own right. A parallel tendency is to see teaching psychoanalysis to candidates

as more prestigious than teaching psychotherapy. Often, teaching psychotherapy courses is viewed as a career step toward institute teaching, rather than valuable in its own right.

The article by Lightbody highlights typical problems in the evolution of training programs. Beginning programs struggle with the question of whether to offer an educational experience or training. Full training would include supervision, evaluation of students, and often requires personal therapy or analysis in addition to courses. Programs must clarify if their primary purpose is to be a feeder program for full training or to improve the practice of psychotherapy in the community.

There is often a competition for institute faculty between candidate training programs and psychotherapy programs. Questions arise about which professions to accept, what level of experience to aim for, and how to integrate a variety of students. Additionally, programs experience various recruitment and marketing problems as well as shifts in enrollment over time.

Another major difficulty for societies and institutes is the fate of graduates of programs. Graduates usually form strong identification with the training program and wish to retain some affiliation. How welcoming are societies to non-analytic clinicians? Solutions vary around the country: inclusion in general membership, formation of allied associations for psychoanalytic thought, ongoing study groups, and use of some graduates as teachers in the training program.

In starting psychotherapy training programs, typically there are fears that such programs will drain off candidates for full training, exposure to litigation will increase, and graduates will “pass themselves off” as analysts.

The article by Schmidt illustrates that child training programs face many of the same tensions as adult training programs. One can see the same thread of conflict between the goals of psychoanalytic and psychotherapy training.

To explore this topic further, an excellent information resource is the Psychotherapy Training Workshop chaired by Alan Pollack and Sally Rosenberg at the annual meetings. As this TAP goes to press, APsaA is beginning a new psychotherapy initiative with a task force, to be chaired by Dick Fox, charged with the task of consolidating and enhancing the organization’s engagement with psychoanalytic psychotherapy.

APSA

# New Life for Cleveland's Psychotherapy Program

Richard Lightbody

Cleveland's Psychoanalytic Psychotherapy Program (PPP) got off to a great start in 1990, but by 2000, it had run out of steam. Two years later, it was restarted. Why and how



Richard Lightbody

did all this happen? That's what this essay by one participant will attempt to explain in the hope that these reflections may be of interest and assistance to other communities who are past the start-up phase.

An enthusiastic group of experienced analysts and candidates (the Steering Committee) set up the original program as a didactic seminar, two hours of class each week for two years. Well taught by excellent analysts, the program graduated some thoughtful clinicians, a number of whom continued in postgraduate study groups with senior analysts. Another cadre figured heavily in the formation of our local chapter of the Association for Psychoanalytic Thought (APT), a group of motivated professionals who meet to explore psychoanalytic subjects.

In the heady climate of new outreach activities in the '90s, the program's co-directors enjoyed the admiration and support of the broader Cleveland Psychoanalytic community. Related developments in our group, similar to outreach efforts across the country, were a low-fee treatment clinic, a new foundation, the formation of APT, enhanced opportunity for candidates, and major leadership roles for non-analysts. Those were exciting days for the overarching Steering Committee, but the prospect of change brought anxiety and a sense of vulnerability to our hitherto sheltered psychoanalytic organizations. Furthermore, the outward expansion of programs stressed a weak, volunteer-driven infrastructure in the Society.

Richard Lightbody, M.D., *chairs APsaA's Committee on Societies and Centers.*

Analysts seemed to be doing all the copying, filing, and organizational busywork themselves.

## ORGANIZATIONAL ANXIETY

In retrospect, it appears we worked both inefficiently and with some fear, among other things, of liability and lawsuits. Because nobody wanted to be the target of litigation, there was a determined, if quiet, effort to avoid the prospect of *training* therapists who might then assert kinship. For example, some esteemed colleagues not involved with PPP had concerns that therapists participating in the program would represent themselves as analysts. Consequently, the program offered no supervision and no membership opportunity for graduates. Furthermore, liability worries at the Steering Committee level led to abandonment of an initial plan to refer cases from the low-fee clinic to PPP students, reducing still more the integration of the students into our community.

Despite our defensive response to organizational anxiety, a series of solid classes began every other year. But—PPP lost momentum after only four classes. That fourth class (1999-2000) was small and attrition was high—only three of the initial six students managed to complete the course. After this unsatisfying experience, the program stalled. Lack of enrollment discouraged the two leaders from continuing; our analyst faculty seemed worn out and busy with other interests. It became evident that not a single student had gone on to full psychoanalytic training.

Clearly, something was not working. Indifference to the program's future set in. With the passing months came the realization of larger organizational problems. As a result, the analysts shifted their overall focus from the continuation of problematic programs to a new strategic planning effort. Through this process, recognition of our central weakness led to a merger of our Society and Institute into the Cleveland Psychoanalytic Center, complete with the hiring of an executive director with marketing and management know-how.

## NEW ENERGY FROM APsaA

Simultaneously, new energy came from APsaA. By happy coincidence, a member of the Cleveland Psychoanalytic Center was on the Committee on Preparedness and Progress (COPAP). This committee reviews waiver requests from Institutes that want to provide full clinical training to those without so-called terminal degrees (i.e., Ph.D., M.D., D.S.W.), mostly M.S.W.'s. From this, two key things became apparent: (1) Supervision is a vital part of a psychotherapy course, as it provides a *convincing* experience that over time brings identification and often a wish for further training; (2) COPAP and its parent Board on Professional Standards had adopted formal policies defining acceptable minimal immersion for master's level applicants that precisely matched the two-year PPP program, provided it included supervision. In short, there were national as well as local reasons to bring in a supervision component.

We instituted three other innovations:

1. The Center's Executive Committee recruited a non-analyst graduate of PPP to be program coordinator, with a \$1000 yearly honorarium and a full tuition waiver for a repeat of the course. Coordinator Jacqueline Goodin has proven herself to be of immense value, bringing savvy and determination to re-inspire the PPP. Working with an active Analyst Advisory Committee, she keeps our focus on the students' experience, adjusting the course in response to frequent feedback.
2. We recruited two non-analysts as guest faculty. These experienced teachers, who were members of our local APT chapter, volunteered to co-teach segments on neurochemistry, psychopharmacology, and sexuality. Neither of these talented people is formally trained in psychoanalysis, but both are highly regarded and sympathetic colleagues. They collaborated with and, challenged the analysts to renewed effort.
3. We revised the curriculum to focus on practical matters, especially technique and adult clinical issues by shifting away from an emphasis on child development and psychoanalytic theory.

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# The Role of Psychoanalytic Institutes in Training Psychotherapists

José A. Saporta and Alan Pollack

The Boston Psychoanalytic Society and Institute founded the first psychotherapy training program among American psychoanalytic institutes in the late 1970s. The Advanced Training Program in Psychoanalytic Psychotherapy (ATP) became a respected and vital psychotherapy training program in Boston. Many ATP graduates have remained involved in the academic life of the institute.

The ATP was founded in part because of the diminishing presence of psychoanalysts (traditionally the main teachers for young therapists in training) as well as a diminishing psychoanalytic theoretical perspective in residency and other mental health training programs. Yet, to this day, paradoxically, psychoanalytic institutes do not play a leading role in training psychotherapists in the mental health community.

In spite of an obvious market, psychotherapy training programs both in Boston and at other psychoanalytic institutes in the U.S. have had similar recruitment problems. Despite the fact that many clinicians are interested in further psychotherapy training without becoming psychoanalysts, psychoanalytic institutes have not become the strong resource for psychotherapy training that one might expect.

We want to consider if there are systemic factors within the psychoanalytic establishment itself that contribute to the lack of vigor of psychotherapy training programs in psychoanalytic institutes.

## AMBIVALENCE AND CONFUSION

One such institutional factor has to do with ambivalence and lack of clarity about the

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relationship of psychotherapy to psychoanalysis. Psychoanalysts have struggled to define this relationship in theoretical discussions over the years, but there is still no consensus. Is psychoanalytic psychotherapy a watered-down application of psychoanalysis, or is it a separate practice, based on psychoanalytic theory but with its own set of skills, its own goals, and its own way of applying psychoanalytic theories of the mind to clinical practice?

Theoretical confusion leads to ambivalence about the practice of psychotherapy. Often, psychoanalysts offer psychotherapy because either psychological or practical limitations contraindicate psychoanalysis: Thus, a *limitation* becomes the basis for recommending psychotherapy. In contrast, if the evaluating psychoanalyst arrived at a clear formulation of the patient's goals and suggested they indicate psychotherapy (even if the patient were "healthy enough" and could afford psychoanalysis), then the recommendation would be made on positive as opposed to negative criteria. As a profession, our ambivalence and confusion are such that we do not have clear, agreed-upon, positive (as opposed to negative) criteria for recommending psychotherapy.

Psychoanalysts understandably want to practice a craft that they have worked long and hard to develop. Analysts sometimes evaluate themselves on the basis of the number of analytic patients versus therapy patients in their practice.

If psychotherapy is defined as a watered-down application of psychoanalysis, offered on the basis of negative indications, psychoanalysts may have mixed feelings about predominantly practicing psychotherapy. When psychotherapy is a source of conflict and ambivalence in theory and in our professional self-image, this can be enacted when we set out to train psychotherapists. The enthusiasm with which psychotherapy training is marketed may be muted compared to psychoanalytic training,

Psychotherapy training programs may be likely to hold an inferior place in the institutional hierarchy. In most institutes, assignments to teach in the psychoanalytic program carry greater status than teaching in the psychotherapy program, although many teachers personally enjoy teaching in the psychotherapy program. Usually, training analysts tend not to teach in the psychotherapy program.

## OUTREACH TO THE MENTAL HEALTH COMMUNITY

The Boston Psychoanalytic Society and Institute have been active in reaching out to the wider mental health community by providing consultation and programs of interest and relevance. We have been offering a one-year fellowship in psychoanalytic psychotherapy as an introduction to psychoanalytic theory and practice. This fellowship has been very well attended. We have coordinated the curriculum with the ATP curriculum so that it can be a free-standing fellowship as well as serve as the first year of the ATP. (Trainees may apply to the ATP after the fellowship and move into the second year of the three-year ATP.) The one-year fellowship has provided more interested applicants for both the psychotherapy and psychoanalytic training programs.

Ideally, the quality of psychotherapy and psychoanalytic training programs should be equivalent. Students may select one training program over another because of a variety of factors, including different professional goals, preference for a different manner of working with patients, or interest in different clinical problems. At the point of entrance to the educational community, there should be a conversation about the person's personal and professional goals and which program would best suit his or her professional aspirations. But as long as theoretical confusion and personal and political ambivalence regarding the relationship of psychotherapy to psychoanalysis persists, psychoanalytic institutes will not be able to represent psychotherapy training programs in the most positive and legitimate light.

As a profession, we need to discuss the relationship between psychotherapy and psychoanalysis in theory and practice, and psychoanalysts need to talk about their work as psychotherapists.

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# The Child and Adolescent Psychotherapy Training Program at the Chicago Institute

Erika Schmidt

The Child and Adolescent Psychotherapy Training Program (CAPT) of the Chicago Institute for Psychoanalysis, which began in 1962, trains a small number of mental health professionals from various disciplines to conduct individual child and adolescent psychotherapy. The changes in the CAPT program over its 40-year history reflect the shifting landscape of the mental health delivery system, the broadening of training opportunities for mental health professionals, and the tensions in psychoanalytic institutions between medical and non-medical practitioners, between adult and child clinicians, and between psychoanalytic and psychotherapy training.

When it started, the Child Therapy Program (CTP), as it was then called, trained social workers who were sponsored by the agencies they worked for. Agencies provided tuition support, time off for classes, and supervision. Since its establishment, 116 of the 148 students who entered the program have graduated. CAPT graduates work, often in supervisory or administrative leadership positions, in mental health clinics, social service agencies, schools, and medical settings as well as in private practice.

## AN INNOVATIVE RESPONSE

The Child Therapy Program was originally designed to meet several goals: to train child therapists; to produce a new generation of child therapy supervisors and teachers; and to develop a model educational program for child therapists. As agencies that provided services to children sought more formal,

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in-depth teaching of child therapy, the Institute, whose faculty often consulted at these agencies, seemed a natural location for this training. In reality, social workers in agency settings provided most of the direct individual psychotherapy to children, many of whom suffered from significant emotional disturbance and family dysfunction. CTP was an innovative response to the existing situation. These children's mental health needs, combined with the lack of systematic child therapy training, led the Institute to initiate CTP, with support from the National Institute of Mental Health (NIMH) and community funding. CTP represented a compromise between those who supported a child analytic training program for lay analysts, like the European model, and those who believed the child analytic domain should be restricted to psychiatrists.

The foundation in clinical work with children also taught students how to think conceptually in ways that can be broadly applied to other forms of intervention with children and adults.

From its inception, the curriculum offered intensive, rigorous training. It purposely allowed for an integrative process over time, as the material was repeated, increased in complexity, and examined in lecture, seminar, and supervisory formats. Admissions criteria were stringent, suitability for learning and for treating children was carefully assessed, and a personal analysis was required. About 10 years ago, this requirement for analysis was modified to include an intensive psychotherapy alternative. The courses, meeting six hours a week over a four-year period, covered psychoanalytic theory, normal development, psychopathology, the therapeutic process with children, adolescents and parents, and clinical technique. The clinical component of the program included supervision of 4 treatment cases and

25 diagnostic evaluations of children and adolescents with varying problems and diagnoses.

## UNIQUE LEARNING EXPERIENCE

The educational philosophy embodied in the process and requirements, carefully thought out by the program organizers, laid the groundwork for an extraordinary learning experience. Students become immersed in their clinical work and develop strong professional identities as psychoanalytically oriented child psychotherapists.

Peter Shaft, a 1989 graduate, says, "It was a privilege to participate in that exciting, scary environment. It was unlike anything else because of the opportunity to learn, to listen to unfolding process, to tolerate not knowing, and to acquire an understanding of transference and countertransference dynamics with a faculty who facilitated that kind of learning."

Judith Schiffman, a 1980 graduate, echoes these sentiments, "The foundation in clinical work with children also taught students how to think conceptually in ways that can be broadly applied to other forms of intervention with children and adults."

When CTP started, it attracted committed students and earned the respect of the community because of the quality and depth of its training. There were few viable options then for post-graduate clinical training in either adult or child psychotherapy. Doctoral programs emphasized research and policy; supervision and training within agencies was increasingly limited. The Child Therapy Program quickly became the standard for excellence within the Chicago mental health community. Over time, some modifications in the program have been made; for example, the requirement for agency sponsorship was dropped in the early 1970s. CAPT remains one of the few routes available for a comprehensive, integrated training program that emphasizes introspection, unconscious

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meaning, subjective experience, and respect for therapeutic process.

#### AMBIVALENCE WITHIN

Within the Institute, however, there remains some ambivalence toward CAPT. Some have been skeptical, and at times openly antagonistic, about the Institute educating psychotherapists. This reflects similar conflicts within American psychoanalysis in general regarding non-medical therapists and the training of psychotherapists versus psychoanalysts. Though designed for agency personnel as education in child psychotherapy, not child analysis, many analysts within the Institute opposed such an educational offering, because it disturbed the mental health hierarchy.

Considerable effort has been made to distinguish CAPT as a corollary modality for teaching about different forms of intervention for different problems and populations. The perceived economic threat posed by CAPT graduates and students competing with analysts for a limited number of patients constituted a strong undercurrent to the discussion of training issues. In reality, the broader question has to do with the mission of the Institute and the conflict between those who see its function as the education of psychoanalysts and those who envision the Institute as a center for the study of psychoanalysis in many applications and a source for services to the community.

As a group, CAPT graduates and students have been an influential, potent force for psychodynamic psychotherapy within the community. They are committed to a psychoanalytic mode of thinking and devoted to providing psychoanalytic psychotherapy to a wide range of patient populations in varied settings, from child welfare agencies to private practice.

When the requirement for analysis was amended to include intensive psychotherapy as an option, the rationale was to widen a diminishing applicant pool. But the change also addressed an underlying tension within the relationship between the analytic Institute and its psychotherapy students. Requiring a personal analysis to assist the therapist in dealing with countertransference and the stresses of doing psychotherapy was sometimes perceived as psychoanalysis being considered a better kind of treatment rather than one with

different aims. Questions about what constitutes excellent treatment and the boundaries between psychoanalysis and psychotherapy are not yet fully resolved.

#### CAPT'S CHANGING ROLE

As psychoanalysis has lost preeminence in the mental health field and training opportunities in other environments have opened up, the role of CAPT for clinical training has changed accordingly. Some students who would have gone into CAPT are now eligible for full analytic training. Five CAPT graduates have entered analytic training. Doctoral programs with strong clinical components are now available as are training programs in adult psychotherapy. Many CAPT graduates, who know what excellent clinical training consists of, have been instrumental in developing alternative training opportunities. Some examples are Joe Palombo, Louise Saltzman, and Woody Faigen at the Institute for Clinical Social Work, Judith Mishe at the New York University doctoral program, and Judith Schiffman at the Northwestern Genetics Counseling Program.

At the present time, CAPT classes are smaller, the students are explicitly committed to the practice of child therapy, and they enter the program with a more eclectic educational background and less familiarity with psychoanalytic concepts. According to Director Colin Webber, "CAPT can thrive in this new training environment because of its unique emphasis on clinical child and adolescent psychotherapy training."

[Author's note: Thanks to former and current directors, Joe Palombo, Barrie Childress, Barrie Richmond, and Colin Webber, for answering many questions about the history and aims of CAPT.]



## Psychoanalytic Institutes

*Continued from page 15*

There also needs to be open discussion about the value of psychotherapy training for institutes and its place in the institutional hierarchy. By discussing and clarifying these issues, we can be clearer about what we teach and can be better advocates for psychotherapy training, and thereby play a more vital role in the mental health community.



## New Life

*Continued from page 14*

In sum, we introduced a series of changes for a renovated venture in 2002: a requirement for weekly individual supervision; a non-analyst coordinator; a reconstructed curriculum; and guest faculty. Additionally, we benefited from the Center's revised organization and executive director.

#### POSITIVE BENEFITS

We had 20 inquiries for the current class. Ultimately, we enrolled a qualified class of nine, mostly experienced social workers, including one Ph.D., a Ph.D. student, and two M.D.'s for spice. One of the psychiatrists was a visiting professor from Korea whose local stay was only one year. We made room for him because of his wish to learn how to teach psychotherapy at the postgraduate level. We mail the second year's reading material to him in Korea. Adapting our rules to the wishes of students seemed a practical ideal.

Looking back on the first year of the resurrected PPP, we feel the program is doing well. Two of our students were finalists in APsA's Fellowship Program, and now have senior analysts as mentors. Nearly half of the students have shown at least some interest in psychoanalytic training. Supervision is enormously popular, as reflected in student evaluations. We have kept PPP "in front of" the Center's membership with frequent communiqués, and have polled students often in order to tailor the program to their learning goals. Specific feedback is immediately relayed to the faculty after each teaching segment; global assessments of the program influence near and distant decisions.

We are beginning to recruit our next class, scheduled to start in September 2004. Although every current student came by word of mouth, we have developed a publicity brochure. With a streamlined decision tree, we are able to get done that which had previously been complex and anxiety producing. And we are already planning for succession of leadership. If we have learned anything, it is that new appointments are essential for continuing energy and ideas.



## Electronic Communications a Natural for Psychoanalysis

Psychoanalysis, with its international reach and sparse population, is a natural for the application of electronic modes of communication. The last TAP contained a report on the Virtual Psychoanalytic Society. We posted the first complete TAP electronically to our association Webpage in the spring of this year.

Recently, two new electronic publishing ventures were announced, appropriately enough, via another electronic medium, our Open Line.

The International Council for Psychoanalytic Self Psychology announced the launching of its new interactive ejournal entitled *Psychology of the Self Online*. Editor Allen Siegel described the ejournal as a "communicative tool to connect the vastly dispersed global self psychology community." Siegel conceives of the community he serves as being geographically disadvantaged, sometimes without access to teachers or like-minded clinicians. He hopes that his journal can

help his readers feel they are not alone as they pursue their interests.

Using the Internet is economically advantageous, Siegel says, obviously keeping publishing and mailing costs down. Electronic publishing allows for the special trait of interactivity, and Siegel emphasizes this as part of the plans for the *Psychology of the Self Online*.

Siegel said he had been playing with the idea of an online journal for several years. The first time he proposed it to psychoanalytic colleagues the response was unenthusiastic and seemed "computerphobic."

Arnold Richards, JAPA editor, has also been impressed by the potential of electronic publishing in the psychoanalytic field. Richards told TAP that a new electronic publishing project was the brainchild of himself and Todd Essig, founder and director of The Psychoanalytic Connection, an online subscriber-funded resource for psychoanalytic information. Richards describes I-PPsa as "an

Internet-based press that will distribute to the psychoanalytic community material of interest that falls outside the purview of traditional paper presses. It will provide a venue for writing that does not fit easily into paper-based distribution channels, for multimedia and hypertext productions, for audio (and soon video) material, for experimental work outside recognized genres, and for out-of-print material that may no longer have commercial potential but is still of scholarly and clinical interest."

Howard Shevrin's novel, *The Dream Interpreters*, is the first book on their electronic booklist. The second volume will be selected unpublished papers by Jacob Arlow, and the third is expected to be unpublished papers by Leo Rangell.

JAPA and *Contemporary Psychoanalysis* co-sponsor I-PPsa, which is billed as a project of The Psychoanalytic Connection. For more information and to read the books, go to [www.psychoanalysis.net/iPPsa](http://www.psychoanalysis.net/iPPsa). Editor-in-chief is Steve Reisner.

## American Imago

*Continued from page 11*

The current editors have brought new members onto the editorial board including Robert S. Wallerstein, Peter Loewenberg, Arnold D. Richards, Sander L. Gilman, Rosemary H. Balsam, George J. Makari, Patrick J. Mahony, John Kerr, Judith E. Vida, and Robert A. Paul. They join Maynard Solomon, Adrienne Harris, Ellen Handler Spitz, Joel Whitebook, Bennett Simon, Alan Bass, Elisabeth Young-Bruehl, Laurie J. Wilson, and Donald Moss, among others.

Each issue has a thematic focus; the Fall issue has been designated annually as a special issue, with a guest editor. I served as editor of the Fall 2003 issue on "Early Women Analysts," which includes contributions by Madelon Sprengnether, Mary Bergstein, Rosemary Balsam, Nellie L. Thompson, and Judith Vida. The historical focus of this issue demonstrates how much of what is

seemingly new in the study of psychoanalysis and gender has been anticipated and advanced by Freud and his cohort of pioneer women analysts.

Rudnytsky has also introduced a book review section to the journal.

Reflecting its dual mission as a scholarly and analytic journal, *American Imago* belongs to both the Council of Editors of Learned Journals, affiliated with the Modern Language Association of America, and the Council of Editors of Psychoanalytic Journals, chaired by Joseph Reppen.

Together with *Literature and Medicine*, also published by Johns Hopkins, *American Imago* is sponsoring a conference on "Psychoanalysis and Narrative Medicine," to be held February 19-22, 2004, at the University of Florida. The conference is made possible by the generosity of the Thomas H. Maren Foundation. The featured speakers are Jeffrey Berman, Rita Charon, Jody Messler Davies, Lynn Gamwell, Sander L. Gilman, Geoffrey H. Hartman, Norman Holland, David B.

Morris, Bennett Simon, and Frans de Waal. There will be a special exhibition, "The Private Life of Sigmund Freud: Photographs of Edmund Engelman," at the Harn Museum of Art. Papers are invited on all aspects of psychoanalysis, literature, and the arts and sciences of healing. For further information, please visit the conference website at [www.english.ufl.edu/pnm](http://www.english.ufl.edu/pnm).

Proud as we are of our past at *American Imago*, we look forward with equal excitement and optimism to the future. We welcome submissions on any topic from candidates, graduate students, or training analysts and senior professors. Papers may be sent as e-mail attachments to the editors at [plr@english.ufl.edu](mailto:plr@english.ufl.edu).

Published quarterly and costing only \$36.00 per year for individuals, *American Imago* is not only the most venerable but also, we believe, the most innovative and the best bargain among analytic journals. We hope to find you in its pages!



# APsaA Practice Guidelines Address Common Problems of Members

Robert R. Cummings

When the topic of practice guidelines is raised, many clinicians feel like turning away and tuning out. This reaction may reflect years of disappointment after encountering practice guidelines from other organizations that appear to present prescriptive, cookbook approaches to clinical work and are linked to a diagnostic system that ignores salient considerations at the heart of psychoanalytic treatment. Such experiences have led some to lose hope that guidelines could possibly help them face the challenges of doing good work in the current health-care climate.

I hope to show how APsaA's six psychoanalytic practice guidelines are different, and how they can help clinicians construct a safer environment for conducting psychoanalytic treatment. They aim to convey explanations of psychoanalytic procedures as clearly and jargon-free as possible. They do not attempt to link symptoms and diagnoses with procedures and techniques. They were written to address frequently reported problems that psychoanalysts encounter when they establish a psychoanalytic treatment relationship about which outside parties raise issues and request information. These guidelines also aim to give substantial national support when a member's psychoanalytic work is challenged.

Some of these guidelines are lengthy instead of terse, because they are meant to serve well in a variety of circumstances. It is important from a legal perspective to convey throughout that the guidance being offered is neither prescriptive nor restrictive and thus should not be misconstrued as restraining practice (or "trade") or interfering with any analyst's clinical judgment.

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Robert R. Cummings, M.D., Ph.D., is chair of the Committee on Peer Review. He is a training and supervising analyst with the Southern California Psychoanalytic Institute and has a private psychoanalytic practice in Laguna Hills, California.

## TYPES OF PROBLEMS PSYCHOANALYSTS REPORTED

Over two decades, our Committee on Peer Review has assisted members individually and confidentially with their concerns about interactions with third parties in the context of their psychoanalytic cases. Members complained that many patients' psychoanalytic treatments were harmed when outside parties tried to intervene or obtain clinical information for various uses. Sometimes, these were third-party payers. Other times, they were attorneys, courts, or state licensing boards seeking the records for a wide variety of legal and investigative purposes. Sometimes patients, and analysts, too, were eager to seek third-party financial assistance because treatment seemed impossible to arrange without it. When claims were filed, the third-party payer would request clinical information or charted records in order to authorize payment for treatment. Later, these requests re-emerged when the patient applied for disability, life, health care, and other forms of insurance. Sometimes, the request was retroactive and the outside party wanted the complete health-care record copied and sent to them for review. Sometimes, they directed the analyst to create specifically detailed summaries of the clinical treatment to send to the third party for review.

Analysts reported situations where third parties claimed that the patient had signed a consent that made the third party a "stakeholder" in the treatment process. On this basis, the third party sought to become "part of the treatment team" and conduct ongoing review of the treatment. Some patients expressed concern about this involvement and about releasing private information for external purposes. Others were not so concerned initially, and later were startled and surprised to learn about information that had been released and how it might be affecting their lives, for example, if they were denied a job, a job promotion, or insurance.

Often feeling isolated and alone, analysts have struggled to respond to what they experienced as a machine-like bureaucracy that thinks in ways alien to psychoanalysis. They discussed with the patient and tried to explain to the outside party why compliance with some third-party requests would be harmful to the patient's treatment. Analysts often became uneasy and unsure of their circumstances, either because they had created little in the way of a health-care record of the patient's treatment, or because the analyst had created extensive records mainly composed of analytic process notes that the analyst did not want to share with the patient or the outside party.



Robert R. Cummings

In some cases, the patient contacted the third party for advice about claims procedures and heard objections to the option that the patient and analyst could establish a private treatment arrangement outside the auspices of third-party authorization. The third party claimed to be willing and able to authorize any "medically necessary" treatment for the patient. In some cases, they warned the patient that any other arrangement should be considered suspicious and of dubious value. There were cases in which patients shared with the analyst that the third party criticized the analyst as being "unusual," "uncooperative," "practicing outside the bounds of normal community standards," or "a dinosaur" that was trying to "exploit" the patient and the third party. In some instances, the third party claimed that psychoanalysis causes "regression" and fosters "dependency," two elements that the third party regarded as unhealthy approaches that produce more pathology and suffering for the patient. Sometimes, the third party used this objection as the basis for recommending that the patient immediately transfer to another clinician who would conduct treatment as approved by the third party.

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## Practice Guidelines

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When disputes arose in the context of ongoing treatment, as for example when there was a change of insurance carrier, some situations escalated into fraud investigations to determine whether or not the analyst had accepted third-party subsidy for treatment not authorized by the third party. Federal entitlement programs, like Medicare, and other third parties have expanded the definition of fraud to include billing errors, lack of adequate documentation of treatment sessions, and any treatment that is retroactively determined by the

### APsaA PRACTICE GUIDELINES CAN HELP AND SUPPORT IN SEVERAL WAYS

Ideally these guidelines are used prospectively, for example, at the time when psychoanalytic treatment is first being considered, to explain policies about third-party involvement in treatment. In a more limited way, they can also be helpful once a difficult situation develops. If the analyst and patient oppose third-party efforts to impose ongoing review on the analytic treatment, the guidelines can be used to suggest to the third party an alternative review procedure that eliminates any need for the psychoanalyst who is treating the patient clinically to release confidential

documents containing clinical information for third-party review of psychoanalysis and modified psychoanalytic treatment (CPT 90845). (This revised guideline is published as a centerspread in this issue of TAP.)

2. **Charting Psychoanalysis**—the foundations for the recommendation that psychoanalysts not create and chart session-by-session progress notes for psychoanalysis and modified psychoanalytic treatment (CPT 90845). This guideline clarifies the differences between progress notes, process notes, working notes, and research notes. (*Journal of the American Psychoanalytic Association*, 1997, 45/2: 656-672.)
3. **External Review of Psychoanalysis**—the foundations for the recommendation that psychoanalysis be pre-authorized by a method of review conducted by a psychoanalytic consultant, who reports to the third party only on whether or not psychoanalysis is warranted; also recommendation that pre-authorized psychoanalytic treatment should not be subjected to ongoing review and presents reasons for this recommendation. (*The American Psychoanalyst*, Vol. 34, No. 2, 2000)
4. **Charting Psychoanalysis, a Clarification**—the reasons why charting of progress notes, including the creation of check lists that constitute progress notes, is not recommended for psychoanalysis and modified psychoanalytic treatment. (*The American Psychoanalyst*, Vol. 34, No. 2, 2000)
5. **Appointment Records**—how appointment and financial records, if kept, are considered to be part of a patient's health-care record; also the customary practice of charging a fee for missed appointments, the need to clarify such policies with the patient, and the recommendation that the patient clarify these matters with the third party to reach agreement about who will be responsible to pay this fee. (*The American Psychoanalyst*, Vol. 34, No. 2, 2000)
6. **Interacting with Third Parties**—the technical necessity for establishing a safe,

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Use of the guidelines can open a dialogue that reduces the probability that the patient will lose confidence in the analysis and suffer an untimely ending to the treatment.

third party not to meet their standard of "medical necessity." Random or specific fraud investigations have sought review of single or even many of the analyst's charts. Third parties have demanded return of reimbursement for treatment they consider fraudulent under these new definitions.

Members have complained that third parties have encouraged licensing boards to investigate analysts for alleged misconduct and practices that are alleged not to meet community standards. Often when our members contacted us, they shared how surprised they were to find themselves embroiled in these distressing circumstances. They reported that such disputes have had chilling effects on their lives and imposed a siege-like state on their patient's treatment that frequently resulted in a premature and clinically unsatisfactory ending of the treatment.

Because our committee's help does not serve as legal advice, many members have had to seek the help of an attorney to resolve these situations. Some analysts have had to return several years worth of reimbursements, amounting to many thousands of dollars, to settle these disputes.

information to the third party. Use of the guidelines can open a dialogue that reduces the probability that the patient will lose confidence in the analysis and suffer an untimely ending to the treatment. Discussion of concepts presented in the guidelines provides opportunities for the patient to gain clarity about the conditions for third-party authorization of treatment, the likely effects of those conditions on treatment, and the actual amount of subsidy that the third party is likely to provide for psychoanalytic treatment. When a third party criticizes an analyst who does not chart progress notes or charges for missed sessions, the practice guidelines provide some support to verify that the analyst's approach is recognized and approved by our national organization.

### THE SIX APsaA PSYCHOANALYTIC PRACTICE GUIDELINES

Below are brief descriptions of the guidelines and the publications in which they appear:

1. **Informed Consent to Review**—benefits and risks that patients may consider in deciding whether or not to give consent for the analyst to create and release

private, confidential treatment situation to conduct psychoanalysis and modified psychoanalytic treatment (CPT 90845). This comprehensive document presents ten conditions that serve to create such a safe environment to conduct treatment in conjunction with third-party authorization and subsidy. It also includes solutions to a variety of problems and dilemmas that members have encountered over the past two decades while conducting treatment that involved third parties. (Cummings and Gray, in publication, TAP, Vol. 36, No. 4, 2002.

PEER REVIEW CLINIC DISCUSSION  
ABOUT CHARTING

The Committee on Peer Review offers a clinic at each national meeting, where members have discussed models for a health care record for psychoanalytic treatment that would be consistent with APsA practice guidelines on charting (numbers 2, 4, and 5 above) and allow for clear differentiation between the official record and any private notes the analyst may keep separately.

Such a model might include five items: (1) the financial record, (2) documentation of a clinical assessment (or evaluation), the treatment planning process, and the treatment plan on which the patient and analyst agreed, (3) notes to document the occurrence of forms of treatment or recommendations by the analyst that the analyst believes are outside the usual scope of psychoanalysis (e.g. prescription of medication, psychological testing, referral to a neurologist, etc.) (4) any third-party correspondence and a note documenting the patient's consent for this correspondence, and (5) a discharge note.

The six APsA guidelines also point to a few general considerations that might guide individual clinicians as they develop their model for creating psychoanalytic health-care records. The guidelines recognize that confidentiality for individually identifiable health-care records belongs to the patient, not to the analyst. Since the patient has the right to review anything in the chart, it is reasonable to conclude that everything in an official health-care record should be written with the understanding that the patient will read it during treatment or in the future.

The "Charting Psychoanalysis" guideline (number 2 above) establishes the basis for the recommendation that psychoanalysts refrain from documenting psychoanalytic treatment session-by-session. It explains why the creation of session-by-session progress notes can be detrimental to the treatment process and is unnecessary. In the Clinic, we try to help colleagues identify information that is appropriate to chart and that which is inappropriate. For example, in charting the clinical evaluation and treatment planning process, psychodynamic formulations and clinical speculations are inappropriate because they are hypotheses rather than facts.

that a mighty challenge sometimes emerges from outside the consulting room. For example, during World War II and for many years afterward, Eastern Europe's psychoanalysts faced successive governments that outlawed endeavors like psychoanalysis that aimed to help individuals think more freely and clearly for themselves. Many psychoanalysts chose emigration as their only viable choice.

Now in this country, our committee's efforts to research and develop these six practice guidelines have vividly informed us of the experience of many analysts and analysands who engage in psychoanalytic work in a culture whose socio-economic leadership has shown

When the challenge has stemmed from third-party goals to maximize profits by denying care wherever possible, or from ideologies that view a freedom-seeking treatment like psychoanalysis in a negative light, the six practice guidelines have been used effectively by many courageous members in legal proceedings.

ACCESS TO HEALTH-CARE RECORDS

In today's practice environment, any written record is discoverable. By law, many outside parties have gained rights and abilities to access individually identifiable health-care records, in some cases without the patient's informed consent. They include private insurance companies and government entitlement programs like Medicare and Medicaid. Even with legal protections like the psychotherapist-patient privilege (Jaffee-Redmond case), statutory protection of "psychotherapy notes," and various state provisions supporting confidentiality for mental health-care treatment, all existing health-care records are discoverable if ordered by a court of law, including the clinician's private notes on the case. The APsA guidelines can help clinicians protect the separateness of their private notes from the official case chart. State statutes of limitation can guide clinicians who choose to eliminate out-of-date charts from their files.

FACING TODAY'S CHALLENGES

Engaging in good psychoanalytic work often requires courage to face seemingly impossible challenges. The most formidable challenges commonly emerge from the psychoanalytic exploration of inner life. Also, history shows us

suspicion and sometimes active hostility rather than support for psychoanalytic work in recent years. We have come to understand some of the economic and ideological motivations for this active non-support. That understanding has influenced the development of these guidelines.

When challenge arises from misunderstanding of psychoanalysis, unfounded fears that psychoanalysis will harm patients, or legitimate concerns to guard against fraudulent, wasteful, and exorbitant expenditure of limited resources, these guidelines offer ways that psychoanalysts and analysands can cooperate with third parties to allay these concerns.

When the challenge has stemmed from third-party goals to maximize profits by denying care wherever possible, or from ideologies that view a freedom-seeking treatment like psychoanalysis in a negative light, the six practice guidelines have been used effectively by many courageous members in legal proceedings. Their efforts as well as APsA's organized program to address and inform government actions are helping to substantiate the quality, aims, and effectiveness of psychoanalytic work, maintain freedom to offer private, confidential treatment to patients, and highlight the motivations of the opposition for all to see.



SHRINK *w a t c h*

## Therapy Room Stars in Award-Winning Commercials

Dottie Jeffries

Empathy.

Psychoanalysts for years have debated the role it should play in treatment: how empathy does or does not, should or should not, impact their work with patients. But recently, in the world of advertising it's been empathy—hands down, no debate—that enabled an internationally renowned ad agency to build a successful and sophisticated campaign for its Fortune 100 client.

If you tuned into the television broadcasts of Wimbledon 2003 or the U.S. Open, you might have caught the clever campaign for IBM e-Business on Demand Solutions, developed by Ogilvy & Mather, New York. The setting for the award-winning commercials (*Adweek Campaign of the Year*) was none other than the “therapy room.” Here a shrink, personifying IBM, is the listener who projects a sense of caring and support to the “patient,” i.e., the IBM customer or potential customer.



In the commercials' therapy room, these customers emote about their anxieties, describing to the shrink an actual business situation topped off by the all-too-familiar “What does it mean?” “What do I do?” The well-cast actor playing the shrink calmly replies with a statement or two of support and observation, often imbued with a subtle twist of humor.

*Dottie Jeffries is staff director of public affairs for the American Psychoanalytic Association.*

### PITCHING EMPATHY

Viewers cannot help but feel the empathy. Even if one doesn't understand exactly what IBM's e-Business Solutions are about, one still has a sense that the commercials are about people's anxiety—but that yes, with the right kind of support, there just might be a solution.

“We've worked with IBM for a number of years,” remarked Chris Wall, senior partner and co-creative head of Ogilvy, who has been behind most of the agency's work with this company. “Increasingly, we had become aware of our empathy for the poor schmuck who has to make the decision for his/her firm of choosing a company who can work with them in solving particular business problems that require extensive levels of services.

“These decision-makers have nightmares,” continued Wall. “The scale of their decision really grips them, as well as the decision-making process itself. These people are often writing seven-figure checks and their anxiety at times seems to them almost unbearable.”

Ogilvy wanted a campaign that conveyed IBM's empathy for and support of its customers. To do that in the realm of television commercials, what came to mind for Ogilvy was the therapy room with a patient telling a shrink about his/her dreams and anxieties ... and finding a listening ear.

“The use of dreams gives us permission to make the anxiety real,” Wall said. “And the use of a shrink and therapy gives us permission to say that the service provider is empathetic to the customers' business situations. These are sophisticated ads that speak to a sophisticated audience. The ads also show that high-level business executives are no different than you and me—that they are just as anxiety-ridden as we are and share the same vulnerabilities.”



Chris Wall, ad agency Ogilvy and Mather senior partner and creator of the “Dream” ad campaign for IBM.

### BEYOND GIZMOS TO HUMAN SOLUTIONS

In the IBM commercials, Ogilvy has used the same cast for a year. Last October, Ogilvy began the campaign with a “gizmos” campaign, a series of ads in which inventions were pitched to the management team to solve all problems. But this year, Ogilvy wanted to take the ad campaign beyond gizmos, recognizing that business solutions come about by people helping other people, and so came up with the idea of the “Dreams” campaign.

Seeking a top notch cast for this campaign, Ogilvy reviewed the character actors who had appeared in the previous IBM ads. They chose “the best of the best of these actors—kind of the greatest hits of the IBM cast,” Wall said.

Through the well-chosen character actors and the therapy room venue, the audience experiences the anxiety of the patients as real and feels that the shrink (IBM) is there to help and LISTEN.

According to his Ogilvy bio, Wall's first love is technology, especially as it relates to popular culture. He's been the creative director on IBM, Lotus Development, Microsoft, and Apple Computer.

Imbued with humor and speaking to a human truth, this most effective use of the shrink and therapy room in popular culture works to engage the public.



## Illegal Privacy Notices Fail to Protect Medical Privacy

Deborah C. Peel

As we feared and predicted, the effects of requiring over 600,000-plus "covered entities" to comply with the Amended Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule led immediately to the loss of privacy rights and dismantling of medical ethics across our nation.

The diabolical complexity and apparent contradictions in the 1,500 pages of dense bureaucratic regulations caused the worst possible outcome: Attorneys in every state wrote Privacy Notices that simply omitted mention of the state laws and medical ethics that are more protective of privacy, even though HIPAA requires notices to include them. HIPAA, intended as the "floor" for medical privacy protections, has instead become the "ceiling."

Take a close look at the Privacy Notices you have received. They are so authoritatively written that they make the loss of privacy seem like a done deal.

Since the April 14, 2003 compliance date, most Americans have received multiple Privacy Notices from "covered entities" informing them that their personal health information is being used and disclosed for routine purposes without their permission. The notices come from every kind of covered entity, including health professionals, clinics, labs, hospitals, pharmacies, dentists, and insurers.

We reviewed dozens of Privacy Notices from around the nation in researching our federal lawsuit against the U.S. Department of Health and Human Services (HHS), filed April 10, 2003. Not a single one is legal.

Deborah C. Peel, M.D., is co-chair of the Committee on Government Relations and Insurance.

Few Privacy Notices even offer the option of consent. Most notices inform patients that they have the right to request restrictions, BUT all carefully stated that covered entities do not have to honor such requests. That point was often emphasized in intimidating caps, such as, "We do NOT have to agree to this restriction."

The preamble to the Amended Rule states clearly: "The Privacy Rule provides a floor of privacy protection. State laws that are more stringent remain in force. In order not to interfere with such laws and ethical standards, this Rule permits covered entities to obtain consent. Nor is the Privacy Rule intended to serve as a 'best practices' standard. Thus, professional standards that are more protective of privacy retain their vitality." 67 Fed. Reg. at 53,212.

The citations from HIPAA which require notices to include the stronger privacy protections in state laws and medical ethics follow:

45 CFR 164.520(b)(1) Required elements. The covered entity must provide a notice that is written in plain language and that contains the elements required by this paragraph.

(ii)(C) If a use or disclosure for any purpose described in paragraphs (b)(1)(ii)(A) and (B) of this section [treatment, payment and health care operations and other uses and disclosures permitted by the Rule without authorization] is prohibited or materially limited by other applicable law, the description of such use or disclosure must reflect the more stringent law as defined in 160.202 of this subchapter.

45 CFR 160.202 More stringent means, in the context of a comparison of a provision of state law and a standard, requirement, or implementation of specification adopted under ... this subchapter; a State law that meets one or more of the following criteria:

(4) With respect to the form, substance, or the need for express legal permission from an individual, who is the subject of the individually identifiable health information, for use or disclosure of individually identifiable health information, provides requirements that narrow the scope or duration, increase the privacy protections afforded (such as by expanding the criteria for), or reduce the coercive effect of the circumstances surrounding the express legal permission, as applicable.

Jim Pyles, our attorney on privacy and lobbying issues, explains the effects of the foregoing language: "It is to require covered entities to include in their written notice to patients any state law (constitution, statute, regulation, rule, common law, or other State action having the force and effect of law) that prohibits or materially limits any disclosure that is permitted without authorization by the Amended Privacy Rule. The required elements for the notice do not include more protective ethical standards, but the notice is required to include the individual's rights and the covered entity's legal duties with respect to protected health information. Ethical standards would seem to fall into the category of legal duties since practitioners can be held liable for malpractice for failing to abide by their ethical standards."

He concludes, "Any notice that does not include mention of more privacy-protective state laws and ethical standards is in violation of the Privacy Rule."

The public has reacted to Privacy Notices with dismay and resignation. Most people have no idea that they received illegal notices or that the notices were supposed to tell them how to protect their personal health information. So the public has been mistakenly led to

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# Everything You Wanted to Know about HIPAA and Were Afraid to Ask

Robert S. White

## WHAT IS HIPAA?

The Health Insurance Portability and Accountability Act of 1996 includes mandates on privacy standards, electronic transmission standards, and unique health identifier standards. The privacy standards, known as the Privacy Rule, were finalized in August 2002 and went into effect on April 14, 2003. It is this Privacy Rule that most affects analysts and other mental health clinicians.

## WHO DOES HIPAA COVER?

If you are a healthcare provider and you engage in at least one "standard electronic transaction" during the year, you are a "covered entity." A standard electronic transaction includes any transmission of information between two parties to carry out financial or administrative activities related to health care, by use of the Internet, leased lines, and dial-up lines, as well as use of tape or disk. It does not include faxing information from a paper fax machine.

The most common example of a covered analyst is a clinician in private practice who accepts insurance and uses electronic transmission to submit insurance claims. If you send all your insurance claims by paper submission, you are not covered. You also may be covered, even if you do not use electronic submission in your private practice, if you work in a clinic or hospital that uses your name and provider ID to electronically bill for services. (This question is currently under review.)

Even if you are not a covered provider, you should know the requirements of the Privacy Rule. Each health-care provider needs his/her own privacy policies and procedures. These are, of course, subject to state law, but the federal law provides a useful guideline. The Privacy Rule may be used by the courts to set

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a standard by which to measure privacy issues. Medicare has indicated its intent to require electronic submission in the next several years, but practices with fewer than ten full-time equivalent employees are likely to be excluded.

## WHAT IS THE HIPAA PRIVACY RULE?

The Privacy Rule establishes a federal "floor" of rights that individuals have with respect to privacy and access to "protected health information" (PHI). PHI is any information that both identifies an individual and contains health information. Health-care providers remain subject to state law, which may provide stronger privacy protections. In addition, health-care providers are subject to ethical and professional practice standards. Health-care providers may decide to offer greater protections than those required by HIPAA.

## WHAT IS REQUIRED TO COMPLY WITH THE PRIVACY RULE?

- A written Notice of Privacy practices to be given to patients
- A written set of privacy policies and procedures
- A "business associate" contract with any entity that handles identifiable health information on behalf of the provider.

## WHAT ARE PATIENTS' RIGHTS UNDER THE PRIVACY RULE?

- To receive adequate notice of PHI uses and disclosures.
- To know how to exercise their rights.
- To disclose only the minimum PHI necessary.
- To request restrictions on uses and disclosure of PHI and to know when that right may not be granted.
- To receive confidential communications.
- To inspect and copy the medical record, with some exceptions.
- To amend the medical record, with some exceptions.
- To receive an accounting of any disclosures, with some exceptions.

## WHAT ARE THE PROVIDERS' RESPONSIBILITIES UNDER THE PRIVACY RULE?

- To provide the patient with a written Notice of Privacy practices.
- To make a good faith attempt to obtain written acknowledgment of receipt of the notice.
- To have written policies and procedures for the use and disclosure of PHI.
- To obtain written authorization for certain non-routine uses and disclosures.
- To provide an accounting to the patient upon request for certain non-routine disclosures.
- To provide patients with access to medical records, with certain exceptions.
- To maintain written documents for a period of 6 years.

## WHEN CAN THE PROVIDER USE OR DISCLOSE PROTECTED HEALTH INFORMATION WITHOUT WRITTEN CONSENT?

When the patient consults with a health-care provider, he or she is considered to give consent for routine disclosures of protected health information for the following purposes:

- Treatment—For example, discussion with others currently providing treatment, consultation on or supervision of treatment issues, obtaining and making referrals, discussion with medical doctors.

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- Payment—For example, sending a claim to an insurance company or submitting a managed care treatment plan. Note that the American Psychoanalytic Association ethical standards prohibit the psychoanalyst from ever sharing confidential information with non-clinical third-parties without the patient's consent.
- Health-care Operations—For example, quality assessment, hospital privileges, and training programs.

The health-care provider is encouraged, but not required to notify the patient or take patient preferences into account. State law takes precedence if its requirements are stricter. In mental health practice, it is always best to inform patients of these routine disclosures and obtain their informal or formal consent.

WHEN MUST THE PROVIDER OBTAIN WRITTEN AUTHORIZATION?

Most non-routine use and disclosure of PHI require a written authorization.

ARE THERE EXCEPTIONS TO OBTAINING WRITTEN CONSENT FOR NON-ROUTINE USES AND DISCLOSURES?

Subject to state law, there may be a number of exceptions, such as those listed below, when the provider may disclose information without written consent. However, it is always good practice to inform the patient when possible.

- Danger to self or others
- Communication with family in an emergency
- Public health activities
- Prevention of abuse or neglect


- Law enforcement or court subpoena
- Research
- Workers' compensation

WHAT ARE "PSYCHOTHERAPY NOTES"?

These are notes by a mental health professional documenting or analyzing the contents of a private counseling session. Psychotherapy notes are intended to contain information that is sensitive and to be used only by the treating provider. These notes must be separated from the rest of the medical record. Psychotherapy notes may not contain prescription information, time of sessions, modality of treatment, clinical tests, diagnoses, or summary of progress. (All these belong in the official medical record.)

Psychotherapy notes may not be disclosed without a separate written authorization. Moreover, providers are not required to grant patients access to psychotherapy notes unless required by state law. Health-care plans may not make benefits conditional on the patient's authorization of the release of psychotherapy notes. It is not yet clear if psychotherapy notes are discoverable in litigation, so the absolute privacy of such notes is also unclear. This is governed by state law. Some state laws do allow more liberal disclosure of psychotherapy notes.

If you are a covered provider and need to develop these documents, most professional associations have specific guidelines and sample forms. You should consult these sources and legal counsel, as the requirements are complicated and much more detailed than I can indicate here. For more detailed information, see

the article on the members section of the APsaA website, Directions for Complying with HIPAA Privacy Standards. 

## Research Training Program

The Anna Freud Centre Program at the Yale Child Study Center announces the first New Haven Psychoanalytic Research Training Program to be held April 20-24, 2004. The program is modeled after the successful summer research training programs that have been sponsored by the IPA at University College London, for the past several years. APsaA and the American Psychoanalytic Foundation cosponsor the training program.

The program aims to provide intensive training in empirical approaches to psychoanalytic research. The faculty consists of investigators with experience in study design and implementation in the areas of development, process, and outcome.

Participants will have the opportunity to present and discuss their own research projects and goals with faculty and other attendees. The program will include practical feedback that should facilitate grant writing and fund-raising.


Applications are due by March 1, 2004 and should be submitted to Linda.Mayes@yale.edu. Questions can be directed to the same address. Applications, which should not exceed six pages, should include a brief CV, and details of the applicant's research interests and goals, current research involvement, and the project he or she plans to present at the meeting.

## Illegal Privacy Notices

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believe they lost the right to consent to the release of personal health information. After all, official looking Privacy Notices appear to say they have no rights under federal law.

HHS never intended for citizens to have to become experts on the medical privacy laws of their states. But unless citizens already happen to be experts on state privacy laws and medical ethics, they will conclude the right to medical privacy has been eliminated.

Your help is essential to correct the widespread public belief that medical privacy ended and to make sure people understand that state laws and medical ethics actually prevail. More than any other group, psychoanalysts understand the effects of privacy violations: discrimination, job loss, shame and humiliation, and the elimination of effective psychotherapy and analysis. Speak out and write. Publicize our lawsuit and our efforts to restore every American's right of consent and constitutional right of privacy. Help save privacy, a basic human right. 

## Protecting Your Computer


Paul W. Mosher

As the percentage of computer users with high-speed Internet connections gradually increases, the dangers to those connected computers are growing as well. It's your responsibility to protect your computer, particularly if you have an always-connected high-speed link to the Internet. If you are a "covered entity" under HIPAA, you are also legally

*"TechNotes" runs in each issue of TAP, with the aim of educating us about aspects of technology and communications relevant to our work.*

required by the new Security Rule (not to be confused with the Privacy Rule) reasonably to protect any computer which has any identifiable patient data on it (such as copies of letters or email you have written or received, billing information, and, of course, any clinical records). You must also document the steps you have taken to create such protection, including from unauthorized access and data loss. These steps must also include a reasonable backup plan and a disaster recovery plan. You need to do these things even if you use a slower dial-up connection.

In addition to the critical importance of always running a virus checking program, keeping the data files for the virus checker (a.k.a. "definitions") up-to-date on a weekly basis, and checking your computer regularly for "spyware" (described in the previous column), you must also be certain that your computer is sealed off from attempts to access it through the Internet. On a PC, this access could be gained through "open ports." These are not physical connections, but various protocol numbers that allow connections from other computers, including those of hackers, through your single Internet cable.

To check if your computer is vulnerable to such attacks, I suggest you use the free "Shields Up" program, which can be accessed directly from the www site of Gibson Research Corporation at <http://grc.com>. If you find that your computer is vulnerable, then you must install either a hardware or software "firewall." One well-respected free software firewall is "Zone Alarm" available at <http://zonelabs.com>. 



## Finding a Voice for Mid-Career Analysts at APsaA

Zoe Grusky

The Mid-Career Analyst Discussion Group met for the first time at the 92nd Annual Meeting this past June in Boston. The group, which plans to convene annually at the Spring meeting, welcomes graduates at any stage of their careers who have questions about their role and involvement in APsaA.

Please come to our meeting to raise any of your concerns about the mid-career phase of

*Zenobia Grusky, Ph.D., who chairs the Council Membership Committee, is a graduate of and faculty member at the San Francisco Psychoanalytic Institute. She is on the clinical and teaching faculty at UCSF and California Pacific Medical Center and has a psychoanalytic practice in San Francisco.*

being an analyst, to add new topics to our agenda, ask questions, or just get acquainted.

Three topic areas of particular interest emerged from our discussion group:


- Committee work
- Writing and presenting papers or works in progress
- Presenting unconventional cases that don't fit into defined theories

**Committee work:** Everyone at the meeting shared information and questions about the workings of various committees, who can and cannot join, and the appointment process. Lists were circulated so we could become more familiar with names and functions of various committees and explore expressing an interest in joining one or more of them.

### Writing and presenting works in progress:

We discussed procedures for presenting and discussing papers at APsaA meetings. We also talked about making this Mid-Career Analyst meeting a setting where analysts could present papers that are deliberately still unfinished or in a rough stage. This would not only motivate people but also encourage them to share and develop ideas as well as exchange views on how psychoanalytic papers can become more experimental and innovatively written.

**Presenting unconventional cases:** Several analysts raised the dilemma of where and how to talk about cases that question our usual conventions and techniques and push the limits of our assumptions about our roles as analysts. We all agreed that we needed a place where we could talk about cases of this kind in an open, non-judgmental setting. We called for discussions that go beyond the limits of theory and technique. In addition, we expressed the need for an atmosphere that was exploratory rather than competitive, plus an approach to cases that involved more acknowledgement of confusion, and acceptance of feelings about our mistakes as well as pride in clinical work that is both unconventional and controversial.

If anyone would like to present a paper or a case, contact me at 415-824-8432. 

## APsaA's Stunning New Fellows for 2003-2004

The American Psychoanalytic Association Fellowship Program is designed to bring mental health professionals in training or immediately post training, and also early career academics who are interested in psychoanalysis and applied psychoanalysis to APsaA to facilitate their exposure to our field. Seventeen individuals are selected each year from close to a hundred applicants. The biographies below of the Fellows for 2003-2004 describe a group with substantial achievement, scholarly activity, diversity of interests and backgrounds. We enthusiastically welcome them to APsaA.

**Debra Anderson, M.S.W., Ph.D.**, is an assistant professor of social work at the University of Nebraska, Omaha. Long interested in applying psychoanalysis at a macro level, she completed a doctoral



Debra K. Anderson

dissertation in public administration entitled, "The Application of Psychoanalysis to Public Organizations: Method, Practice and Theory." Since then, she has published articles about psychoanalysis and organizations in the journals, *Free Associations*, *Administrative Theory and Praxis*, and *The American Review of Public Administration*. Other research interests include organizational identity, organizational change, and the teaching of social work. A founding board member of the Center for Psychotherapy and Psychoanalysis, she serves as the coordinator for continuing education. She also maintains a consulting practice, using psychoanalysis to work with non-profit and public organizations.

**Dana Blue, M.S.W.**, is a doula and doula teacher for the Seattle Midwifery School and a psychotherapist in private practice. Blue spent more than a decade working in child welfare agencies, and in 1996



Dana M. Blue

was named Pediatric Pulmonary Fellow in Social Work at Children's Hospital and Medical Center. She is a founding member and past president of the Pacific Association for Labor Support, and founding member and longtime education committee member of Doulas of North America (DONA); as such she has had the opportunity to help shape the ethics and

standards of practice for this emerging profession. Her work has been informed by a study of British Object Relations. She credits being present for the labor, birth, and early postpartum life of many new families with a growing ability to tolerate and learn from intense affective states, and her writing and teaching reflect this understanding of primitive emotional development.

**Rebecca Brendel, M.D., J.D.**, is a graduate of Yale College, where she earned a bachelor's degree in philosophy. She earned her medical and law degrees from the University of Chicago. She is a fourth-year resident in adult psychiatry at Massachusetts General and McLean Hospitals, where she is chief resident in consultation-liaison psychiatry. Her areas of interest include law and psychiatry, psychiatric ethics, human rights and psychodynamic psychiatry. She sits on ethics committees at Massachusetts General and McLean Hospitals and is the chair of the Human Rights Committee at Massachusetts Mental Health Center. She hopes to combine her broad interests in psychiatry and law in clinical practice and public policy roles, beginning with a fellowship in forensic psychiatry during the 2004-05 academic year.



Rebecca W. Brendel

**Tiziano Colibazzi, M.D.**, received his medical degree from the Università Cattolica del Sacro Cuore in Rome in 1999. He is currently a PGY3 psychiatry resident at McGaw Medical Center of Northwestern



Tiziano Colibazzi

University. He has special interests in philosophy, molecular biology, neuroscience, and transcultural studies. He worked as a postdoctoral fellow on an Intramural Research Training Award at the NIMH Division of Cellular and Molecular Regulation 2000-01. He is also studying Spanish to become more familiar with the Latino cultural world. His goals are to combine his interest in research with his passion for psychoanalysis in the context of validation studies and to advance a synthesis of the broad but unintegrated body of research knowledge pertinent to psychoanalysis.

**Gabriele Dillmann, Ph.D.**, is assistant professor of German at Denison University in Granville, Ohio, where she teaches courses in German and Austrian literature as well as German language and culture. After studying philosophy and psychology in Heidelberg, Germany, she earned her doctorate in Germanic Languages at the University of California at Los Angeles with a dissertation on a self-psychological interpretation of the work of Austrian poet and writer Ingeborg Bachmann. At the same time, she was also studying contemporary psychoanalytic theory with a special emphasis on Kohutian self-psychology. Dillmann's current literary interests are centered in the period of German Romanticism, but further include authors of later periods whose works illuminate and enhance our understanding of the human psyche and individual pathology. She is working on a book project that investigates the conjunction of narcissistic injury and suicide in literary works of the Romantic period and beyond.



Gabriele Dillmann

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## 2003–2004 Fellows

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### **Peter Freed, M.S., M.D.**

is co-chief resident in psychiatry at New York Presbyterian Hospital—Cornell Payne Whitney Clinic. His interest in psychiatry, and the interface between neurobiology, culture, and individual psychology, began in college, where he spent several years teaching English and math to prison inmates. During medical school, he worked extensively with homeless families, and his experiences led him to become interested in correlating psychodynamic hypotheses with neurobiological findings. His senior project as a resident will be to develop a neuropsychanalytic hypothesis of adult crying that could be tested empirically using fMRI. Freed was a recipient of the NIMH Outstanding Resident Award in 2002.



Peter J. Freed

### **Adam Goldyne, M.D.**

is a fourth-year psychiatry resident at Columbia University. Goldyne completed medical school at the University of California, San Francisco. While a medical student, he helped integrate psychiatric services into a student-run homeless clinic. As a resident at Columbia, he has been very involved in medical student education. He created and now teaches a course which has become part of the third-year medical student psychiatry clerkship, entitled "Psychodynamics: Mind, Personality and Formulation." The course focuses on the clinical utility of psychoanalytic understanding for managing patients in all medical specialties. In the past year, Goldyne has received the Arnold P. Gold Humanism in Medicine Teaching Award from the Columbia College of Physicians and Surgeons, as well as the Association for Academic Psychiatry Fellowship. His clinical interests include psychotherapy, forensic psychiatry, and psychosomatic medicine.



Adam J. Goldyne

### **Michael Groat, M.S.**

is a Clinical Psychology Fellow at the Capital District Psychiatric Center, Albany, New York, and a Ph.D. candidate in the Department of Counseling Psychology at the University at Albany. Groat has helped rekindle psychoanalytic dialogue in the Albany region. As a doctoral student, he has taken a significant leadership role in working to create study groups, case conferences, and presentations on psychoanalytic topics in the Albany area. Using cross-cultural migration theory as a guide for understanding adaptation to cultural change, Groat's dissertation addresses the shifts in identity that upwardly socially mobile individuals face as they move from one socioeconomic "culture" to another. His interest in the intersection of psychoanalysis and socioeconomic cultural transition evolves from his own experience as a first-generation college student.



Michael D. Groat

### **Simone Hoermann, Ph.D.**

is a psychologist at Columbia Presbyterian Medical Center in New York, where she conducts research on the effects of psychological assessments. Born and raised in Austria, she received her Ph.D. in clinical psychology from the University of Innsbruck. A grant from that university enabled her to do a Visiting Fellowship at the Personality Disorders Institute of New York Presbyterian Hospital-Weill Cornell Medical Center. During this fellowship, Hoermann investigated health service utilization and attachment styles in individuals with personality disorders, and became interested in psychoanalysis and psychotherapy research. During her subsequent postdoctoral fellowship at the same institute, Hoermann was involved in a treatment study for borderline personality disorder, and, in this context, also investigated neurocognitive aspects of borderline pathology.



Simone Hoermann

### **David Huang, M.D.**

is a graduate of the Uniformed Services University of the Health Sciences and is currently a PGY3 psychiatry resident at the University of Texas Health Science Center, San Antonio. Originally interested in orthopedic surgery, Capt. Huang studied biomedical engineering as an undergraduate at Harvard College. During medical school he became increasingly interested in the contributions of psychodynamic theory and clinical interventions to understanding patients and improving patient care. As a PGY2 resident, he presented a paper, "Psychodynamics in Medical Education: A Medical Student's Perspective," to the American Academy of Psychoanalysis and Dynamic Psychiatry. He looks forward to the study and practice of both child and adult psychiatry.



David L. Huang

### **Meg Jay, M.A.**

is a Ph.D. candidate in clinical psychology and women's studies at the University of California, Berkeley. Her interdisciplinary dissertation—"A Feminist Object Relations and Empirical Analysis of Melancholy Gender: A Forty-Year Study of Adult Development in Women"—uses Chodorow's feminist object relations theory to add nuance to Butler's concept of melancholy gender, which was inspired by Freud's *Mourning and Melancholia*. Jay's object-related understanding of melancholy gender suggests that the relationship between gender and depression is moderated by attachment, and this relationship is examined empirically in a longitudinal study of women begun in 1958. Jay also conducts assessments and psychoanalytic psychotherapy with children and adults, teaches undergraduate courses on women and gender, and participates in a study of psychoanalytic therapeutic process.



Meg Jay

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**Madeleine Lansky, M.D.**, is a recent graduate of University of California, San Francisco/Langley Porter Psychiatric Institute, where she completed both her general psychiatry residency and child and adolescent psychiatry fellowship.



Madeleine Lansky

A long-standing interest in psychoanalysis has inspired Lansky to find bridges in her clinical work between somatic, psychiatric, and psychodynamic realms. She has served as a consultant to hospitals, medical practices, and schools regarding the management of psychiatric issues. She enjoys teaching practical, psychodynamically-informed interventions to professionals outside of the mental health care world. Lansky has research interests in intrapsychic responses to medical illness and in somatoform disorders as a projective process. She currently practices adult, child, and adolescent psychiatry in Berkeley, California. She also teaches medical students at UCSF and provides consultation to an agency specializing in psychotherapy for foster youth.

**Birgit Möller**, psychologist, is a visiting researcher in the Department of History at University California, Los Angeles. She is writing her dissertation, "Psychotherapy with Traumatized Refugee Children and Their Families," in which she analyzes psychotherapeutic treatments in an outpatient clinic for refugee children at the University of Hamburg, where she is a research associate. Her dissertation is advised by the Sigmund-Freud-Institut Germany. Möller is the project manager of a psychotherapeutic project for traumatized children in Kosovo. She is also coordinator of the Network Southeast Europe, which promotes and supports psychodynamic child psychiatry and psychotherapy in Southeast European countries, where she has organized and directed several seminars. She has been spokesperson for the German Health



Birgit Möller

Professional Network of Amnesty International, and is a member of the International Network for Interdisciplinary Research about the Impact of Trauma of the Hamburg Institute for Social Research.

**Andrés Nader, Ph.D.**,

is an assistant professor of German Studies and Comparative Literature at the University of Rochester. In 1999 he received his doctorate from Cornell University for a dissertation that analyzed, from a psychoanalytic perspective, poems written by inmates in the Nazi concentration camps. A book on the same topic is forthcoming under the title, *Traumatic Verse*. His interest in trauma studies developed from interviewing survivors of the Shoah in Berlin under the supervision of Dori Laub. His interest in psychoanalysis stems from growing up in a family of psychoanalysts in Argentina. He has published and presented on trauma, psychoanalysis, and poetry; on images of the enemy and homophobia after 9/11; and on the historical and political contexts of psychoanalysis.



Andrés J. Nader

**Ann Schwartz, M.D.**,

is an assistant professor of psychiatry and behavioral Sciences at Emory University School of Medicine in Atlanta, Georgia. Her primary clinical responsibilities are as director of the Consultation-Liaison (C/L) Service at Grady Memorial Hospital. Her primary research interests are in trauma and PTSD. She presented her research data in a poster entitled, "Trauma in the Inner City: Prevalence and Group Treatment of an African-American Mental Health Community," at the APsA 2003 Winter Meeting. She has an interest in learning more about psychoanalytic approaches to the mind in order to bring a unique perspective to her clinical and research work and provide another way of understanding the role of trauma in personality and the mind.



Ann C. Schwartz

**Adam Spivack, M.D.**, is a staff psychiatrist at Yale University Health Services and an assistant clinical professor in the Department of Psychiatry, Yale School of Medicine. Born and raised in New York City, Spivack



Adam D. Spivack

received a bachelor's degree at Yale before completing medical school at the University of Rochester and psychiatry residency training at Yale. While in college and medical school, Spivack had a strong interest in AIDS activism. He received a public policy internship at the American Foundation for AIDS Research (AmFAR) in Washington, D.C. Spivack is interested in residency training and medical student education. At Yale, he has participated in residency recruitment and served on the Graduate Education Committee and Medical Student Education Committee. Spivack has an interest in film, and is involved with Film Fest New Haven, New Haven's annual independent film festival.

**William Wood, M.D.**,

is a PGY-IV resident and the Massachusetts General Hospital administrative chief resident in the Massachusetts General/McLean Psychiatry Program. Prior to completing medical studies at the University of California, San Francisco, Wood worked as an economist at the World Bank and developed intervention programs for women with infants at risk for poor growth as a Fulbright Scholar in Chile. While at UCSF, he conducted research on screening of early childhood mental health problems. His current focus is exploring how psychoanalytic theory can inform the design of preventive mental health programs, public policy, and media campaigns to promote education about mental health. Wood is chair of the American Psychiatric Association Committee on Residents and Fellows and is a representative on the APA Board of Trustees. His passions include playing the bass, composing music, and learning Chinese.



William C. Wood



# Diagnosis: Arrogance and Exclusivity

## Treatment: Public Information, Humble Pie, Outreach

Strategic marketing studies, strategic plans, retreats, and task forces are all tools organizations, including ours, use to promote change. A couple of years ago, APsaA invested heavily in a strategic marketing project, coordinated by committee chair Glenn Good and professional consultant Lee Zacharias. The report, formally issued in August 2002, delivered the distressing news that as an organization and a profession we are seen by non-analytic mental health colleagues as arrogant, close-minded, elitist, exclusive, unwelcoming, and insular. Some of us were shocked, others not surprised, others probably not interested.

The problem with such big investments in organizational change is follow-through. And follow-up. Does change actually occur after a plan or a retreat or a task force report? Does a diagnosis lead to treatment? The last TAP included a report by Allan Compton on the Omnibus Science Initiative, a plan to increase the presence of psychoanalytic science within our organization that culminated in a set of recommendations in 2000. The report card on the effectiveness of the Omnibus Science Initiative is excellent.

How have the findings and recommendations of the Strategic Marketing Report fared in the year since their delivery? At an all-day symposium on marketing held at the June 2003 APsaA meeting, a gathering of experts each gave an answer to the question: What struck you most about the strategic marketing report?

Mel Bornstein, the sole analyst on the panel, urged that we give attention to the meanings and motivations among members that contribute to the situations cited in the marketing report. Bornstein described a pervasive *insular attitude* that he feels is antithetical to the genuine ideals of psychoanalysis and our organization and leads to splits and difficulty dealing with narcissistic injuries, humiliation, and betrayals.

Author/social historian Douglas Kirsner wondered: Were our problems due to an authoritarian structure left over from *fin de*

*siecle* Vienna? He pointed to other possible themes. The data of psychoanalysis are based on secret relationships, causing knowledge to be transmitted "esoterically." (The dictionary definition of "esoteric" is "private, secret, belonging to the select few.") Analysts as a group are self-preoccupied and tend to not pay sufficient attention to outcome or effectiveness, says Kirsner. This internal focus, Kirsner believes, leads to haughtiness and causes people to see us as unintellectual. Fundamentally, there is too big a gap between the level of *claimed knowledge* and *actual knowledge*. Claimed knowledge is the basis of accreditation, certification, training analyst anointment. Our hierarchical structures are rife with this. Kirsner's prescription: We must change the organizational mindset vis-à-vis claimed vs. real knowledge.

Bernard Gertler is a group relations expert and an analyst with the William Alanson White Institute. He charged us to pay more attention to group processes within our organization. The individual model of psychoanalysis overemphasizes the individual at the expense of the organizational levels of understanding. Gertler's main point was that we have many competing tasks that should be clearly articulated. A systems framework is needed to understand our problems more thoroughly, and there needs to be greater permeability between the organization and its external environment.

Sybil Stershic, speaking as a marketing professional, explained the special features involved in marketing a service such as analysis or training. Services, as opposed to commodities, are intangible, created and consumed simultaneously, time-perishable, and have uneven quality because of human factors. Consumers evaluate services based on reliability (doing what was promised), assurance (conveying trust and confidence), tangible factors (e.g., clean, attractive spaces), empathy (do staff care?), and responsiveness. This list highlighted the crucial task of evaluating our potential patient's or student's experience from initial point of

contact (publication or phone call) through delivery of service. Summarizing Stershic's perspective in a report to the membership, Jim Hansell, who chaired a briefer symposium based on the all-day session at the June meeting, reported on the symposium's finding to the membership. He said, "We need to be aware that every interaction we engage in represents our 'brand' and shapes our public image."

What has happened concretely since the marketing report was issued to address the issues raised? On a national level:

- We have a new quarterly publication, *Forward!*, edited by Sandy Walker, that reports on "best practices"—successful local outreach and marketing efforts that are exportable to other locales.
- APsaA hired Dottie Jeffries as staff director of Public Affairs.
- President Newell Fischer has been traveling around the country visiting nearly 40 societies and institutes and holding town meetings to present the report and discuss local responses. Newell shows a video of the non-analyst mental health professional focus groups, where our colleagues dissect us in most unflattering terms.
- Each TAP is now reviewed by a board member looking solely for unwitting instances of "arrogance." Our aim is to have one of the organization's most visible publications avoid unwitting instances of arrogance or exclusivity in our language or focus.
- A new membership proposal is in the works, with the aim of making it easier for non-APsaA graduates who are qualified analysts to join the organization.
- A network of local analysts has been established to promote marketing and outreach locally and to share ideas.
- Training workshops in marketing, as described above, are held annually at the national meetings. A new brochure on child analysis has been published.

*Continued on page 38*

## Thurber Interview

Continued from page 4

no longer around. What I was surprised by, both during my time in these houses and once I got back home, was how much I had personally identified with these structures. I have often thought of constructed space as another kind of body, especially these domestic dwellings that have been witness to human drama and activity of all sorts. As a middle-aged woman, I found these spaces particularly poignant and easy to relate to—one middle-aged body to another older one, a body in decline. In some way I felt that by photographing these spaces, I was bearing witness and paying homage to lives that I knew nothing about and to the structures, the bodies that had housed them.

The analytic offices were very different. First of all, I was dealing with spaces that were still very much inhabited and inhabited by many, many people. And I was dealing with objects, and objects, like space, have a charge and strong presence of their own. So I felt that I was definitely dealing with a situation that allowed less room for my own projections. In some sense, I felt that I had come full circle to the first images that I made in my grandmother's house a few decades earlier.

*Q. Tell me a little about light. Photography is about light. It pulses in the analytic office and the window of the abandoned house.*

A. Light has always been an important element in my interior work. I trace that to a series of images that I made around the death of my close friend and surrogate mother, Anna Stearns. When Anna died in the late 80's, I went into her home to make a record of it. Without thinking about it, I made one set of images before the furniture was removed and then went back in once the house was stripped to make another set. I was stunned to discover that the images of her house with all the furniture removed spoke more about her spirit than the furnished shots did. I think it had a lot to do with the way the light raked throughout these spaces. It felt like the light was a stand-in for her presence. She was an amazing person, so it made perfect sense to me that she would show herself in such a way.

*Q. Roland Barthes wrote of the photograph, "Its testimony bears not on the object but on time." Abandoned houses and psychoanalysis are both about time.*

A. When I think about the abandoned homes, I definitely think about time, a time that is no longer. When I think about the analytic interiors, I think about the notion of time in a different way. There seems to be a way in which the process of analysis involves suspending time in the linear sense. The energy in the offices I photographed often manifested itself as a palpable sense of immediacy and anticipation, very different from what I experienced in the abandoned homes. Having said that, there is a way that time seems to stand still in these abandoned structures that feels similar to the kind of suspension of time that I talk about in the analytic offices.

APSA

## BPSI Library National Remote Resource

The Hanns Sachs Library and Archives, a part of the Boston Psychoanalytic Society and Institute, welcomes analysts outside the BPSI community to become a Friend of the Library. Library Friends have borrowing privileges and are able to visit the library and use the extensive collections, both in person and remotely. To see what the Sachs library contains, go to the BPSI website at [www.bostonpsychoanalytic.org](http://www.bostonpsychoanalytic.org) and enter the library page. Click on "access the library collection." The library continues to acquire new journals and books. It has recently acquired the capacity to allow remote access to ten or so of their subscription journals. For information on becoming a Friend of the Library, contact librarian Vivien Goldman at [library@bostonpsychoanalytic.org](mailto:library@bostonpsychoanalytic.org) or phone at 617-266-0953.



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## The Curriculum Column

We at TAP are pleased to introduce a new column that we hope will become a regular feature. Each "Curriculum Column" will take up different aspects of the psychoanalytic curricula from our various training programs around the country. By making this information more available through TAP, we hope to provide candidates and analysts with useful information that can enrich their discussions about educational planning. Please let us know if you would like to feature some aspect of your curriculum in a future column, or if there is another topic you would like us to consider. We welcome your reactions and recommendations.

Lee Jaffe (LeeJaffe@compuserve.com)



### curriculum

## Beginning with Freud

Lee Jaffe and Ellen Rees

Several years ago, the Project 2000 Commission of the Board on Professional Standards (BOPS) investigated the educational methods of our APsaA institutes. Among other things, institutes were surveyed about the inclusion of Freud's writings in the curriculum. Most institutes presented Freud in well-developed, specific courses, but no longer in the spirit of Talmudic scholarship. Some institutes organized courses around the historical development of Freud's thinking, others focused on basic concepts and topics, and a few sought to understand how Freud derived his theories from his clinical observations. In general, the trend seemed to be to read Freud more sparingly than in the past. While his writings were still considered to be essential reading at most institutes, the manner in

which Freud's thinking and theorizing were included varied considerably.

### CHOICES

Because the field of psychoanalysis continues to evolve, rethinking the curriculum in analytical training programs will be an ongoing effort. Deciding on the most effective ways to teach Freud's ideas will continue to be an important part of reworking that curriculum. The educational goals, pedagogical approaches, and faculty resources of an institute will influence choices about which of Freud's writings to include, when to include them, and in what ways. For example, a curriculum committee might choose to emphasize the historical development of Freud's thinking or to emphasize his way of thinking, how he derived his conceptual formulations from his clinical observations, or to emphasize his ideas and concepts that are considered essential to contemporary psychoanalytic thought.

Curriculum committees might use other criteria as well. Favorite papers by Freud might be chosen, or those deemed to be the most significant of his contributions, or those that best demonstrate the emergence of a model of mind, of a concept, clinical phenomenon, technique, or cultural observation. Whichever strategy is decided upon, the more candidates

know about the thinking that went into choosing the Freud that they read, the better they will be able to understand his ideas, and the better they will be able to integrate Freud's ideas as they learn about psychoanalysis.

As an illustration, consider an educational strategy that emphasizes Freud's relevance for contemporary psychoanalytic thinking. While analysts may not share a consensus, some agreement is likely if we try to articulate Freud's essential contributions to current psychoanalytic theorizing. Compiling such a list could be of help to institutes in planning their curricula and their bibliographies, particularly new institutes and those with limited resources.

As a start, consider the following four contributions:

- Freud recognized the primacy of unconscious mental life, of psychic reality, and unconscious fantasy.
- He elaborated a theory of unconscious motivation and defense, developed the concept of a dynamic unconscious, and delineated its operational rules.
- He discovered that dreams were motivated, had meaning and could be interpreted.
- He also made the body integral to psychoanalytic theory.

To initiate this column, we are planning several articles that we hope will stimulate discussion about various ways to teach Freud's monumental contribution to psychoanalytic knowledge. We will present different points of view along with some examples of Freud's papers to illustrate a given approach. In future issues, we will cover other topics and share examples of curricula from various institutes.




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Lee Jaffe, Ph.D., is senior faculty at the San Diego Psychoanalytic Institute, editorial associate for JAPA, a member of the editorial staff of TAP, and a member of the Project 2000 BOPS Task Force. Ellen Rees, M.D., is a training and supervising analyst and former chair of the Curriculum Committee at the Columbia Center for Psychoanalytic Training and Research. She is on the Editorial Board of JAPA and a member of Project 2000.



## New Committee to Promote Psychoanalysis through the Arts

Laurie Wilson

The American Psychoanalytic Association has decided to establish a Committee for Arts and Psychoanalysis. I have been asked to chair the group.

The committee's mission will be:

- To promote outreach through interdisciplinary work in the arts and psychoanalysis.
- To create a cadre of professionals who can publicize the value of a psychoanalytic approach in the arts by identifying and creating teams of analysts/arts professionals in each field: music, visual art, performance/drama, film, and literature.

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Laurie Wilson, Ph.D., *earned her art history doctorate from CUNY. Trained at NYU Psychoanalytic Institute, she is faculty member and clinical associate professor of psychiatry, NYU Medical Center. She practices in New York City. Her recent book is *Alberto Giacometti: Myth, Magic and the Man*.*

The initial goals for these teams will be to identify current and forthcoming events about which conferences and symposia could be organized. Additionally, the teams might contact university departments to arrange for a variety of other interdisciplinary activities and to promote teaching that includes a psychoanalytic perspective. The teams will be invited to set other goals according to their expertise and positions in academia and the art world. The committee will put together a speaker's bureau prepared to participate in museum exhibitions, lecture series, and other public events.

The committee, which will be under the Division on Societal Issues, was the brainstorm of Kerry Sulkowicz, who initiated the proposal. It has already generated considerable enthusiasm within the organization.

The membership of the committee thus far includes: Leon Balter, Frank Baudry, Hillary Beattie, Harold Blum, Vera Camden, Bradley


Collins, Stuart Feder, Phillip Freeman, Bill Jeffrey, Esther Dreifuss-Kattan, Donald Kuspit, Janice Lieberman, Peter Loewenberg, Rose Carol Washton Long, Humphrey Morris,



Laurie Wilson

Julie Nagel, Louis Nagel, Martin Nass, Nancy Olson, Lois Oppenheim, Gilbert Rose, Alina Rubenstein, Fred Sander, Paul Schwaber, Nellie Thomson, and Joann Turo.

There are undoubtedly many more APA members with a strong interest in the arts. I am hoping that they will want to participate in this broad effort that can simultaneously serve as outreach and ongoing development in interdisciplinary work.

To be effective, we shall need both psychoanalysts and individuals from the arts and academia. I expect to begin with a small working group but expand as time goes on. Please contact me if you or anyone you know might be willing to be part of this activity, [laurie.wilson@nyu.edu](mailto:laurie.wilson@nyu.edu). 

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## Crisis on Our Threshold

*Continued from page 3*

"We should not do things in a piecemeal fashion!" Such a position proposes that we avoid any changes in our current governance or the way we function because such changes will undermine and confuse the more comprehensive planning process now unfolding. The contention is a piecemeal approach will result in a patchwork of alterations that will prove contradictory and inconsistent with a broader plan of governance. I fear this reasonable-sounding proposition is a prescription for organizational inertia.

Yes, we may have to undo or modify changes implemented now if they prove to be inconsistent with a more comprehensive reorganization plan. But the difficulties that may eventuate are far less dangerous than the prospect of treading water for the three


to five years needed to complete a comprehensive reorganization plan. For instance, we must move forward NOW in opening new avenues for membership, and for developing new alliances with groups that do not fit our mold. These efforts may well require amendments to our bylaws. We must rethink our financial priorities if we are to seriously invest in the future and do effective outreach. We must strive for a greater level of professionalism within our Association and develop our organization's infrastructure if we are to meet the future—before it is behind us. We simply cannot afford to wait for a comprehensive organizational plan to take form and congeal.

If we continue to wait until June 2006 (less than 3 years from now) and do not aggressively and effectively market ourselves, find new avenues to membership, and interest and facilitate young people to seek training, we

can predict that by then our organization's demographics will look like this:

- The average age of our total membership will be 65
- The average age of our TA's will be 73
- 14% of our members will be 80+
- 30% of our members will be 70+
- 28% of our members will not be paying dues

This is alarming! A professional association with these demographics will be unable to support an aggressive, creative, and forward-looking agenda.

Though introspection and contemplation have great appeal in our professional lives, our vitality and indeed our survival will require risk taking, innovation, and some *chutzpah*. We must carefully and thoughtfully plan for the future, but at the same time boldly deal with the challenges and crises that are on our threshold. 

# An APsaA Fable for Our Times

Ronald M. Benson

## THE CHALLENGE

Once upon a time in a galaxy far, far away, a group of psychoanalysts realized they needed to reorganize their association. They were all intelligent and learned as well as committed people who were each devoted to their individual views of psychoanalysis. They wanted to call the new association APsaA and wished it to be representative, comprehensive, and inclusive. They also wanted it to value and promote high-quality standards, excellent education, careful and verifiable research, and pluralistic theoretical positions. They further wanted it to be national in scope; compatible with other national, local, and free-standing organizations devoted to similar ideals and interests; and to be part of an international organizational structure.

They wanted it to be a home for local organizations of similarly minded individuals, some of whom were devoted to professional and membership services, some more interested in educational and academic matters, and some to both. They wanted it to be collegial and user-friendly and to be responsive and dedicated to the public interest, especially in clinical and ethical matters. Pragmatically, they wanted a streamlined, democratic, professional governance and management system. They wanted it to conform to all applicable laws, local and national, and to the laws and customs in every state where it operated. Finally, they wanted it to be fiscally responsible and economically affordable.

## THE COMPLICATIONS

The preceding organization had almost 100 years of history and a structure that was last revised nearly 60 years ago. Its members and the local organizations that were included in the national body were distributed from coast to coast and from the far north to the deep south. Each local organization had a unique history and all were quite different from one another despite being roughly similar in function.

Ronald M. Benson, M.D., is chair of the Board on Professional Standards.



Ronald M. Benson

The stakeholders in the organization were from differing educational backgrounds, had different degrees, and were diverse in gender, nationality, ethnicity, as well as racial, economic, and social backgrounds. Their ages ranged from fairly early adulthood to quite old age. Some were clinicians, some researchers, some academics, some authors. Some were deeply involved with psychoanalysis as a primary professional (and personal) identification. For others, it was only a part, sometimes a small part, of their identity.

Furthermore, many didn't really know one another very well. They often only knew each other through statements made on emails, positions taken publicly on political or governance issues, offices held, or occasionally through articles written for publication, some many years ago. Some only knew each other via rumors, gossip, or innuendo. Most had never had the opportunity to really sit down with one another to discuss their ideas, philosophies, backgrounds, worries, or hopes. Sound bites were more usual than deep conversations or extended personal relationships.

For those who did know each other well, many had formed alliances based on friendship or other common characteristics that resisted alterations in "their organization," even when good ideas for change were developed. They may even have been the teachers or students of one another. Some had been in analysis with others who were now their fellow stakeholders.

With all this disparity, consensus was elusive.

## THE TRANSFORMATION

Yet, somehow, a great transformation took place. Every stakeholder remembered that they and their fellow stakeholders were colleagues and were all devoted to psychoanalysis. They addressed their own motivations and

tried to assume the most mature attitudes possible. They reflected upon the forces, inner and outer, that compelled them toward their present attitudes and opinions. They did their best to separate past from present, inner and outer, fantasy and reality.

## THE OUTCOME

So the stakeholders wisely chose fair and respected representatives to develop an architecture for their newly constituted organization. They adopted a detailed plan for constructing the organization in its new configuration. Everyone agreed to put their cherished, personal beliefs, identifications, and allegiances aside and really listen to one another's points of view. They agreed to be open-minded and not play identity politics, the politics of radicalism, the politics of demonizing people or positions, or the politics of favoring tactical victories over long-term solutions based upon careful consideration of novel ideas and of wise, principled compromise and consensus. They all agreed and acted on the premise that immediate personal advantage was always to be subordinated to the greatest good for the greatest number for the long term. Partisanship was seen as an impediment to the eventual good and not a virtue.

The stakeholders devoted a large amount of energy and their communal financial resources to getting the best and most objective advice they could about the possible options available to achieve their common goals. They were sufficiently patient so that all proposals were thoroughly discussed and debated until all points of view had been heard and all pros and cons illuminated. When the process had ripened and the final proposals and alternatives were brought forth, each variation was impartially considered and the stakeholders voted their fully informed convictions.

Naturally they succeeded and all issues yielded to wisdom and common sense. After the vote was tallied and a decision reached, everyone united and worked diligently to make the consensus and majority decision work optimally.

Of course, the consensus decision turned out to be the best, worked exceedingly well, and accomplished all of the aims of the stakeholders.

And they all lived happily ever after. 

## Dean Stein Arrives to Take Administrative Helm as Executive Director

With an annual operating budget of \$2 million, a national office staff of 13, and the anticipated 2004 retirement of veteran and beloved administrative director Ellen Fertig, APsaA stood in need of a highly experienced professional organizational director: New Yorker Dean K. Stein, formerly deputy executive director of the charitable Dyson Foundation and previously executive director of Chamber Music America, a national, membership-based arts organization, was selected by the search committee. The Council approved his hire in June 2003, and he arrived for work in November:

Stein's tenure at Chamber Music America featured the impressive feats of increasing the organization's earned income tenfold and its individual membership by a factor of six.

In the months just before Stein's arrival, APsaA's electronic and paper communications pathways were replete with references to "we'll wait for Dean Stein to help decide this ...," testifying to the eagerness with which his arrival was anticipated. Issues that awaited him include a major overhaul of our organizational website, assisting the American Psychoanalytic Foundation with problems of staffing, organization, and fundraising, and less reliance on consultants in various areas.

TAP interviewed Stein in the weeks just before he began work at the organization:

*Q. When you first noticed the job posting, what was your reaction when you saw it was a psychoanalytic organization? Had you much of a preconception about psychoanalysis or psychoanalysts?*

My first reaction was: (a) this is a professional membership association and I've had a great deal of experience leading similar kinds of organizations; (b) the membership is comprised of people who are committed to helping other people—that sounds like a group I would want to devote my energy and expertise to; and (c) from my limited knowledge of this field, it appears that there is important work to be done and that seems like a valuable challenge. I have a number of close friends

who have gone through analysis and it was always a fascinating process.

I've always placed a high priority on working with interesting and interested people and the Association certainly seems to fit the bill.

*Q. What will be your first priorities when you arrive, besides getting oriented and getting to know people?*

I don't think getting oriented and getting to know the people should be minimized. This is an organization with a long and distinguished history. It is also an organization defined by an extraordinarily involved membership. I see my first priority as making sure I understand the history and getting to know as many members as possible. A membership organization like APsaA must reflect the interests and concerns of its members. I can only be effective to the degree that I understand those interests and can work to realize them. Having said that, it seems clear that a top priority will be working with the volunteer leadership to help move the Association back into legal compliance regarding its governance and use that process as an opportunity to determine the best operational structure for the organization. Beyond that, I would hope that my experience of leading other membership associations will allow me to free up the hundreds of APsaA members from the organizational/administrative work they've been doing on behalf of APsaA and allow them to concentrate on the truly important issues facing the field and the Association.

*Q. What do you see as our biggest problem(s) organizationally?*

From my limited interaction with Association leadership so far (and as I alluded to above), working with the leadership to move the organization to a place where it is in compliance with not-for-profit law appears to be an issue that needs addressing immediately. In doing so, I would hope that the various membership interests will feel well represented,



Dean Stein, APsaA's new Executive Director, Arrived November 3.

while at the same time the Association will function more smoothly.

*Q. What has impressed you most about our group; what are our assets from your perspective, looking at us from the outside as someone with a great deal of experience in non-profits?*

There have been many things that impressed me about the Association. First, the members appear to be an incredibly committed group; they care deeply about their profession, about helping people, about the future of the field, and about the health and strength of their membership association. Second, the members of APsaA are all highly educated and thoughtful people—that allows for an extremely high level of discussion to take place.

At the Steering Committee meeting in October, several people commented that the move to an executive director versus an administrative director reflected the ongoing development of the organization. Skills in development (fundraising) and technology development are, for example, more commonly expected of an executive director as opposed to an administrator:

—Prudy Gourguechon

# Calendar

## Upcoming Meetings

### WINTER 2004 MEETING, AMERICAN PSYCHOANALYTIC ASSOCIATION

New York, New York  
January 21-25, 2004

For information:

Phone 212-752-0450

Website <http://www.apsa.org>

### WORKING AT THE FRONTIERS Annual Congress, International Psychoanalytical Association

New Orleans  
March 10-14, 2004

Website <http://www.ipa.org.uk>

### XIV IFTA WORLD FAMILY THERAPY CONGRESS

Istanbul, Turkey  
March 24-27, 2004

For information:

E-mail [info@ifta2004.org](mailto:info@ifta2004.org)

### 93RD ANNUAL MEETING, AMERICAN PSYCHOANALYTIC ASSOCIATION

San Francisco, California  
June 23-27, 2004

For information:

Phone 212-752-0450

Website <http://www.apsa.org>

### PSYCHOANALYSIS AND THE HUMAN BODY: BEYOND THE MIND-BODY DUALISM 6th Delphi International Psychoanalytic Symposium

Delphi, Greece  
October 27-31, 2004

For information:

E-mail [Delphi@med.upatras.gr](mailto:Delphi@med.upatras.gr)

Website <http://delphi.med.upatras.gr>

## Kenneth Calder, M.D., 1918–2003

Kenneth T. Calder, who served as APsaA's president in the late 1970's, died on April 23 at the age of 85. Before he became aware of early signs of Alzheimer's disease a few years ago, he had been enthusiastically engaged in analytic practice and teaching, and deeply involved in the work of several local, national, and international psychoanalytical organizations, often as a leader. Typically, Calder bore the sufferings that life imposed stoically, with an outwardly unemotional acceptance, speaking of them as factual. He was rather allergic to pleas for sympathy, to demands for help—for *himself*.



Kenneth Calder

His realization that he needed to retire from active professional work was the second great blow Calder had endured in recent years. The first was the long illness and death of his wife, Abby Knowlton Calder. Knowlton, a much honored physician, was the mainstay of his life. Their love for each other and the regard each felt for the other's qualities of heart and mind, their significant accomplishments and contributions, were evident to all who knew them. The differences in their origins, temperaments, social and conversational ease enriched them both. Each sparkled with pride and pleasure when speaking of the other.

Calder was born in northern Michigan into a working class family. He achieved his education largely by his own efforts; these included caddying on golf courses as a boy. He developed into an expert, but unusually unboastful, golfer. He had his first psychiatric training in Cincinnati in its psychoanalytic heyday. Coming to New York after two years as an Army psychiatrist, he completed psychoanalytic training at the Columbia Center, and subsequently repeated the academic program at the New York Psychoanalytic Institute, graduating in 1954. He was a training and supervising analyst at New York and later also at Downstate, now the N.Y.U. Psychoanalytic Institute. He was chairman of the Committee on Psychoanalytic Education of the American Psychoanalytic Association from 1969 to 75, and was president of APsaA from 1976 to 77. He was also treasurer and a vice president of IPA.

Among the great pleasures and rewards of his life, one thinks of his love for and pride in his children, Mary and Tom, his cottage in the countryside of West Virginia, long evenings spent in conversation with friends in his home, accompanied by his wife's superb dinners and wines he selected, often with an eye to their worth, a residue, perhaps, of the financially straitened boyhood he never forgot. He glowed on seeing the pleasure he could give others.

Although his manner tended to be reserved, he could be fiercely critical of those whom he believed failed to live up to the high standards of character he set for himself—of honesty, modesty, and authenticity. In his stirring address to the American Psychoanalytic Association upon his retirement as president, he told his colleagues about his own approach to self-analysis, including revealing glimpses of what he regarded as weakness, moral imperfections, remarks he regretted making, actions he wished he could take back. He told a dream and showed, again with extraordinary candor, how the image of his former analyst and a continuing transference relationship were represented in it. It is a classic psychoanalytic paper, memorably portraying Kenneth Calder at his best—intellectually ambitious, truthful, courageous.

—Shelley Orgel

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## Chair of Psychoanalysis

Continued from page 10

Finally, there is Leo Rangell, who has held the title of chair of psychoanalysis since 1971. He had been clinical professor of psychiatry at the University of California, Los Angeles, for over 20 years. In 1976, when he was appointed to the faculty of a second University of California campus, in San Francisco—at that time the only double appointment in two branches of the University system—he was named clinical professor of psychiatry (psychoanalysis). Visiting professorships are another related category of honoring psychoanalysts in academia. The Heinz Kohut Visiting Professorship at the University of Chicago, named after a psychoanalyst rather than the field of psychoanalysis, was reported to TAP by Jonathan Lear, one of the professors associated with the sponsoring group. Leading thinkers are invited for a year to enhance a strong psychoanalytic cadre of professors already teaching at the University of Chicago under the rubric of the Committee on Social Thought, chaired by Robert Pippin. Appointments have included Stanley Cavell from Harvard, Robert Hirschelwood from London, Robert Paul from Emory, and Bennett Simon from Harvard. Future honorees are John Riker from Colorado College (philosophy) and Mark Solms from the Anna Freud Centre, London.

The number of chairs of psychoanalysis is not large. Some of these positions have been held through many of the lean years of value for psychoanalytic thinking. But also new appointments have been increasing since the 1990's into the new century.

Taken together, these represent outstanding people in our field. Their recognition clearly reflects on their own exceptional work. More than that, each of them without question strengthens the presence of psychoanalysis in academia and well beyond.

The discussion has focused on psychoanalysts who are in positions that directly identify psychoanalysis. Not to be overlooked, however, are the many analysts who function in academia in positions of honor and influence without the title of "chair in psychoanalysis." 

## Organizational Consultation

Continued from page 12

First, "start from where people are"—eliminate any preconceived notions and listen.

Second, "double-task"—the content is the primary task and the process is the secondary task.

Third, "balance and optimize"—pay attention to the swings and round-a-bouts, the positives and negatives, in the larger picture of the situation.

A lively discussion followed the speakers' presentations. Harry Levinson, reflecting on his fifty years of practicing and teaching organizational consulting, recalled the resistance to his early interest in this area. He highlighted three areas of particular importance:


First, like cultural anthropologists, consultants must immerse themselves in the culture of the field that they are studying.

Second, take the time to systematically study the organization with some formality and make a diagnosis of the problems.

Third, there is the continuing need for the problems in psychoanalytic institutes to be carefully investigated. That is the only way to diminish repetitive patterns of splitting and splintering.

Erik Gann asked whether the panel recommended that the prospective organizational consultant specialize in a particular size or type of organization. Eisold commented that he consults primarily with professional

organizations, rather than businesses. Gold stated that he consults largely to health care organizations, an area with which he has much familiarity and experience. Businesses tend to be empirical and data-driven and it is sometimes hard to get psychoanalytic concepts "under the radar."


Eisold said a future conference is planned where an organizational consultation case would be presented and discussed. 

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## Strategic Marketing

Continued from page 30

- Continuing, innumerable public information successes including the special edition of *U.S. News and World Report* that features Freud, Einstein, and Marx; Kerry Sulkowicz's appearing in *Real Simple*; *The New York Times*; and coverage of the Winter 2003 meeting in *Psychiatric News*, *The Wall Street Journal*, and *Clinical Psychiatry News*.
- APsA's overall graphic image has been totally revamped, showing up in our new logo, TAP, *Forward!*, and other publications. Designer Andrea Schettino's graphic design is meant to convey a more modern, open, and congenial image.

There's a great deal more to be done. The main task is not to forget that the problem needs ongoing, targeted action. 

## Menninger Clinic Library Now Available in Houston

The Menninger Foundation donated its world renowned library to the Houston Academy of Medicine—Texas Medical Center (HAM-TMC) Library in June 2003, the HAM-TMC Library announced in August.

The gift included a clinical library, a historical and rare book collection, and complete runs of the Menninger publications. The clinical library is a wide-ranging collection of books on psychoanalysis, psychiatry, psychology, community mental health, pastoral counseling, and social work. One of the rarest historical volumes is a 1783 German edition of Andreas Vesalius's anatomy. Archives of the Menninger Clinic and Foundation, which date to 1919, will be in the Historical Research Center.

The Menninger Clinic relocated this year to Houston and now is part of the Baylor College of Medicine. Baylor in turn is one of two medical schools in the Texas Medical Center, a self-described "med-tropolis" comprising some 42 health-care institutions.

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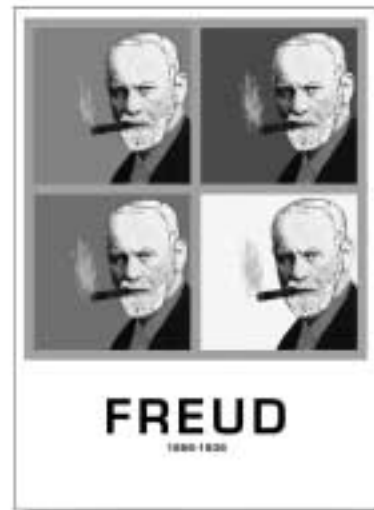
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## AFFILIATION CATEGORIES FOR EDUCATORS, STUDENTS, PSYCHOTHERAPISTS, RESEARCHERS

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

**EDUCATOR ASSOCIATE**—available for teachers and administrators at all levels of education, pre-school through college, who are interested in the application of psychoanalytic principles in classrooms. Any educator who is sponsored by a member of the American Psychoanalytic Association is eligible. *Yearly enrollment fee: \$25.00*

**PSYCHOTHERAPIST ASSOCIATE**—available for psychoanalytic psychotherapists with a minimum of a master's level degree and licensed and/or certified by the state in which they practice. Individual Psychotherapist Associates are listed in a National Directory of Psychotherapist Associates, prepared annually. *Yearly enrollment fee: \$50.00*

**RESEARCH ASSOCIATE**—available for research scientists, research oriented clinicians and others with an interest in psychoanalytically oriented research. The sponsoring committee will facilitate presentations of research at psychoanalytic meetings. *Yearly enrollment fee: \$40.00*

**STUDENT ASSOCIATE**—available to medical students, psychiatric residents, psychology, social work, and graduate students of all academic disciplines. *Yearly enrollment fee: \$25.00*

Standard benefits provided to associates in all the above categories include reduced APsaA meeting registration fees, advance notification of meetings, and subscriptions to this newsletter. Reduced subscription rates to the *Journal of the American Psychoanalytic Association (JAPA)* are also available.

Contact APsaA's national office for more information: 212-752-0450 ext. 26. Email: [membership@apsa.org](mailto:membership@apsa.org). Or go to the APsaA Website, [apsa.org](http://apsa.org), to download the latest brochures.



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