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Bridging Psychoanalysis and Human Rights

An Interview with Mary S. Sigourney Award Winner Sverre Varvin

Christine Ury

One recipient this year of the Mary S. Sigourney Award, the highest international honor for contributions to psychoanalysis, is Sverre Varvin. Varvin, a Norwegian psychiatrist and psychoanalyst, has been busy building a bridge between psychoanalysis and human rights. Along with chairing the International Psychoanalytical Association (IPA) Working Group on Terror and Terrorism, Varvin has been active with the Norwegian Medical Association Committee on Human Rights since 1997, and has chaired it since 2000.

In cooperation with the World Health Organization, the committee has done extensive work in the Balkans re-establishing contacts broken during the wars between medical associations and setting up programs for psychosocial rehabilitation of war-traumatized patients who had been tortured and degraded. Varvin and his committee have extended this kind of work, creating treatment centers for tortured and severely traumatized patients in Turkey, where there are human rights violations; and in China, as non-governmental organization (NGO) experts, leading human rights dialogues on prison health, the education of prison doctors and health staff, and the rights of prisoners. The committee developed the work in Turkey into an online course on



Sverre Varvin

detainee health and human rights, which was launched by the World Medical Association in September 2004.

In the process of bringing a psychoanalytic understanding to the negotiating table with government officials, diplomats, and the like, Varvin has integrated his experience with human rights activities into psychoanalysis. His numerous writings on psychoanalytically-informed treatment of trauma patients and on terrorism and genocide have broadened our understanding of the dynamics and effects of the most disturbing—what is often referred to as evil—aspects of human behavior.

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Christine Ury, D.Ps., is international editor of TAP.

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The Evolution of a Strategic Plan

Jon Meyer



Jon Meyer

It has been said that the American Psychoanalytic Association is a family—cohesive, quarrelsome, proud, and united by a powerful common history. I have had the pleasure of visiting many branches of our extended family. At every stop, I was welcomed and trusted—sometimes with sensitive material. I have spoken to our members, listened to colleagues, participated in society and institute councils, met boards of directors, participated in developing centers, helped in planning for state-level political action, and celebrated new psychoanalytic facilities. I have been in Chicago, Boston, Cleveland, Atlanta, and New York. Trips to Portland, Milwaukee, and St. Louis are already planned, and other travels are on the horizon.

These visits always remind me of the privilege of being a member of this family. They also renewed my conviction that we must open our doors to our psychoanalytic kin in North America, Latin America, and Europe. An extended family makes things richer and we need to see more of each other. With this in mind, plans are currently underway to make our North American, European, and Latin American colleagues as comfortable and welcome in our meetings as we have been in theirs. We also need to extend our family and will soon also be welcoming new members. The Membership Requirements and Review Committee, created as a result of last year's bylaw amendment after unanimous support from Council and BOPS, is up and running. It is working with the Joint Task Force on Expanded Membership Criteria to ease the way to membership for serious analysts.

Jon Meyer, M.D., is president of the American Psychoanalytic Association.

As you are aware, our organization is in the midst of several groundbreaking planning and reorganizing initiatives. The overarching purpose of these initiatives is not only to expand and enhance the family but, since psychoanalysis, psychoanalysts, and the Association face challenges, to make the most effective use of our intellectual, human, and financial resources. Like any family with a rich and important history, we must ensure our legacy for our descendants—the psychoanalysts of the 21st century.

GOVERNANCE: A STRATEGIC INITIATIVE

In my last column, I noted that one strategic initiative is called "governance," an initiative charged to the Task Force on Reorganization. It is a strategic initiative because, while necessary changes have a little to do with New York law, they have a lot to do with organizational effectiveness and capacity. Our present governance made sense when we were smaller and internally preoccupied, with no competition or challenges—scarcely current circumstances. The Task Force on Reorganization has the mandate, parameters, responsibility, and a limited and tight time line to recommend facilitative changes across executive, educational, and board of directors' structures. In the conviction that governance is not well understood, I have encouraged the task force to put forward preliminary versions of its concepts for discussion purposes. I will also do my best to help encourage discussion.

In the interest of that dialogue, I believe we need facilitative changes in governance, for example, because the executive functions of the officers are structured for an age when officership was largely honorific rather than driven by political, legislative, and business demands. A new organizational structure is needed for critical educational functions because bicameralism does not work, and yet we need to nurture institutes and provide security to formulate educational policy and standards. Similarly, societies need nurturing, perhaps through combining the best of the Council of Society Presidents and the

Executive Council. Our Executive Council has gotten us a long way but is not structured for modern challenges. Our current, difficult environment requires a smaller, streamlined board of directors, responsible directly to the membership and elected by it. We also need directors' seats for essential talents from finance, law, advertising, public relations, lobbying, and fund-raising because we require those talents. Finally, we need a board of directors that can raise money as well as oversee expenditures.

GUIDING PRINCIPLES

In the arena of strategic planning, we have a framework of endorsed priorities. As you are aware, the Priorities Survey distributed late last year was designed to bring to the surface members' collective perspective on our priorities for the future. A remarkable feature of the survey data was the degree to which respondents agreed about the highest-level priorities of the organization. Those priorities were reported in my last TAP column. Our work, however, has just begun. Priorities by themselves do not create a strategic plan. Having a sense of where we are just allows us to begin the process. As we begin, there are several principles to guide us.

The first principle is "constant communication." Since strategic planning requires engaging, enabling, and empowering stakeholders, discussions about the survey results and the planning process must be broad, comprehensive, and ongoing. Partial results of the survey, including rank ordering of priorities in Part I have been on the Association's Web site since March. The reactions to the series of amplifying statements in Part II are now available on the Web site (<http://www.apsa.org/closed/apsaastategicssurveyresults-01-21-05.pdf>). Please visit the site to see the exciting way our views are displayed, especially those from Part II. It is my hope that these results will spur further conversations about what is important to us.

As many of you have acknowledged, the survey process also made us aware that we have work to do on involvement. One important lesson is that many individuals we view as stakeholders do not view themselves the same way.

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Strategic Plan

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We need to try again and again to reach out through all available communication methods to members, affiliates, associates, active lay boards and friends, and staff so that everyone possible is involved. We welcome suggestions on methods of communication that will allow this process to become more comprehensive and inclusive.

A second principle might be called “hard choices.” A strategic plan means not only doing things better but also means doing some things either differently or not at all. Since intellectual, human, and financial resources are finite, decisions are required about when, where, and how they are invested. For example, consider our 93 committees. Some are essential to the missions of the Association and some seem more like interest groups, i.e., groups of colleagues brought together out of stimulating but not mission-essential common interests.

A strategic plan means not only doing things better but also means doing some things either differently or not at all.

I believe there are distinctions between mission-crucial committees and interest groups and that those distinctions should carry over into funding priorities, on the one hand, and, on the other, into increased flexibility in allowing such groups to evolve and devolve according to their members’ interests and investments rather than with formal committee rules.

A third principle might be called, as it were, “the principle of multiple funding options.” We need to broaden our thinking about the funding bases for programs beyond general revenues (i.e., our members’ dues)—to dues-independent sources such as gifts, fund-raising, or endowments. To date, our efforts on this front have been rudimentary—a fact that can be attributed to both our slowness to understand the possibility of raising funds from

other sources and the absence of a clear, articulated vision for potential donors. In one center visited in my travels, a member of the board whose career was in public relations was excited about the idea of advertising psychoanalysis on National Public Radio because, “It would show an educated audience that psychoanalysis is alive and well.” He offered to help in any way he could. We need more of that kind of commitment, optimism, and involvement.

To develop this kind of strategic option means establishing sound priorities, making decisions about what is appropriate for funding wholly or in part from general funds, and putting the machinery for fund-raising into place. For example, in line with our priority for advocacy, we need a war chest for political action; in line with our emphasis on advertising psychoanalysis and psychoanalysts, we need a fund for public information; in line with the emphasis on effectiveness and efficacy research, we need an endowed fund for

research; in line with the priority on education, we need named lectures to bring leaders from basic science and complementary fields to our meetings; and in line with just plain common sense, we need to fund-raise for an income producing endowment.

None of this will be easy. There are vested ways of thinking and planning. We need to retool our thinking as much as our operations. In line with the hard work needed, by the time you read this column the Steering and the Coordinating Committees will have worked together in an extraordinary joint session on the outline of a strategic plan. I will report to you on that outline in Seattle. We will have an open forum on strategic planning for members in Seattle as we had in New York. Let’s talk together. See you soon. 

How to Participate in APsaA’s Scientific Program

Scientific papers for oral presentation must be no longer than 22 pages, double-spaced; longer papers (40 pages maximum) are considered for pre-circulation and small group discussion. Include an abstract and submit eight copies. JAPA has first claim on any paper accepted for presentation or pre-circulation.

Panel proposals must be submitted in writing (two pages maximum, two copies). Each proposal should contain a description of the format, the objective of the panel, and names of possible participants (chair, panelists, discussant, if any). The Program Committee usually chooses panels one year in advance.

Discussion group proposals must be submitted in writing (two pages maximum, two copies). The Program Committee chair selects new discussion groups based upon their subject matter vis-à-vis material covered by existing groups.

Symposia explore the interface between psychoanalysis, society and related disciplines, attempting to demonstrate how psychoanalytic thinking can be applied to non-psychoanalytic settings. Symposia must be in talking points format, 10 to 15 minutes per presentation (no papers read), with a minimum of 15 minutes for audience participation with emphasis on audience interaction. Submit a brief (two pages maximum) proposal outlining rationale, program format, and suggested speakers.

The deadline for submission of panel proposals is October 1 for the Winter Meeting and March 1 for the Annual Meeting. The deadline for all other submissions is May 1 for the Winter Meeting and December 1 for the Annual Meeting.

Address correspondence to Glen Gabbard, Chair, Program Committee, c/o The American Psychoanalytic Association, 309 East 49th Street, New York, New York, 10017.

What Next?

Eric J. Nuetzel

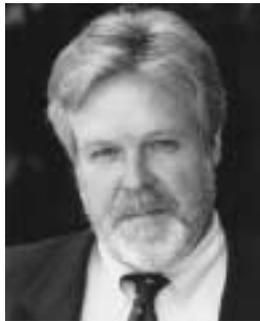
There is no doubt that our Association faces many challenges. Among them is the loss of potential candidates to institutes not approved by our Association. There are many reasons for this. Some potential candidates are in analyses with individuals who are either unable or unwilling to follow current procedures to become a training analyst (TA) in one of our approved institutes. Our certification requirement may deter some, and other factors, including local politics, may deter others.

Whatever the motives, what can the Association do as a remedy? Abandoning the certification requirement, as called for in a recently proposed bylaw amendment, is a singularly misguided solution. A national system of education requires meaningful national standards; otherwise it is not a national system. In our national educational system, we require our candidates to have an analysis as a core component of their educational experience. As long as an analysis is required for clinical psychoanalytic education, we have an obligation to perform due diligence in screening those who treat candidates in our programs. Certification screens for competence in regard to basic clinical skills. Those who treat candidates in our programs should meet our national standard of competence. Can anything else be done?

Three other ideas have emerged in discussions about this problem. First, it has been suggested that we revise our TA system, and make it a national system. Rather than have our approved institutes designate an analyst a TA, that designation would become a national credential, good at any approved institute. This would lessen the effect of local politics. Our three approved institutes in New York have adopted a modified version of this system, and it seems to be working.

Second, it has been suggested that we waive the certification requirement for TA status in certain circumstances. How our obligation of due diligence would or could be met with

Eric J. Nuetzel, M.D., is chair of the Board on Professional Standards.



Eric J. Nuetzel

such a waiver would need careful thought and deliberation.

Third, it has been suggested that we adopt a "personal analyst option" for institutes willing to use it. This would

require a waiver of the TA requirement for institutes willing to accept a candidate in an analysis with someone who is not a TA. Performing due diligence would be more complicated with this option. Some argue that we should not even try; these candidates will know whether their analysis was a good one or not, and, if not, they can seek another analysis.

treating analyst should be sought. Our French colleagues use such a system, and it might help to learn more about their procedures, criteria, and their experience.

INITIATIVES FOR CHANGE

As a result of the meetings in January 2005, there are two new initiatives within BOPS. First, Project 2000 will be reconstituted as the Project for Innovation in Psychoanalytic Education (PIPE) with Michael Singer as chair: Its mission is to think deeply about educational problems and recommend innovative changes that improve our educational system. PIPE will recommend actions, such as needed bylaw changes and revisions to our Principles and Standards for Psychoanalytic Education. PIPE will consider the options for changing our TA system outlined above.

Second, based on a suggestion of Robert Michels, the incoming chair of the Committee on Psychoanalytic Education (COPE), Myrna Weiss, chair of the Committee on Institutes

A national system of education requires meaningful national standards; otherwise it is not a national system. In our national educational system, we require our candidates to have an analysis as a core component of their educational experience. As long as an analysis is required for clinical psychoanalytic education, we have an obligation to perform due diligence in screening those who treat candidates in our programs.

That abandons our responsibility. Others argue that this option would end the TA system. Alternatively, it might strengthen the TA system by having more graduate analysts develop interest in achieving TA status. For the personal analyst option to work, the analyst would have to be certified, and the institute would need to meaningfully assess the progress of the analysis as the institute assessed the suitability of the potential candidate. The progress of the analysis would be part of the suitability determination of the applicant. No report from the

(COI), has asked that the usual semi-annual meeting of Institute Directors and Education Committee Chairs become a Congress of Institute Leaders during the reorganization. Each approved institute has been asked to send two representatives to this congress. The specific agenda will address this fundamental question: How do institutes want to be regulated in the future? These meetings should facilitate the reorganization process, especially in regard to the future of BOPS functions.

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The Time for Local Option Is Now

Arnold D. Richards

A bylaw amendment regarding certification has been proposed by a group of members and will be considered by Council and BOPS in June before being sent to members afterwards. The bylaw amendment proposes that certification shall no longer be an APsaA requirement for appointment as training analyst, though individual institutes may continue to require this. Under our current bylaws, potential candidates in analysis with non-certified members often forego training or apply

Arnold D. Richards, M.D., is training and supervising analyst, New York Psychoanalytic Institute; former editor of the *Journal of the American Psychoanalytic Association*, and founding editor of *The American Psychoanalyst (TAP)*.

to non-APsaA institutes in order to continue their analyses. [See "What Next?", page 5.]

To require potential applicants to interrupt a working treatment and terminate an effective analytic relationship for reasons of protocol is unanalytic. There is no evidence that certified analysts treat candidates more effectively than non-certified analysts, and in the recent Strategic Planning Survey, the lack of member interest in certification was indicated by ranking it last in a list of activities that APsaA should pursue.

The majority of graduates do not apply for certification because they find it arbitrary, time consuming, and of dubious professional value. This means that the proportion of certified analysts will decrease and the problem posed by the certification requirement



Arnold D. Richards

will increase over time.

Institute educators, motivated by a love of our profession, will continue to maintain standards of excellence in training. Some institutes may continue to see certifica-

tion as valuable and retain it as a requirement.

Local option can thus be viewed as the next step in a long, historic process in American psychoanalysis that will ultimately strengthen our Association by valuing contributions of all its members, while continuing to utilize the guidance and encouragement of BOPS.

APSA

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Although you cannot predict the future, you can prepare for it with our new insurance benefits program.

• Long-Term Care Insurance Still Available •

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Adding Out-of-the-Box Features to National Meetings

An Interview with Program Chair Glen Gabbard

Julie Jaffee Nagel

Since becoming a member, two years ago, of the Program Committee, chaired by Glen Gabbard, I have had the pleasure to work with a wonderful group of dedicated people, who read and discuss program proposals and make decisions about what is presented at the Association's twice-yearly national meetings. While this committee works "backstage," many APsaA members have shown interest in the process that takes a proposal from page to stage. This interview highlights that process as well as future directions for programming.

JJN: The Winter Meeting was a big success. You're now a little past the midpoint of your tenure as program chair. Looking back on the last four years, what do you think are the major innovations you've implemented in this role?

GG: When I took over the job, I was really building on changes that Owen Renik had begun during the time I was co-chair. A great deal of concern had been expressed about the way analysts present themselves in public. One of my psychiatric residents at Baylor asked me the following question: "Why is it that analysts who present Grand Rounds read papers to us while everybody else talks to us?"

We've had a tradition of reading papers rather than speaking with one another. Members of our organization can read psychoanalytic papers in journals. Most of them would like to hear something at our meetings that they can't read in journals. Hence, I have tried to implement livelier formats, like panels and symposia. I have asked chairs of panels to

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pose questions to a few panelists so they can have a lively exchange among themselves and between the panelists and the audience.

To a great extent, analysts are afraid to be spontaneous. I have tried to go against the grain and encourage spontaneity. I've also introduced an hour of small group discussions following a two-hour panel, such as what we did with the panel on "Failed Analysis" in January. Audiences want to be involved. They're not as eager to be passive listeners.

The use of PowerPoint is widely accepted throughout the world at meetings, but we have been slow to implement it at meetings of the Association. I'm happy to report that that trend has changed, and we are now making wide use of PowerPoint at a number of formats at the meeting.

Research has always been difficult to sell on our programs. We used to have a format called "Research In Progress" that was often attended by fewer than 10 people, many of whom were family members of the presenters. The format was humorously called "RIP" because it was clearly moribund. We have now instituted a Friday research symposium at the January meeting that has drawn hundreds of attendees to hear about cutting-edge research from a group of outstanding presenters. Stuart Hauser has been a great help in organizing these symposia.

I have also tried to increase the visibility of child analysis by adding a child analysis panel at every meeting and a child analysis two-day workshop.

The majority of our members do quite a bit of psychotherapy in addition to analysis, so we have tried to make psychotherapy a greater presence in our program as well. Under the leadership of Dick Fox, a Task Force on Psychotherapy has been working diligently to think of ways that psychotherapy issues might have a greater role in our organization. I added Dick to the Program Committee, and



Glen Gabbard

he is organizing regular two-day workshops on psychotherapy. We have also brought panels on psychotherapy to the program on a regular basis since I have been chair.

JJN: As a member of the Program Committee, I heard many favorable comments about the small group discussions that were held during the last hour of the "Failed Analysis" panel. There was a lot of enthusiasm for the opportunity to express one's ideas and meet a new set of colleagues. What can you tell us about the special symposium that takes place Saturday at 5:15? How did that come about?

GG: In 2001, I was writing a book on *The Sopranos*, and I thought it would be fun to bring Lorraine Bracco and the writers of *The Sopranos* to talk about how they depict psychotherapy as a hit television series. I had in mind the concern about how we market ourselves. We need to bring greater visibility to psychoanalysis and what analysts do. This event received coverage in *The New York Times* and was mentioned in *The New Yorker*, among other places.

We then brought Harold Ramis to discuss his movies, *Analyze This* and *Analyze That*, the following year, and we had Andrew Jarecki discussing *Capturing the Friedmans*, his notable documentary, during the third year.

We wanted to include the world of music in this format, so we had Richard Kogan talk about Tchaikovsky at the January meeting.

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Gabbard Interview

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This symposium always involves a role of the dice since it's difficult for world-famous artists to commit themselves far in advance, and they often don't know if they'll be in New York at the time of the meeting. Moreover, we have little or no budget, so we are relying on good will to a large extent.

JJN: This type of program involving film, music, and the arts is not only entertaining, but also highlights the relevance of psychoanalytic thinking outside the consulting room. What about the University Forum?

GG: The University Forum is a new part of the program that Charles Shepardson, Henry Schwartz, Bonnie Litowitz, and Stanley Coen have been working on. The idea is to create a dialogue between academics and psychoanalysts that is mutually stimulating and collaborative. Stan Coen is now chairing a subcommittee that works on this topic. We have the same constraints on budget here as we do in other parts of the program, so we have to do this on a shoestring.

JJN: Given the variety and inclusiveness of program planning, how does one submit an idea for the program?

GG: The submissions guidelines are published in every program book at each meeting, and they are also published in TAP periodically. Scientific papers and ideas for discussion groups must be submitted by May 1 for the January meeting and December 1 for the June meeting. We plan the panels far in advance, so that at the January meeting we are preparing for the following January's programs. Hence a panel proposal must be submitted by October 1, 15 months ahead of the next January meeting. For a June meeting, we must receive a panel proposal by March 1 of the previous year. Symposia involve applications of psychoanalytic thinking to nonpsychoanalytic settings. For the January meeting we need symposia by May 1 of the previous year, and for the June meeting by December 1 of the previous year.

All proposals can be submitted to me at the National Office. Our efficient program coordinator, Debra Eder, and I spend a great deal of time going over these together and helping members shape them so they are more likely to be acceptable.

JJN: I would like to close by saying how enjoyable it is to work with you and all the members of the Program Committee and to thank you for all your creative and inclusive efforts in programming for APsA. 

What Next?

Continued from page 5

Recently, I discussed the division that exists in our Association over the link between certification and training analyst (TA) status and concluded that a mechanism for change is in place through the reorganization process. I did not anticipate that over 50 of our members were unwilling to wait for the reorganization process to effect fundamental changes in our Association and would introduce a proposed bylaw. Among other things, the proposed bylaw would remove the certification requirement for TA status from our bylaws and would forbid BOPS from adopting such a standard on its own. [See "The Time for Local Option is Now, page 6.]

If passed, the proposed bylaw would undercut the possibility of compromise in the reorganization process. It would abandon the principle that our educational component is responsible for national educational standards. It would compromise the standard setting function of BOPS and would thereby diminish our ability to retain our public interest functions as we reorganize. The proposed bylaw violates the spirit of the mutually consultative relationship between BOPS and the Executive Council established by the Education and Membership Agreement. It ignores the reality of our improved certification procedure and the serious deliberations within BOPS regarding changes to our TA system. We should not allow our educational system to be undermined in the reorganization process.



**94th ANNUAL MEETING
AMERICAN PSYCHOANALYTIC
ASSOCIATION**
Seattle, Washington
June 8-12, 2005
For information:
Phone 212-752-0450
Web site <http://www.apsa.org>

**BIANNUAL CONGRESS
TRAUMA: NEW DEVELOPMENTS
IN PSYCHOANALYSIS**
International Psychoanalytical Association
Rio de Janeiro, Brazil
July 28-31, 2005
Web site <http://www.ipa.org.uk/site/cms/>

**FERENCZI AND GRODDECK:
MIND, BODY AND THE
BRIDGE BETWEEN**
The Clinical Sándor Ferenczi Conference
Baden-Baden, Germany
August 31-September 4, 2005
For information:
Web site www.clinicalferenczi.info

So, what next? Even if BOPS and the Executive Council vote against the proposed bylaw, it must go to the membership for a vote. Vote against it. The future of our Association depends on you. 

Discussions of Celebrity, Prejudice, and Forgiveness Compete with Seattle Splendors

Kathryn J. Zerbe

The natural beauty of the Pacific Northwest in the summertime is so resplendent that members of the Program Committee were challenged when pulling together a series of events that will keep registrants indoors instead of venturing out of doors at the forthcoming Annual Meeting in Seattle, June 8-12. I believe you will find they succeeded but would urge everyone who is making the trip to Seattle to stay on an extra couple of days if you can. That way you will not miss any facet of the meeting that intrigues you, and you will still have some time to explore this thriving metropolis filled with great food, music, theater, art, and scenery in its many parks and along the waterway.

You may find yourself musing about how the intellectual enterprises of psychoanalysis and the relatively new treatment mode of dialectical behavioral therapy both thrive in the area. To answer that question—and others—there will be a workshop on the history of psychoanalysis in the northwest and a special seminar with invited presenter Marsha M. Linehan, the founder of dialectical behavior therapy, chaired by Joan Wheelis.

As usual, applications of psychoanalysis and the pragmatics of clinical work will also be highlighted in a series of two-day workshops on "Process and Technique." To address the needs of clinicians at different times in their careers, there will be special programs for mid-career analysts as well as workshops for psychiatric residents and psychology and social work students. Continuing with the theme of innovations in contemporary psychoanalytic practice, the plenary presentation by Daniel Stern is entitled, "Exploring Inner Subjectivity and the 'Now' of the Here and Now." Afternoon panel sessions will include "Psychotherapy and Psychoanalysis: 50 Years Later," "Forgiveness," and "The Role of the Age of the Child in Psychoanalysis."

Our "Meet-the-Author" session will feature Arnold Cooper, discussing his new book, *The Quiet Revolution in American Psychoanalysis: Selected Papers of Arnold M. Cooper*. He will be introduced



by Elizabeth Auchincloss, who edited the volume; Peter Fonagy and Peter Loewenberg will be the discussants. In keeping with the changing zeitgeist in our field and in our world, important cultural phenomena such as celebrity, prejudice, telephone psychoanalysis, and the sociopolitical as well as the clinical mentions of forgiveness will be highlighted.

Two of the numerous offerings that address the role of the analyst or therapist in the hour will be Alexandra Harrison's "Moment to Moment Process of Interpretation via Video Microanalysis" and Stanley Coen's psychoanalytic course, "Managing Feelings—Patients' and Analysts'."

Space does not permit naming each discussion group, workshop, or special program on the menu, but I hope that this article whets your appetite for the smorgasbord of choices available at the upcoming meeting. The breadth and range of faculty, presenters, special guests, and panelists augur for a highly productive and personally rewarding program.

Kathryn J. Zerbe, M.D., is professor of psychiatry and obstetrics and gynecology; vice chair for psychotherapy; director of outpatient services, Department of Psychiatry; director of behavioral medicine, Center for Women's Health, at Oregon Health & Science University. She is also training and supervising analyst at the San Francisco and Oregon Psychoanalytic Institutes.

Eating in Seattle

Julia S. Putnam

Water is our greatest and obvious resource. Our city is home to Scandinavian, Japanese, and Native American cultures that continue to devote their lives and fortunes to providing us and the world with excellent fish and shellfish. On a recent trip to New York City's Oyster Bar in Grand Central Station, we had to study the menu to find oysters that were not from here.

As everyone knows, your hotel restaurant guide will equally feature fine restaurants along with warhorses past their prime. We'll give you a start in sorting this out. (Our institute will provide an expanded set of recommendations in your meeting registration packet.)

It's possible to have a bad meal in Seattle, but there's little excuse for it. Chefs revel in the quality of fresh seafood and produce available here. Sheep and cattle ranches are just over the mountain ranges. Dairy farms are close by and we have a thriving wine and microbrew ale industry in the Pacific Northwest. Arrive hungry and thirsty.

WALK FROM HOTEL

The heart of the city is the Pike Place Market. Within walking distance of the hotel, a delightful way to start the day is coffee and a flaky Epinard pastry from Le Panier Very French Bakery at the corner of Pike Place and Stewart.

Another short walk from your hotel is the lovely and unusual Wild Ginger. A fusion restaurant of Asian, Southeast Asian, Indonesian, and Thai influences, this sophisticated and large operation runs like clockwork and delivers food to delight. For lunch, we recommend the large emperor's bowls of delicious, complex noodle soup. No dinner is complete without the Szechwan green beans.

Julia S. Putnam, M.S.W., D.C.S.W., is in private practice of psychotherapy in the Medical-Dental Building in downtown Seattle, which is five blocks from her favorite French bakery and the flower stalls of the Pike Place Market.

Since we're not the only ones who love this place, reservations are essential.

At the Metropolitan Hotel, you will find Oliver's, which consistently wins the city's best martini prizes. Next door is Andaluca, which is a small, elegant place to eat breakfast, lunch, or dinner. For lunch, it's hard to decide between the crab tower salad and the seared scallops. Have both. The Warwick hotel restaurant is the reasonably priced and always good Brasserie Margaux.

Elliott's Oyster House is mistakenly overlooked by locals because of the tourist laden waterfront. Featuring one of the best oyster bars in the city, their seafood selections are fresh and excellent and desserts delicious.

Our famed chefs, Tom Douglas and Thierry Rautureau, have upped the ante on fine dining here. The Dahlia Lounge is the central jewel of Douglas's several restaurants. The menu is creative and wonderful. My only objection to



fixe choices, you will have an exquisite meal, quiet, serene, and perfectly served. The sense of special occasion begins with a complimentary glass of excellent champagne. The Grand Menu Degustation is too large for me. Although I've wanted to try the vegetarian option, I've not been able to tear myself away from a divine bit of foie gras—my weakness. Reservations are strongly recommended.

For old Seattle elegance, try Canlis, where the proprietor will warmly greet you at the door and provide a table with an unusually lovely view of Lake Union and the Cascade Mountains. Unfortunately, a cab ride excludes the magical experience that Canlis car valets

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Dahlia is the floor plan makes a trip to the restaurant a labyrinthine experience punctuated by staff rushing from one food preparation room to another.

HOP A CAB

Outside the immediate downtown are lovely options only a quick cab ride from your hotel.

Rover's is Rautureau's marvelous French restaurant. Selecting from three superb prix

provide. Once you've paid and are rising to leave, without a word you are recognized and your car is at the door under the portico. No fumbling for keys, validated parking tickets, and waiting in the cold. It is almost as if you think "I need my car" and there it is.

A newcomer is The Wellington for upscale soul food in the Columbia City neighborhood. Beginning with a deceptively modest looking corn muffin, you will fall in love with Cynthia

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Hobb's and Bea Halbert's wares. Have the shrimp and grits and finish with the unusually flavored and exquisite hot peach cobbler.

For a classy vegetarian experience, there is nothing like Café Flora. You will not find the menu a prim exercise in restraint, but offering flavorful adventures you'd never considered. All are good, but our favorite is the Oaxaca tacos.

Phoenicia on Alki is one of the city's unsung gems, although chefs know and respect Chef Hussein Khagaal. Rather than order from the menu, we suggest you simply tell him to make the selections for you. From the kitchen will emanate familiar sounding items: hummus, lamb, and baba ganouj, but they will taste better than any you've ever had. When you feel you'll explode, it will be time for the tray of floral flavored ice cream and pastry with your Turkish coffee. Follow this with a walk on the beach boardwalk featuring the sunset, the Olympic Mountains and the skyline of Seattle. Perfect.

For an excursion for your accompanying spouse or partner, we suggest the ferry ride to Bainbridge Island, and a walk to Café Nola for lunch. Make sure to have the salad with the divine polenta croutons. Stroll back through the shops and enjoy the incomparable view of Mt. Rainier from the ferry.

As it used to say on a fast food marquee here, "Do as the Doctors do, eat, eat, eat." 

Helpful Information for Restaurants in Seattle

My two favorite books on the city are *Best Places Seattle* and *Zagat Survey Seattle*. Each is available in any bookstore here. You can read the restaurant ratings of *Best Places* online, courtesy of Alaska Airlines, at [http://www.alaskaair.com/www2/Destinations/munged_qs/destination.asp\(city+sea\)](http://www.alaskaair.com/www2/Destinations/munged_qs/destination.asp(city+sea)).

This Web site can also be found by googling AlaskaAir Seattle restaurants.

Here are the restaurants in this article with Web sites, listed in order of appearance:

<http://www.lepanier.com/>

<http://www.andaluca.com/>

<http://www.themetropolitangrill.com/elliotts/elliotts.html>

<http://www.tomdouglas.com/dahlia/>

<http://www.rovers-seattle.com/>

<http://www.canlis.com/>

<http://www.cafeflora.com/>



Connecting Undergraduates with Psychoanalysis

Prudy Gourguechon and James Hansell

Each of the three articles in this special section on psychoanalysis and undergraduate education has the whiff of a journey theme. Perhaps this is no accident, since the topic under examination involves psychoanalysis connecting with a population, college students, often understood as on a perpetual journey.

All of us invested in this area of outreach seem to agree that psychoanalysis is in danger of disappearing from undergraduate education, at great peril to the future of our field. An interest in psychoanalysis developed during college may later evolve into a career as a psychoanalyst, an ongoing interest and intellectual appreciation, or perhaps a course of analytic treatment. Such an experience during the undergraduate years may not come to fruition for many years, and may do so in unanticipated ways.

Jim Hansell's article describes the journey he took towards an exciting accomplishment, the recent publication of a psychoanalytically informed undergraduate textbook on abnormal psychology. The book is meeting with considerable success in the market, yet in the process, Hansell and his co-author, Lisa Damour, encountered considerable resistance among academic psychologists that is both frightening and instructive.

Jonathan Lear's story describes the profound and lasting impact that positive exposure to psychoanalytic ideas as an undergraduate can produce on students. He also offers a



number of specific and practical suggestions for bringing psychoanalytic content to college courses in an effective manner.

Prudy Gourguechon's piece describes the genesis and evolution of a current project of the American Psychoanalytic Association called the 10,000 Minds Project. The aim of this new effort is to increase the chances of undergraduates encountering psychoanalytic theory and treatment possibilities prior to graduating from college.

graduation. Here's more—from her college class of 1,201 (Yale College, class of 1973) there are at least eight members of APsaA. Thus of the 13 psychiatrists in the class alumni, 62 percent are analysts. Compare this figure to the approximately six percent of U.S. psychiatrists that are psychoanalysts. What happened at that college, at that time, to produce such interest in our field?

Without turning this into a research project, Gourguechon, speaking for herself recalls: In the first semester of my freshman year, my introductory psychology course was taught by Solomon Cytrynbaum, an analytically oriented post-doc at the time (he also taught my residency class about Tavistock group process in another city a couple of lifetimes later). I remember listening to Cytrynbaum. He was serious and a little scary and seemed to have plumbed the mysteries of life. We *all* listened, riveted. That was it for psychoanalysis in my undergraduate years, but it was enough. During the next three-and-a-half years, I took many courses in social and behavioral psychology. When I was interviewing for medical school admission, an astute pediatrician interviewing me asked what kind of doctor I wanted to be. I immediately gave the politically correct answer of the times, a family practitioner: "Yes," she said, "but if there were no constraints, what would you really want to be?" Stunningly, an image of a psychoanalyst popped into my mind, a delve into meanings and motives, into the mysteries of human stories.

All of us invested in this area of outreach seem to agree that psychoanalysis is in danger of disappearing from undergraduate education, at great peril to the future of our field.

Prudy Gourguechon, M.D., is secretary of APsaA and chair of the Task Force on Psychoanalysis and Undergraduate Education. She is the parent of a college sophomore and a graduating high school senior. James Hansell, Ph.D., is on the faculties of the University of Michigan Department of Psychology and the Michigan Psychoanalytic Institute. He is a member of the Task Force on Psychoanalysis and Undergraduate Education and co-chair of the Committee on Psychoanalysis and Sport.

One of us (Gourguechon) has been obsessing about her own undergraduate experience, and especially the remarkable fact that two of her best friends in college, Jesse Viner and Marie Rudden, who much to her delight continue to be among her closest friends, are also psychoanalysts and members of the Association. This seems quite amazing and would never have been something any of us could have imagined at the time of college

I remember being startled, and feeling like I had been visited by a ghost. Could it have been implanted in that first college psychology course I took?

We hope this special section sparks interest in this area of outreach among our colleagues, and adds momentum to the efforts of the Association to reach and captivate the 10,000 best minds of the next generation with the power of psychoanalytic ideas. 

Teaching Psychoanalysis at University and Making It Matter

Jonathan Lear

I began teaching a lecture course on psychoanalysis and philosophy when I went to Yale in 1985, the same year I began training as a psychoanalyst at the Western New England Institute for Psychoanalysis. I stayed at Yale for a decade, teaching a course on psychoanalysis there just about every year. By the time I left, about 900 Yale undergraduates had taken that course. I mention this because of an experience I have had subsequently.

When I go to a psychiatry department to give Grand Rounds, or talk to a group of mental health professionals, it is not unusual for someone from the audience to come up to me and say, "You won't remember me, but I was in your class on psychoanalysis and philosophy." (In fact, I often can remember them; not by name, but by face and by where they sat in the classroom.) I assume that these students were already inter-

ested in some aspect of psychology, and it is likely they would have gone into one of the mental health professions anyway; but I do think the course opened them up to psychoanalytic ideas. Often they will continue, "I haven't actually become a psychoanalyst, but I use psychodynamic ideas all the time in my

Jonathan Lear, Ph.D., is the John U. Nef Distinguished Service Professor at the University of Chicago. The course he has recently taught on psychoanalysis and philosophy will appear as a book this spring in the Routledge Philosophers Series under the title, Freud.

work." It is from this experience that I have become convinced that teaching psychoanalysis to undergraduates can play a crucial role in keeping psychoanalysis alive.

In this context, the following anecdote might be of interest: My first article defending Freud, which appeared in *The New Republic*, was commissioned by a former student from that class whom I did not know. He called out of the blue, told me he was now



on the editorial board, and that he had convinced the other editors they needed an article on Freud. I would not have thought of it on my own.

My original training is in philosophy; and philosophy is what I teach. In general, I tend to start with a central philosophical question which will be the focus of the course. Here are some examples: What is it for human beings to flourish? What is the nature of human freedom? How could any conversation—Socratic or psychoanalytic—make a difference to how one lives? Is there a difference between appearance and reality when it comes to human life? What is an ethical life?

Having chosen a question, I select readings from Freud—and sometimes a few other analysts like Winnicott, Klein, Lacan, Loewald, and Gray. I then formulate a further question for the class: What difference does psychoanalysis make to traditional ways of thinking about these problems? To help students think about this, I might also include readings from Plato, Aristotle, Kant, or Kierkegaard.

I do not presume any background knowledge, so I also use the course as an introduction to psychoanalytic ideas. The reading list changes, but over the past years it has included *Studies on Hysteria*, selections from *The Interpretation of Dreams*, *Three Essays on the Theory of Sexuality*, the Rat Man and Dora

cases, "Remembering, repeating and working through," *Group Psychology and the Analysis of the Ego*, *The Ego and the Id*, *Civilization and Its Discontents*, *Inhibitions, Symptoms and Anxiety*, and *The Future of an Illusion*. Freud is a beautiful writer; and he is writing about issues that matter to late adolescents and young adults—so it is no surprise that students love reading him. It is not unusual for students to report that they are sure they are hysterical when

they are reading the *Studies*, and that they are sure they are obsessive when they read about the Rat Man. I assure them they can be right both times.

Here are a few thoughts I have about teaching psychoanalysis to undergraduates based on—yikes!—20 years of experience. First, it helps to teach psychoanalysis in conjunction with a humanities course, like philosophy, literature, or history. Students can be introduced to psychoanalytic ideas, but at the same time they can glimpse how these ideas might matter to the great concerns of the humanistic tradition.

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Writing an Undergraduate Textbook: An Analyst's Enlightening Journey

James Hansell

For the past five years, I, along with Lisa Damour, a candidate at the Hanna Perkins Center in Cleveland, have been immersed in writing an undergraduate abnormal psychology textbook, which has just been published by John Wiley & Sons, Inc. Along the way, Damour and I have learned some striking lessons about the place of psychoanalytic thinking in undergraduate education. Meaningful psychoanalytic content in psychology departments has nearly disappeared. In view of this, offering a positive image of psychoanalysis to the *millions* of undergraduates who take psychology courses every year may be a crucial part of efforts to re-establish psychoanalysis to a more respected position in the intellectual and mental health communities in the U.S.

articles in a photocopied course pack I compiled, but I shuddered to think that undergraduates were routinely being taught that psychoanalysis was a historical curiosity, even an abomination! As a result, I began thinking about the possibility of writing an alternative, psychoanalysis-friendly textbook.

My first approach was very discouraging. Talking to editors at major publishers about my idea in the early 1990s, I was told in no uncertain terms that there was no market for a psychoanalytic undergraduate textbook. In fact, the editors explained that they were used to hearing complaints from psychology faculty about psychoanalytic content in textbooks, and, understandably, the editors were almost phobic that anything psychoanalytic was the kiss of death in the marketplace.



Meaningful psychoanalytic content in psychology departments has nearly disappeared. In view of this, offering a positive image of psychoanalysis to the *millions* of undergraduates who take psychology courses every year may be a crucial part of efforts to re-establish psychoanalysis to a more respected position in the intellectual and mental health communities in the U.S.

I began teaching undergraduates at the University of Michigan in 1988. When I started looking for a textbook for my abnormal psychology course, I was appalled. The coverage of psychoanalytic theory and practice in the leading textbooks at the time was at best inadequate and at worst explicitly disparaging. Many of these are written by either non-practicing academic clinical psychologists or by non-clinical psychologists, certainly not by analysts. In my own classes, it was relatively easy to include rich psychoanalytic and clinical content through

A MARKETABLE FOCUS

It took another two years before I finally hit on a workable idea. Rather than a book that was explicitly psychoanalytic, I began envisioning a textbook that would focus on the fascinating issues and controversies in the field of abnormal psychology that my students found so interesting—issues like the continuum between normal and abnormal behavior and the connection between mind and body. I thought that such a focus might provide an alternative to the DSM/medical-model emphasis of the existing

texts. Further, this kind of book, in which psychodynamic content would be respectfully included, could provide an approach to the field *consistent* with psychoanalytic thinking.

By this point, I had brought Damour on board. We pitched our idea, concretized in a prospectus for a book called *Abnormal Psychology: The Enduring Issues*, to several publishers. To our delight, this formula worked. Not only did the concept appeal to editors, but the faculty reviewers of the prospectus, commissioned by the publishers, were highly enthusiastic. We received many comments from faculty around the country along the lines of "it's about time somebody brought back what's interesting in this field and deemphasized the DSM-IV." Several publishing houses were so taken with the reviews that we enjoyed a mini-bidding war before choosing John Wiley & Sons. We were thrilled with the confirmation that there was, indeed, a hunger for something different. Little did we know what lay ahead....

Having signed a contract, we began the grueling writing process in January 2000. Each time we finished a group of chapters, Wiley would send them out for review by psychology faculty who teach abnormal psychology. This was an eye-opening experience. While we had received a favorable response to our overall vision for the book from reviewers, now they were reviewing chapters that included specific psychoanalytic content.

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Reaching Out to Undergraduates: The 10,000 Minds Project

Prudy Gourguechon

Many psychoanalysts already work with undergraduates—we teach them in psychology courses, we teach them in interdisciplinary courses such as psychohistory or philosophy and psychoanalysis, we provide direct clinical service or supervision at student mental health centers. Many other analysts live with undergraduates, or at least pay their tuition bills. In one guise or another, we share their dreams and watch their extraordinary combination of wisdom and immaturity, kindness and self-centeredness, intellectual aliveness and curiosity.

A number of us have become convinced that the undergraduate population is one of the central groups we must reach out to if we want psychoanalysis to survive. Niko Canner, who is providing consultation to APsA on strategic planning, suggested that we need to reach out to the 10,000 brightest minds graduating from the nation's colleges. Canner, like many others, cites exposure to psychoanalysis during his undergraduate years as sparking a life-long appreciation for this "way of listening that provided meaning and was helpful to people in such abundance" [see "*Membership Gateway, Governance, Psychotherapy Initiative Top Council and Board Agendas*," TAP 38:1].

Consider the following observations about undergraduates:

- Undergraduates are ripe for exposure to explanatory theories of the mind. They want to understand themselves, their friends, and their families in deep ways.
- Undergraduates are very interested in mental health issues, especially those they see affecting their friends, such as anorexia, depression, and suicide. They want to understand and to know how to help.
- Undergraduates seek information, and they have access to endless sources in the information age. They are comfortable with databases, spreadsheets, and search engines. They do not suffer boredom well.

Looking at the current academic scene, some of our colleagues have suggested that psychology departments may be a lost cause in

terms of interest in psychoanalysis. Others are less pessimistic. Interest in psychoanalysis is high in other academic departments. In the art history department at a prominent Chicago university, I was told, psychoanalysis is taught as one of five key approaches to understanding art. On the other hand, the professor who last taught the course on psychoanalytic approaches to art had never spoken with an actual psychoanalyst, and the graduate student teaching assistants were exposed to psychoanalysis only through art history texts and a smattering of readings from Jung and Lacan.

The 10,000 Minds Project was born out of these various threads. The idea is to organize a broad initiative within APsA, along the lines of the global science initiative, conducted by Alan Compton several years ago, and the psychotherapy initiative, ongoing under Dick Fox, to expand our outreach efforts to the undergraduate population. The goal is modest—to simply increase the chance of graduating college students having heard about psychoanalysis as



an explanatory theory of the human mind and as a method of treatment and understanding for human problems.

I presented the project to the Executive Committee and Coordinating Committee in April of 2004 and met with an enthusiastic response. We began to set up a task force to accomplish the actual work of the project. The end product of the task force's work was envisioned as a set of recommended actions to bring to the Association.

The next step was to define as comprehensively as we could the possible points of contact between psychoanalysis and undergraduates.

GATEWAYS TO UNDERGRADUATES

- Psychology—courses, teachers, texts, organizations, journals, meetings, Web sites
- Humanities and social sciences—courses, teachers, texts, journals, organizations, meetings, Web sites in fields, such as philosophy, literature, art history, film studies, political science, history
- Student mental health and counseling services
- Student health services
- Student life services—resident advisor system, orientation programs, dormitory bulletin boards
- Administration
- Internet—research resources, e-learning courses
- Summer and term-time internships
- Student activities—psychology clubs and psychology honor society

PSYCHOANALYSIS AND UNDERGRADUATE EDUCATION TASK FORCE

A stellar task force was assembled with representatives corresponding to most of the identified gateways. We strove for geographical diversity, and representation of small and less well-known colleges as well as large prominent universities. The task force includes the authors of the only modern abnormal psychology textbook with a psychoanalytic foundation (Jim Hansell and Lisa Damour), the director of a large college health service (Nell Davidson), luminaries in interdisciplinary studies (Peter Loewenberg in history,

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Undergraduate Textbook

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A significant number of reviewers were entirely hostile to any such content, dismissing it as totally inappropriate for inclusion in a contemporary book. A larger group of reviewers seemed to appreciate our clinical content until we used specifically psychoanalytic terms, at which point they balked. This reaction was familiar from our teaching. Both Damour and I had repeatedly heard from students: "You can't be Freudian or psychoanalytic; your lectures are interesting, and Professor X told us that psychoanalysis is nonsense!"

are shaping the interests and attitudes of the next generation—psychoanalytic ideas are either openly derided, or given new names within other theoretical perspectives without proper credit.

DIFFERENT LENSES

We adopted a twofold approach to this problem. First, in keeping with our original plan, we organized the book around six "core concepts" in abnormal psychology that highlight the controversies in the field instead of a medical model/DSM-IV emphasis. Secondly, we chose a "components" approach to the theoretical diversity in clinical psychology.

Among the vast majority of academic clinical psychologists today—those who are shaping the interests and attitudes of the next generation—psychoanalytic ideas are either openly derided, or given new names within other theoretical perspectives without proper credit.

What we began to realize after several rounds of such reviews was sobering, if not surprising. Among the vast majority of academic clinical psychologists today—those who



In other words, we present the major theoretical models in the field (psychoanalytic, behavioral, cognitive, and others) as different lenses through which to view psychopathology, lenses that can complement each other and often overlap. This approach allowed us to talk about the ways in which newer theories and clinical approaches (such as cognitive behavioral therapy) have their own terms for describing the same phenomena that have been conceptualized previously within other theories, including psychoanalytic theory. We could also then describe prominently and in detail the psychoanalytic perspective on psychopathology and treatment, showing what it uniquely contributes, where it overlaps with other approaches, and how it can complement other perspectives.

This approach seemed to solve our problem with reviewers, and I am pleased to report that sales of the book are off to an encouraging start with over 50 schools adopting the book in the first six months since publication. What is most gratifying to us is that many of the positive reviews and early adoptions have come



from professors who have in the past been unfriendly to psychoanalysis and used cognitive-behaviorally oriented textbooks. We hope that the book can serve as a partial antidote to the Freud bashing that has become all too common in undergraduate psychology courses, and can encourage greater respect for and interest in psychoanalysis in the next generation of students.

* * *

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10,000 Minds Project

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Jonathan Lear in philosophy), and numerous other talented people with a variety of experiences regarding the connection between undergraduates and the field of psychoanalysis. We have representatives from the Committee on Research and Special Training (CORST) and child analysis, and liaisons to the Psychotherapy Committee and the Committee on the Arts.

With all of this talent, what are we actually going to do? Again, the task is difficult, but the plan relatively straightforward. We hope to elaborate a goal of reaching undergraduates via each gateway. Under each goal, there will be specific recommendations. Then the whole list of recommendations will be examined and hierarchically organized, with priority based on issues of feasibility, cost, and impact.

One thing we know we would like to do is collect as much information as possible about psychoanalysis and undergraduate education in one place, and then make this accessible on our revamped Web site. Syllabi, conference reports, programs, lists of individuals with various interests and expertise, Web sites, books, and journals should all be included. Much has already been done in this area. But it appears that, for the most part, the information is scattered here and there and often lost to posterity. Putting the information together is a daunting task. Keeping it up to date will require a creative search for additional resources.



Another idea in the works is to prepare a resource packet for local societies and institutes, with material on possible approaches to local college communities. We are also thinking about internship possibilities for graduate and undergraduate students involving exposure to psychoanalytic ideas.

One ambitious dream, first expressed by Dottie Jeffries, APsA public affairs director, is to have a staff person dedicated to education at the national office. While not feasible yet, nothing happens if you don't have a dream. We can at least say, already, that we are responding to Niko Canner's challenge to reach the 10,000 brightest young minds and introduce them to psychoanalysis. 

Teaching Psychoanalysis

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Second, it helps to teach psychoanalysis with a genuine question in mind. Psychoanalysts are regularly experienced as people who take themselves to have esoteric knowledge. Thus, whatever the transference distortions in all directions, humanists often experience analysts as talking down to them. If the analyst/teacher, himself, has a genuine question and is trying to think it through on his feet, that goes a long way towards ameliorating the problem.

Finally, psychoanalytic institutes ought to devise better ways to take advantage of this youthful enthusiasm. I regularly have undergraduates and graduate students come to talk to me about becoming a psychoanalyst. When I tell them they first have to get a clinical degree—either an M.D. or a Ph.D. in clinical psychology or an M.S.W. and then apply to an institute—they often feel discouraged. Obviously they need a good clinical training, and they need to satisfy various professional standards. But it is also true that if they enter an M.D. or Ph.D. program, they will, by and large, enter a professional atmosphere that discourages interest in psychoanalysis. It would help if psychoanalytic institutes could find ways to be more welcoming to students at earlier stages of their careers. 



Varvin Interview

Continued from page 1

I conducted the following e-mail interview with Varvin.

CU: What does psychoanalytic knowledge contribute to the work of severely traumatized patients that other bodies of knowledge cannot? Can you say something about teaching methods and strategies for transmitting this specialized knowledge and expertise?

SV: Psychoanalytic knowledge and psychoanalytically-oriented therapy differ from other contemporary approaches to the treatment of severely traumatized patients in several respects. The most obvious difference is the comprehensive understanding of the patient: How one's problems and suffering are interwoven with one's personality and life history.

how trauma and the context of exile make overcoming the aftereffects difficult. An important aspect of this history is society's difficulties accepting trauma victims. This may then lead to a discussion of countertransference problems both on a societal level and individually, especially in therapy.

I emphasize that the past traumas for many are only a part of the problem; that the traumatized patient may have a wide range of problems, such as losses and complicated grief work, problems with being accepted, and a wide variety of social problems.

CU: In your work with the victims and perpetrators of trauma and political terror; issues of countertransference must inevitably arise. Can you tell us a little about the nature of that countertransference and how you work with it?

It is important to have colleagues to speak with, but also to have regular supervision from time to time. The more difficult part may not be listening to terrible histories, but bearing emotionally the emptiness, hopelessness, and serious depressions we meet in these patients. The hopelessness may pervade therapies and words may seem to be of little help. This lack of vitality may accompany the therapist outside work, which underscores the need to regulate caseload and also establish proper self-care.

CU: In the kind of work that you are doing, the traditional psychoanalytic concern with trauma seems to be brought to a new and more complex level (sociopolitical as well as psychological). How do you think this new kind of encounter will affect psychoanalytic thinking?

SV: The encounter with patients who have been exposed to human-made traumas and violation of their human rights and who have also been socially uprooted and have to live in exile necessitates the development of the psychoanalyst's mental representation of the social context. This link between the internal world and the social and cultural context has generally been conceptually problematic within psychoanalysis. More than in other therapies, there is a need to understand the subject's relation to others and the social context in several dimensions: bodily-emotional, relations on a group level and on a cultural level. It is, for example, obvious that difficulties in accessing cultural narratives may hamper the meaning-making function of the mind when living in exile. The violation of human rights, such as in the cases of torture and being exiled, makes clear how basic trust also is grounded in a stable social structure.

I think psychoanalysis in the work with these patients and also with social problems related to social traumas may widen the scope not only in the understanding of the relation between the individual and his/her social context, but also in understanding complex societal processes, for example, traumatized societies (as Vamik Volkan has done).

CU: In your work at the sociopolitical level (medical associations, human rights organizations, NGOs, governments), do you encounter resistance as we do in ordinary psychoanalytic

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Having a developmental perspective and an understanding of the significance of loss and grief deepens the understanding of the traumatized patient who has been a victim of atrocities...

Having a developmental perspective and an understanding of the significance of loss and grief deepens the understanding of the traumatized patient who has been a victim of atrocities, as both an emotionally developing person where important aspects of development have been hindered or arrested because of trauma or exile, and a person who has suffered severe losses which need to be grieved. These perspectives have important advantages over more focused and specialized techniques dealing only with parts of the problem, for example, cognitive therapy and eye movement desensitization and reprocessing.

When I teach, I always start with a broad perspective on trauma and traumatization, which includes the history of the concept of trauma within psychiatry and psychoanalysis; the social history of trauma (which also includes how traumatized persons have been neglected and even misused); the recent revitalization of the trauma concept; and, when it concerns the exiled and refugees,

SV: As I've already mentioned, countertransference is important to understand both at the individual and group/societal level. The individual resistance in the therapist/analyst as well as in the patient may gain support from denial at a social level.

In my experience, countertransference with these patients does not in principle differ from work with other patients. What differs is often intensity of emotional reactions and the different defenses that may be involved. Anxiety about "going into the traumatized part of the patient's personality" is common: "Can I do harm by asking about past traumatic experiences?" The patients often perceive this anxiety and then feel there really is something bad that cannot be touched. Therapists (including myself) may have a wish to deny the severity of the problem, and repress or dissociate gruesome parts of the patient's history. Strong feelings of helplessness, anger, cynicism, and sarcasm are seen as expression of identification with the victim or the aggressor.

A New Look at Psychoanalytic Approaches for Treating Combat Trauma

Harold Kudler

On completing my psychiatric training, I had two clear priorities: to work at a major university and to become a psychoanalyst. Opportunity knocked in the form of an appointment at Duke University and a position at the Durham North Carolina VA Medical Center. My plan was to backstop my income for a few years with a reliable Veterans Administration salary, complete my training at the UNC/Duke Psychoanalytic Education Program, and then move on to university life centered on the practice and teaching of psychoanalysis. Little did I realize that, 20 years later, I would still be at the VA and that I would be weaving psychoanalytic ideas into national VA and military programs designed to meet the mental health needs of combatants in a global war on terrorism.

The history of psychoanalysis and of psychiatry is inextricably bound up in the history of 20th century warfare. Freud, who first defined psychoanalysis in terms of psychological trauma, had to revise his theory of dreams because of the combat nightmares of World War I veterans: He simply could not find a way to interpret these horrific, repetitive dreams as wish fulfillments. His concepts of repetition compulsion and the death instinct both derived from practical experience with the psychological effects of war. His colleagues Ferenczi, Abraham, Simmel, Jones, and Kardiner made important contributions to theory and practice during WWI.

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Freud's own 1920 *Memorandum on the Electrical Treatment of War Neurotics*, prepared for the Austrian Commission for Enquiry into Violations of Military Duty, helped pave the way for new psychological treatments in military settings around the world. As Freud put it in his 1919 introduction to *Psycho-Analysis and the War Neuroses*, "Medical men who had hitherto held back from any approach to psychoanalytic theories were brought into closer contact with them when, in the course of their duties as army doctors, they were obliged to deal with war neuroses."

A generation of young American psychoanalysts, including Grinker, Spiegel, Lidz, Kolb, and Greenson, helped revolutionize military psychiatry during the Second World War. Their successful application of psychoanalytically informed treatments propelled psychoanalysis to the forefront of American psychiatry in the years following WWII. Henry Krystal, Robert Jay Lifton, and Chaim Shatan were among the many psychoanalysts who brought public attention to the concept of massive psychic trauma in the 1960s and '70s. Their perception, integrity, and courage have inspired me. Their work culminated in the inclusion of posttraumatic stress disorder (PTSD) in *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) III in 1980. This paradigm has defined the language and the conceptual framework of military psychiatry for combatants around the world for the last 25 years. It has also found broad application in work with survivors of

rape, domestic violence, sexual abuse, terrorism, and natural disasters. Psychological trauma is as central to psychiatry at the start of the 21st century as it was to psychoanalysis at the dawn of the 20th.

EFFECT ON VETERANS AND THEIR FAMILIES

I have been part of a generation of mental health professionals that trained just after PTSD was defined and that has advocated for its recognition. As such, I have spent two decades talking with patients and their families about war and war dreams, about flashbacks and strained family ties, about avoidance of war reminders and dissociation of war memories. Clinical experience with veterans of WWII, Korea, Vietnam, and the first Gulf War have, in my experience, lined up closely with classic case descriptions and theoretical considerations spanning the entire history of psychoanalytic thought.

The history of psychoanalysis and of psychiatry is inextricably bound up in the history of 20th century warfare.

Research into the biological markers of PTSD and its psychopharmacological treatment (in which I have also played a role) have only deepened my respect for the importance that personal meaning plays in psychological traumatization and in the treatment of its effects, which, in addition to PTSD, frequently include major depression, substance abuse, family dysfunction, and social impairment. It was, in part, because of my balanced experience in biological and psychoanalytic approaches that I was asked to help lead a joint VA and Department of Defense Clinical Practice Guideline on PTSD. [See http://www.oqp.med.va.gov/cpg/PTSD/PTSD_Base.htm]

As a VA psychiatrist trained in psychoanalysis, I believe that listening and trying to understand (operations fundamental to psychoanalysis) are as essential to good outcomes for veterans and their families as are the most effective biological interventions.

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Combat Trauma

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During the 1990s, I had grown increasingly concerned that, although current practice provided a number of evidence-based treatments to the combat veteran and his/her family, it rarely allowed them an opportunity to be listened to or understood. During that "Decade of the Brain," the dominant message was that PTSD was best understood as a form of neural injury. Talk ran high about

Talk ran high about shrinkage of the hippocampi and misfirings of the amygdala, but the personal meaning of horrific events and the possibility of recovery by working through that meaning were rarely considered.

shrinkage of the hippocampi and misfirings of the amygdala, but the personal meaning of horrific events and the possibility of recovery by working through that meaning were rarely considered. Fortunately, change is at hand.

MULTILEVEL INTERVENTIONS

As Department of Defense and VA clinicians and planners attempt to provide effective mental health interventions for a new generation of combat veterans, they have found that a narrow conceptualization of combat readjustment within the DSM terms of PTSD does not meet the needs of these veterans or their families. The observed cluster of PTSD, major depression, and substance abuse among returning war fighters speaks against the presence of a single biological defect or character disorder

as the lynchpin of traumatic stress. Mental health experts are finding it more helpful to conceptualize the problems of returning veterans in terms of an imbalance rather than "break" and of adaptation rather than pathology.

These perspectives open the door to new interventions at the levels of individual, unit, family, and community that complement rather than compete with biological conceptions and psychopharmacological interventions. These incorporate progressive outreach and engagement of new veterans and their families. This is a preventive model that goes above and beyond screening for one or more discrete diagnoses. It affords people the opportunity to talk about their experiences and to be heard and understood by professionals, peers, and family members. It refuses to pathologize or stigmatize responses to deployment that are so common that they can only be considered normal. It instead centers on individual, group, family, and social dynamics and is implemented through active listening and consistent facilitation of the veteran's and his/her family's own adaptive processes. In short, this new approach, dictated and driven by pressing necessity, is, in essence, a resurgence of a psychoanalytic approach to the trauma of war. This rapprochement between psychodynamic and biological perspectives carries with it the potential to reorient and revitalize the practice of psychiatry, military and civilian, for years to come.

APSA

Varvin Interview

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work, and, if so, what forms does it take and how do you work with it?

SV: We have been working in situations with lots of stress and with organizations under pressure. Resistance and various forms of defense both on a group level and individually are ubiquitous. The feeling of being right, fighting a just cause, for example, may make it difficult to realize that one also may do other people harm. This was obvious during a hunger strike in a prison. Here doctors and their human rights organization supported the fight, but denied that they, by doing this, also had some responsibility for many deaths and also that several prisoners were chronically impaired because of malnutrition.

The need to maintain a picture of the other as enemy was an important resistance when we worked with medical associations in the Balkans. Representatives from one part of the former Yugoslavia would only participate if the medical association of another part would apologize for what their army had done during the war. A whole day's visit with a recalcitrant medical association proved unsuccessful, even when trying to approach the resistance in an empathic and understanding way. Returning with a lot of propaganda in our luggage made us realize that the resistance was deeply rooted in actual and historical problems.

CU: You are in the process of building a bridge between psychoanalysis and human rights. How did you get into work like this, what is its personal significance for you?

SV: It was the meetings with people who had been victims of violations of their integrity and human rights that brought me into this work. I found that my psychoanalytic knowledge was important not only in working with these patients but also in human rights work abroad. The ethics of psychoanalysis has something to bring to human rights, and psychoanalysis may gain from knowledge of problems that are rooted in social contexts of violence.

I feel I can combine my professional knowledge with work for social justice in this way. I must also say that this is an interesting field of work. I have met extraordinary people who have done far more than I have done, and I must underscore that what I have done has always been in teams with excellent people.

APSA



Can Childhood History Predict Best Treatment for Depression?

Robert Michels

In May 2000, a research group led by Martin Keller reported an important study in *The New England Journal of Medicine*, the leading clinical research journal in the world. The authors had studied 681 patients with chronic major depression, recruited from 12 academic centers, who received either antidepressant medication, brief psychotherapy, or a combination of the two. Their results demonstrated that the two individual treatments were equally effective (which was consistent with previous research), but that their combination was significantly better than either alone. This surprised few clinicians, but was good news for those psychotherapists who noticed it, insofar as it provided an "evidence base" for the essential role of psychotherapy as at least one component in the optimal treatment of depression. Psychoanalysts noted, of course, that it was not a psychoanalytic psychotherapy (which is yet to be tested), but still it was a first step.

The next step turned out to be surprising, and, to me, even more interesting. In November 2003, six of the original authors, led by Charles Nemeroff, joined by eight additional colleagues, reported a further analysis of the same data in the prestigious *Proceedings of the National Academy of Sciences* (not the usual setting for psychotherapy research). They divided the original 681 patients into two groups—about two-thirds who had a history of early childhood trauma ("loss of parents at an early age, physical or sexual abuse, or neglect") and one-third who had no such history.

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Robert Michels

combination of the two treatments, while the combination was clearly superior to pharmacotherapy alone. In sum, psychotherapy was essential for the effective treatment of chronically depressed patients with histories of childhood trauma.

Childhood history thus becomes one of the relatively few predictors of differential treatment response in chronic depression.

FIRST STEP IN RESEARCH STRATEGY

This is an important advance, because the search for clinically relevant subtypes of depression that predict responses to different treatments has been surprisingly unsuccessful until now. Nemeroff and colleagues discuss these results in the context of the neurobiological sequelae of early trauma which they believe may predispose to later psychopathology, but it would be easy for a psychoanalyst to hypothesize psychodynamic factors that might contribute to predispositions or pathogenesis as well. What is exciting is that we have the first step in a research strategy that can help us to differentiate between these models and evaluate their relative importance, and in so doing enrich our understanding of development and further refine our ability to select the most desirable treatment for a given patient.

For the traumatized group, but not the others, psychotherapy alone was clearly superior to pharmacotherapy alone, and, in fact, was almost as effective as the com-

I have left out the methodological details, such as how the investigators dealt with comorbidity and with dropouts, how they assessed childhood trauma, the parameters of the treatments, what outcome measures were used, the duration of follow-up, and others, but as in all such studies these are all critical. We can be somewhat reassured in that the authors of these studies include some of the nation's leading experts on the assessment of psychiatric treatment, among them four psychiatry department chairs. Their results have been reviewed and summarized in a paper by Craighead and Nemeroff now in press in a special issue of *Clinical Neuroscience Research* devoted to research relevant to psychoanalysis. The opening sentence of that paper states, "Most patients who have experienced sexual abuse or early loss of a parent are optimally treated with psychotherapy as a core component of their treatment."

The original Keller article in *The New England Journal of Medicine* elicited two accompanying editorials. The first, by Jan Scott of Glasgow, emphasized the difficulty of treating chronic depression, along with the paucity of relevant data and the limitations of the Keller study. The second, by Marcia Angell, then editor, explained why the *Journal* had to go to Scotland to identify the editorial writer: It was difficult to find a research psychiatrist expert on the treatment of depression who did not have financial ties to drug companies that make antidepressants, which would have conflicted with the *Journal's* conflict of interest policy. It also described a disturbing corollary of the eminence of the authors. Their ties with such companies were so extensive that the *Journal* published a list of them on its Web site rather than with the article.

My own conflict of interest: I have no financial ties to companies that make antidepressants, but I was on the editorial board of *The New England Journal of Medicine* when the Keller et al paper was published and, along with Steve Roose, am the co-editor of the special issue of *Clinical Neuroscience Research* that will publish the Craighead and Nemeroff paper.

APSA

Making a Profitable Investment in Human Capital

Julio G. Calderon



Julio G. Calderon

The history of the Affiliate Council is a chronicle of the ever-increasing move within the American Psychoanalytic Association to strengthen the voice of candidates throughout our organization. In its 11-year history, the Affiliate Council has evolved into a powerful vehicle for change through its leadership and advocacy for candidates throughout the country. Our efforts led to important victories like achieving full voting rights for all affiliate members. Increasingly, Board and Council committees have opened their doors to candidates and have found them an invaluable part of their committees. We have made our presence known at all levels of the organization through our participation, enthusiasm, and hopefulness for the integrity and continuing relevance of our profession.

As I assume my term as president of the Affiliate Council, I find myself empowered by our Association's strategic planning activities for allocation of resources for our future as a profession, a science, and an organization. There are many threats to our profession with the encroachment of managed care, an emphasis on evidence-based medicine, short-term manualized treatment approaches, and a society that is increasingly looking to find quick relief from what ails it.

However, my mission is of a different sort. We have a wealth of talented, capable, and bright professionals who have much to offer

Julio G. Calderon, M.D., is the incoming president of the Affiliate Council and is also an advanced candidate in the adult psychoanalytic program at the Florida Psychoanalytic Institute and a candidate in child psychoanalysis at the Baltimore Washington Institute for Psychoanalysis.

but are burdened with the high cost of training, running a practice, and the demands of family life. They need guidance, mentorship, and sometimes a warm personal invitation before they can feel safe enough to come to the national meetings. With these goals in mind, we have developed several programs to help foster candidates at all stages of their careers. We invite members to take an active role in helping candidates to develop their talents and to usher them into the richness that our Association has to offer. Here is the starting line-up and other works in progress.

LEADERSHIP ACADEMY

The Affiliate Council will kick off this initiative with its Leadership Academy during the upcoming meeting in Seattle. Led by Georgia Royalty, a candidate at the Baltimore Washington

We have made our presence known at all levels of the organization through our participation, enthusiasm, and hopefulness for the integrity and continuing relevance of our profession.

Institute for Psychoanalysis with years of experience consulting on leadership development, we hope to reach out to candidates and delegates representing the 32 psychoanalytic training programs in the country. Leadership is a huge subject about which much has been written, but our goals are to help identify our individual and collective strengths, talents, and limitations and set an agenda that will move us forward and outward as we address the concerns of candidates throughout the country.

SCHOLARSHIP

In January 2006, Hilary Rubenstein takes us on a new journey of discovery as we welcome the candidates from the New York University Psychoanalytic Institute who have started a new journal, *The Candidate*. Through their work, we hope to develop a series of programs to help cultivate and engage leadership through

academic scholarship and encourage prospective analysts to begin writing early in their professional development. We are fortunate to have Steven Levy, the editor of JAPA, join our efforts as a co-leader in this series on "beginnings" in analytic writing that focuses on candidates' initiation into psychoanalysis and exploring the parallel process in treatment. The emphasis will be on examining what breeds creative thinking and what inhibits it through both writing and clinical work. [See "Candidates Launch an Online Journal of Their Own," page 23.]

RESEARCH

I want to also invite our leading psychoanalytic researchers to help us develop a series of programs that will serve to educate and inspire the future researchers among us. Linda Mayes made a plea for increased funding and emphasis on scientific activities within our Association. She also shared a broad perspective that seemed realistic in our efforts to rebuild bridges with the academic community. Our Association needs to reclaim its position as the preeminent scientific home for psychoanalysis.

Mayes further advocated for "grassroots efforts" and developing a "conduit" for young scholars. The Affiliate Council can serve as that conduit. Our ongoing support for the annual scientific paper prize is a beginning, but we need to promote a scientific initiative that provides candidates with programs that help them to develop their ideas, to learn about research opportunities, and that facilitate a close liaison with psychoanalytic researchers.

I know I have not mentioned "reorganization" or "expanded membership criteria" in the last few paragraphs. That is not to say that these issues are not important to the health and long-term survival of our Association. However, I hope you will share in my excitement and mission for the Affiliate Council, which serves not only as a voice for candidates but also represents the future of our profession and our Association. Invest wisely! 

Candidates Launch an Online Journal of Their Own

Rachel Blakeman, Donald Moss,
Arden Rothstein, and Hilary Rubenstein

A group of 15 candidates at New York University Psychoanalytic Institute, New York University Medical Center (NYUPI), in collaboration with four faculty advisors, has initiated an online journal, *The Candidate*, devoted to issues of special interest to candidates.

The theme of the first issue will be "Beginnings." Among other topics, the editors are interested in examining how candidates are initiated into the psychoanalytic community through the interview process, beginning a training analysis, and beginning a first analytic case. The first issue will focus on the ways that candidates commencing their training can become open to exciting new ideas or, conversely, how candidates' development as thinkers, writers, clinicians, and human beings can be derailed during these early phases.

lively clinical writing depends on the freedom to think, read, critique, and raise challenging questions; nurturing that freedom is the goal of the writing program at NYUPI. Some components of the program are built into the curriculum, while others are elective.

FROM FANTASY TO REALITY

The Candidate is the actualization of one of these components: an imaginary journal developed in the first-year writing course. During this course, candidates "serve" on the editorial board of a publication dedicated to clinical work, theory, supervision, education, and authority, as well as personal/experiential presentations, critiques of new and classical psychoanalytic literature, and more. First, candidates treat a sequence of well-known

One guiding idea was that candidates, uniquely situated to provide thoughtful perspectives on and critiques of psychoanalysis and psychoanalytic education, seldom write. They may lack confidence in their ideas, feel afraid to write from different theoretical perspectives, or seek to gain faculty approval—whether out of real concerns about graduation or transference—and are, therefore, unlikely to voice their views without significant faculty encouragement. In addition, there is a dearth of literature addressing issues particular to candidates. Candidates and faculty involved in *The Candidate* hope that this project promotes candidate writing, creates lively dialogues, and strengthens the field of psychoanalysis.

The creation of the candidates' journal required a unique collaboration among faculty and candidates, a coalescing of the varying and, at times, conflicting fantasies of individuals within the institute. Faculty and candidates fantasized about a journal driven by the candidates' interests. While the journal was conceived and will be administered primarily by candidates, its continuity depends upon the faculty's encouraging each new class of candidates to participate and nurturing their intellectual freedom.

SHARED MISSION

In the past six months, the group finalized the journal's mission and determined that an online journal would best serve candidates' interests. The mission statement reflects the shared dream of all involved in the project—making a meaningful contribution to the psychoanalytic community:

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

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Candidates and faculty involved in *The Candidate* hope that this project promotes candidate writing, creates lively dialogues, and strengthens the field of psychoanalysis.

The Candidate is the most recent—and very exciting—development in NYUPI's program in Scholarly Thinking, Reading and Writing. Writing is viewed as one aspect of an atmosphere of scholarship. Candidates' ability to create valuable scientific contributions and

Rachel Blakeman, J.D., L.C.S.W., and Hilary Rubenstein, Ph.D., are candidates at New York University Psychoanalytic Institute, NYU Medical Center. Donald Moss, M.D., and Arden Rothstein, Ph.D., are faculty at the institute.

psychoanalytic articles as manuscript submissions, accepting or rejecting each one in a letter to the author that details the rationale for their editorial action. Then, papers submitted by the instructors to already existing journals—work that had been revised in accordance with editors' suggestions—are reviewed. Finally, candidates submit their own drafts to the editorial board.

After four years of this energizing, intellectually stimulating educational experience, candidates explored their interest in transforming the imaginary journal into a real one.

Faculty and Candidates Take on Issues of Progression

Kate Schechter and Tom Bartlett

A candidate in his sixth year of training has three cases underway when, 11 months into analysis, his third and only female patient—a single mother of two, who commutes over one hour each way for her analytic appointments—explains that she can no longer make the trip four times a week. She strongly wants to continue in analysis, but she can only make three weekly sessions.

The patient, the candidate, and the supervisor all see the treatment as healthy and valuable, and wish to continue it at the greatest possible frequency. The supervisor, however, notes that the progression committee will give credit only for a case conducted four or five times weekly, for a minimum of 24 months. Now the candidate has paid a significant amount in supervision fees and finds himself committed to a low-fee case that will no longer “count” toward graduation.

And we wonder why it is taking some candidates 10 to 15 years to graduate!

This story was adapted from a presentation at a unique Round Table forum at the January APsaA meeting in New York. The Round Table featured candidates and faculty from different institutes who met on equal footing for a frank dialogue about questions, issues, and fantasies related to the progression process in APsaA institutes.

The meeting was very well attended and an audience from around the country participated in a lively discussion with faculty Ellen Rees, Stan Bone, Deborah Cabaniss, Sid Phillips,

Marvin Wasserman and candidates Justin Richardson, Stuart Rostant, and the authors of this article.

This forum grew out of the pioneering efforts of the late Larry Chalfin and the Project 2000 committee, in collaboration with Nancy Blieden, then-president of the Affiliate Council, as a means to foster participation of candidates in national level discussions about training in APsaA institutes.

The meeting was organized in two parts. The first part focused on specific policies pertaining to progression and graduation: What factors go into deciding whether a candidate's control case should count toward graduation? When, if ever, should a committee override the judgment of the person supervising the control case, and why? What information is relevant to the decision about a candidate's academic and clinical work?

The second part took on more thorny problems related to institute politics and culture, and to the dynamics of the committee process itself. What factors give rise to candidate anxiety and mistrust, and how can these be ameliorated? Issues discussed included conflicts of roles and interests, organizational factionalism, snowballing or runaway committee dynamics, miscommunication, what should be held confidential, and what disclosed to the committee.

Some suggestions raised in the course of the Round Table may merit further discussion at institutes, for example, the need for explicit, clear criteria upon which candidates' clinical and academic work will be evaluated; having the candidate participate in the committee's evaluation of his or her work; and having a candidate representative serve as a working member of the progression committee.

The Round Table was received with enthusiasm and general acknowledgment of the importance of such educational issues in psychoanalytic training today. The planners hope to have more such faculty-candidate round table discussions in the future. 

Online Journal

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In addition to candidate submissions, the journal welcomes non-candidate submissions that address issues of particular interest to candidates, such as training and education. The journal will accommodate a variety of written formats (research and clinical papers; interviews of clinicians; reviews of articles, books, and films). *The Candidate* seeks both to give voice to the newest generation of psychoanalysts and to cultivate an expanded, intelligent dialogue in an evolving psychoanalytic community.

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

In the past few months, NYUPI candidate editors have met with the Affiliate Council (the candidates' organization of APsaA) and are collaborating on a panel for the Affiliates' Forum at the Winter Meeting in January 2006. The papers from that panel will be included in the first issue. In addition, journal members will present at Stephen Bernstein's workshop on clinical case writing at the Spring Meeting in Seattle. In January, journal members also met with the Council of Psychoanalytic Journal Editors.

Everyone associated with the journal appreciates the resounding support received from every person to whom they have had the opportunity to present the idea. They look forward to future calls for papers. Questions can be addressed to Rachel Blakeman at rachelblakeman@aol.com, Donald Moss at donaldmoss@mindspring.com, Arden Rothstein at aroth275@aol.com, or Hilary Rubenstein at hilary.rubenstein@med.nyu.edu. 

Kate Schechter, M.A., L.C.S.W., and Tom Bartlett, M.A., are candidates from Chicago and Philadelphia respectively.

From the Unconscious

Sheri Hunt



In Susan Kolodny's poem, I am caught by the image of the human shadow above the patterned fish suspended above its shadow suspended above darker fish hovering above their shadows, presumably or possibly above other fish above other shadows. The looping of the fish and the interweaving of the layers of shadows suggest an intriguing invitation into the indigo and faint green world of which Susan Kolodny has written. Analysts would not be able to resist casting their own shadows into the pond and therefore swimming around a bit with these fish and their shadow companions.

Kolodny recently graduated from the San Francisco Psychoanalytic Institute, where she now teaches the psychoanalytic writing course. Her poetry has appeared in many journals, including *New England Review* and *Beloit Poetry Journal*, and several anthologies. She is the author of *The Captive Muse: On Creativity and Its Inhibition* (PsychoSocial Press, 2000). She is in private practice in Oakland, California.

Sheri Hunt, M.D., is a candidate at the Seattle Psychoanalytic Society and Institute in both the adult and child training programs. A published poet and member of TAP's editorial board, she welcomes readers' comments and suggestions at sherihunt@hotmail.com.

KOI POND, OAKLAND MUSEUM

Our shadows bring them from the shadows:
a bright yellow one with a navy pattern
like a Japanese woodblock print of fish scales;
a fat, 18-karat one splashed with gaudy purple
and a patch of gray; one with a gold head,
a body skim-milk-white, trailing ventral fins
like half-unfolded fans of lace;
a peach-colored, faintly disheveled one,
and one, compact, all indigo in faint green water.
They wear comical whiskers and gather beneath us
as we lean on the cement railing
in indecisive late December light,
and because we do not feed them, they pass,
then they loop and circle back. Loop and circle. Loop.
"Look," you say; "beneath them." Beneath them,
like a subplot or a motive, is a school
of uniformly dark ones, smaller, unadorned,
perhaps another species, living in the shadow
of the gold, purple, yellow, indigo and white,
seeking the mired roots and dusky grasses,
unliveried, the quieter beneath the quiet.

—Susan Kolodny
New England Review



Shaping a Representative and Effective Board of Directors

Robert M. Galatzer-Levy

The charge of the Task Force on Reorganization calls for us to design a board of directors for the Association. The charge specifies that the size of the board should be between 15 and 25 and be democratically elected. Because the Board of Directors will be ultimately responsible for the actions of the Association, designing it wisely is a major priority of the task force. Here are some of the challenges we face.

The board's size will affect its functioning. Large boards of directors can be less effective than smaller ones because the mechanics of board meetings are more complex. On large boards, the members often find it hard to get to know one another; each member has less chance to contribute to discussions, each may feel less personally responsible, and the costs of large boards (e.g., travel to meetings) are greater.

However, a disadvantage of a smaller board is that it is more difficult to represent diverse opinions and constituencies. Especially in an organization like APsaA, where members' involvement is highly valued, a smaller board may be a problem because members may feel their voices cannot be heard. Minority positions may get lost or be inadequately represented.

It is important to have a board that includes needed expertise and interests in the wide range of matters likely to come before it. Several seats will be occupied by persons with special backgrounds such

as law, finance, or public relations. These board members need not be members of the Association. A means of selecting them will have to be worked out, possibly by election by the rest of the board or by the membership. Psychoanalyst members of the board should also reflect the diversity of the Association. Such interests as those of small societies, candidates, psychoanalytic educators, and others would ideally find representation. Finding a way to accomplish all this will not be simple, because we want to ensure both a democratic process and minority representation.

Another challenge arises because APsaA has until now been a hybrid organization in which members, societies, and institutes all participated in governance. Members directly elected officers and counselors at large; societies were represented through the Council; institutes were represented on BOPS. The active commitment that comes with such representation has been important in maintaining the societies' and institutes' relationship to APsaA. If possible, we want to maintain these close relationships without interfering with democratic elections.

With these apparently conflicting matters in mind, the task force is trying to find workable solutions. Some possibilities include:

1. Electing the entire board at large and trusting the membership to balance its makeup.

2. Designating several board seats by their functions (e.g., representing science and scholarship or candidates in analytic training). Nominees would be chosen by the nominating committee, members would vote directly.

3. Instituting a system like that used by the American Psychological Association (APA) in which nominees are selected by a nominating committee for designated seats, but each member of the Association has several votes which can be used at the member's discretion. For example, if the member has five votes, two might be used to vote for the candidates' representative and three for a representative at large. (The APA's actual method of election is slightly more complex.) Although it is beyond our mandate, the task force has decided to at least consider the possibility of a larger board and to compare it to other possibilities.

While it is unlikely that we will come up with a perfect solution to this problem, it seems very likely that we can find one that is good enough so that the board can be nimble, effective, and knowledgeable about a wide range of matters, and representative of the members.

As always your suggestions and input are extremely welcome.



Robert M. Galatzer-Levy, M.D., *chairman of the Task Force on Reorganization, is training and supervising analyst, child and adolescent supervising analyst at the Chicago Institute for Psychoanalysis, lecturer in psychiatry at the University of Chicago, and is in private practice.*

Decision in Philadelphia: The HIPAA Case

Janis G. Chester

Appellate Judge: *"If I pay cash and tell the doctor I don't want anyone to know I have HIV, under the Rule can I exercise that right?"*

Appellate Judge: *"The insurance company calls and asks you how many patients have you treated in the last month with drug X for HIV, do you disclose?"*

Government Attorney: *"I don't know."*

Appellate Judge: *"If you don't know, how is the patient supposed to know?"*

This is not an excerpt from a Pinter play; this is an exchange that took place on March 9, 2005, in the U.S. Court of Appeals for the Third Circuit in Philadelphia. A three-judge panel convened to hear the case of *Citizens for Health vs. Leavitt*. Jim Pyles, counsel for the American Psychoanalytic Association is the lead attorney. The case seeks to restore the patient's right to consent prior to the release of health information, which was specifically eliminated by the HIPAA (Health Insurance Portability and Accountability Act) Amended Privacy Rule.

When asked direct, simple questions by the justices, the government's attorney seemed confused, gave contradictory answers, and reversed himself, resulting in one judge observing "as good a litigator and scholarly gentleman as you are, if you are not sure..., how is [an] 89-year-old woman going to know?" The judges asked whether paying for treatment privately would protect privacy. They asked whether a patient could get an accounting of the entities that had been given information about him. After much confusion, the answer to both of these questions was ultimately "no."

Janis G. Chester, M.D., *who is a psychotherapist associate member of the Association, is an individual plaintiff in the suit. She is president of the American Association of Practicing Psychiatrists, which is a plaintiff in the suit.*

This obviated much of the government's argument that citizens were safeguarded by their right to file a complaint with the Department of Health and Human Services (HHS), since they would be hard pressed to know that a violation had taken place.



Janis G. Chester

PRIVACY VS. EFFICIENCY

The attorneys for the government insisted that citizens had no privacy protection prior to the Amended Rule, and that HHS successfully balanced loss of privacy with enhanced efficiency. Both of these points were vigorously challenged by our attorney as well as the judges. One of the judges questioned whether "efficiency" was a compelling reason to sacrifice privacy.

Our attorney made four key points.

- The Amended Rule violates patient rights by authorizing the use and disclosure of every kind of health information without consent.
- The Amended Rule authorizes disclosures to untold numbers of members of the public.
- Under the Amended Rule citizens are powerless to prevent disclosures without consent, without accounting, and over their objection; this is the case even if they pay privately, and extends retroactively prior to the implementation of the Rule. There is no effective remedy.
- The Amended Rule waives the individual's fundamental right to privacy against his or her will.

Emotions ran high in the courtroom. It seemed clear that fundamental rights were at issue. Could it be true that the federal government can simply issue regulations that eliminate basic freedoms, without consequence or public outcry? It was no accident that this case was filed in Philadelphia, the birthplace of our nation's Constitution. The questions and comments posed by the judges showed a clear understanding of the magnitude of the case, giving a sense of hope.

Could it be true that the federal government can simply issue regulations that eliminate basic freedoms, without consequence or public outcry?

It was clearly understood by the judges that the Amended Rule allows for the routine release of personal health information (without consent) for the purposes of "treatment, payment, and health care operations." They focused on the meaning of "health care operations," which the government's attorneys were hard pressed to define. The release of information to other health care professionals for purposes of treatment, and the release of information to insurance companies for purposes of payment, seemed logical and customary to the judges. The release of information for "health care operations" came across as questionable.

On the other hand, there was no avoiding a feeling of vulnerability and despair over how fragile and quickly lost these freedoms seem. How did this happen?

HIPAA INTENT DISTORTED

In 1996 Congress passed HIPAA to protect the security and privacy of identifiable health information as the country moved toward the use of electronic records and billing. Congress granted power to HHS to develop standards. The tradition of protecting patient privacy was well established in professional

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Electronic Health Records— Another Trojan Horse?

Robert Pyles

In a rare show of bipartisan unity, Republicans and Democrats have embraced President Bush's Executive Order 13335 calling for the adoption of "interoperable" electronic medical records, (EMRs) or electronic health records (EHRs). In addition, the Medicare Modernization Act requires the establishment of similar records and the development of standards for electronic prescribing.

Veterans of the health-care wars may recall 1994 when Senator Clinton (D-NY), then First Lady, developed the "Clinton Health Plan." The American Psychoanalytic Association and the Coalition for Patient Rights were among the first to recognize the primary premise behind the plan, namely the establishment of a health-care network entirely controlled by the government and insurance companies, from which there was no escape, even through private practice. Private practice would have been illegal under the Clinton Plan. All patients and practitioners would have been contained in a system entirely controlled by managed care.

the "cost-effective and timely data collection for bio-surveillance, quality measurements, and clinical research." EMRs will certainly be required for those who file claims with insurance companies and Medicare.

NEW TECHNOLOGY INFORMATION OFFICE

The president appointed David Brailer to head the newly created Office of National Health Information Technology (ONHIT), which is charged with developing a system of interoperable EMRs over an allotted 10-year span.

The New York Times reported on February 17 that Brailer, a physician and economist, has delivered a warning to the health-care industry: If the industry cannot agree on standards by this summer, "then government will probably do what government does best—put out a mandate." Proponents of EMRs maintain that lives and money will be saved by their use. Others disagree. CNN reports that 89 percent of savings generated by the use of

The use of EMRs is heavily supported by the insurance and information technology industries, both of which have a great deal to gain from such a transition.

The push for EMRs seems less radical at the moment. However, it does create the mechanism by which the goals of the Clinton Plan can ultimately be achieved. While the president's Executive Order pays lip service to privacy concerns, it comes down heavily on the need for "compiling the complete experience of a patient's care" as well as to permit

Robert Pyles, M.D., is chair of the Committee on Government Relations and Insurance, and a former president of APsAA.

an EMR system would accrue directly to the profit margin of insurance companies. Other studies show a high level of errors caused by computer glitches and incorrect data entry.

The use of EMRs is heavily supported by the insurance and information technology industries, both of which have a great deal to gain from such a transition. The problem here is the usual conflict of interest inherent in a health-care system operated for profit and by managed care companies (MCOs). EMRs are also heavily supported by Congress. In the

1990s, Congress was similarly supportive of managed care. In both cases, Congress passed legislation that enabled MCOs to profit by rationing health, while keeping



Robert Pyles

their own hands clean. EMRs facilitate chart audits and overzealous utilization review, often resulting in payment denial and charges of fraud. By way of example, the Josie King Act of 2004, introduced by Patrick Kennedy (D-RI), states reimbursement will be withheld from physicians if chart notes do not reflect a predetermined "quality standard."

Ironically, EMRs certainly could and should be a valuable contribution to the delivery of quality health care. The very technology which allows for the rapid transmission of information could theoretically also allow for the protection of patient privacy. Concern for patient privacy has been almost entirely missing from the discussion in Congress and the administration, nor does there seem to be any serious interest in the topic. By contrast, privacy protection has been central in the development of EMRs by the National Health Service in Britain. The key points about the British system are:

- Patients are allowed to opt out of having an EMR.
- Patients are allowed to make certain information inaccessible for routine purposes.
- An audit trail is generated whenever an EMR is accessed or amended.

This is far better than the low standards set by HIPAA. The effect of HIPAA can be seen in the EMR system set up by PartnersHealth Care in Boston. This system has been lauded by the insurance industry and business interests as a model to be followed throughout the United States. Citing HIPAA, the group explains, there is no patient consent for release of information and there is no so-called black box where particularly sensitive information can be stored.

One might well ask why the focus on patient privacy in Britain is missing here. The answer

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The HIPAA Case

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ethics and clinical practice. The clear intent of Congress was that these ethical practices should carry over into the electronic realm.

When HHS implemented the Amended Privacy Rule in April 2003, the very opposite was achieved. Personal health information could be routinely disclosed without patient consent, without the patient's knowledge and over the patient's objection. An unethical practice was now authorized by law. Since the time of Hippocrates, confidentiality was encoded in the ethical standards of professional organizations. The American Medical Association incorporated confidentiality into its ethical code in 1847, and every other professional group has followed suit.

Electronic Health Records

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can be found in the fact that there is no profit motive operating in the British system, in comparison to the managed care for profit system in the United States. Although the push for EMRs in the United States is couched in terms of quality of patient care, there is an enormous profit motive at work. The need for insurance companies to achieve control over patients and practitioners in the U.S. health system, I suspect, is a far more pressing motive than the altruism of developing a health-care system that delivers high quality care. EMRs create endless potential for denial of payment, and consequent limiting of patient care. The recent introduction of so-called Pay for Performance Initiatives combined with the use of EMRs will result in a system dominated by the dictates of managed care.

The American Psychoanalytic Association, long a leader in the fight to protect patient privacy, submitted comments to Brailer emphasizing the need to create a system of EMRs based on the British model and professional ethics, which will safeguard the ability of our members to deliver quality treatment to our patients. Jon Meyer, Jim Pyles (our counsel), and I plan to reiterate these points in an upcoming personal meeting with Brailer. 

The American Psychoanalytic Association sued HHS days before the implementation of the regulations. The suit calls for the restoration of patient consent prior to the routine release of information, based on Constitutional rights and professional ethics. The leadership of the American Psychoanalytic Association played a key role in the formation of a coalition of 18 plaintiffs, including individuals, consumer advocate groups, and professional societies, representing 750,000 citizens. The case was heard in District Court in Philadelphia in December 2004. The judge ruled that the Amended Rule did eliminate medical privacy but dismissed the Constitutional claims on the grounds that while the Amended Rule does *permit* practitioners to release patient information without their consent, it does not *compel* them to do so.

Because the principle of patient consent and the critical Constitutional issues were not addressed, all 18 plaintiffs filed an appeal, joined by six *amici*, including the National

Association of Social Workers and the Harvard Medical School Program for Law and Psychiatry.

While we await the court's decision, we can take pride in the fact that the research done for this case has already been put to good use. On behalf of the Association, Pyles worked successfully with attorneys protecting abortion records from subpoenas issued by Attorney General Ashcroft. Lawmakers on Capitol Hill increasingly turn to the Association for guidance on issues involving privacy.

While the Amended Rule has generated a good deal of red tape where patients can see it (extra forms in doctors' offices, hospitals, and pharmacies), this is merely window dressing. The Rule is not a privacy law, it is a disclosure law. This suit filed by APsA seeks to return to the original intent of Congress, to maintain Constitutional and ethical principles safeguarding privacy as we enter the electronic age. 

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Lucy Daniels Center for Early Childhood Serving on the Front Lines of Its Community

Donald L. Rosenblitt

The Children and Family Community Service Award of the American Psychoanalytic Association recognizes each year one program in our nation that achieves exceptional distinction in the quality and extent of its direct service to the children and families in its local community. The Lucy Daniels Center for Early Childhood has been honored as the 2005 award recipient. Cal Narcisi, chair of the Committee on Child and Adolescent Psychoanalysis that nominates award recipients, said in presenting the award, that the Lucy Daniels Center "provides a model for community service, involvement, and impact that we can all look to for inspiration."

In what ways does the Lucy Daniels Center provide inspiration? As founder of the center and full-time director for its 14 years, I can say that from the outset we envisioned Lucy



Donald L. Rosenblitt

understood as an acceptance of the value of a psychoanalytic approach to helping children.

This basic approach of reaching out through community partnership and service

has taken various forms. One component has been the center's many adult and professional educational activities, including an extensive (and very low cost) program of workshops for teachers, parents, and others who are involved with children. Most of the programs have a psychoanalytic focus, such as presentations about supporting healthy separations.

However, I have come to believe that, for psychoanalysis, real marketing comes from real work, real relationships, and, most of all, real giving.

Daniels Center to be a psychoanalytic community agency. In order to be a true community agency, we believed that we needed to be a community partner and player that gave to the community in various ways. We also decided that although we were willing to do the work to achieve wide acceptance, we would never hide our lantern under the bushel. We are unabashedly a psychoanalytic and psychodynamic program. The community endorsement of Lucy Daniels Center is

Donald L. Rosenblitt, M.D., is director of the Lucy Daniels Center for Early Childhood.

Others are not specifically within the psychoanalytic domain, such as programs on autism or learning disabilities. Invited nonpsychoanalytic or nonmental health colleagues with special expertise from the community have participated in many of these programs.

The center's willingness to participate in community boards and initiatives around children has been a second aspect of the reaching out. Through this work, the center has come to be seen as one of the key agencies in the broad community effort to assist children—which is how Lucy Daniels Center sees itself. I believe that psychoanalytic early childhood

programs are at-risk for being perceived as, and for actually being, isolated, self-sufficient entities, which is not a desirable situation. We have been largely able to overcome this by not seeing ourselves that way, and acting as we see ourselves.

A third outreach approach has been to establish, from the outset, a board of directors overseeing Lucy Daniels Center that is numerically dominated by nonmental health, prominent members of the community. (The Lucy Daniels Center, although strongly affiliated with the University of North Carolina-Duke Psychoanalytic Education Program through informal arrangements, is a free-standing private non-profit corporation.) Although arranging the board of directors in such a way presents challenges to maintaining the clinical orientation and philosophy of a program, the Lucy Daniels Center believes that the act of creating and then handing over the program to the community has contributed substantially to the program's ability to be owned and supported by the community at large.

INTEGRATION AND COLLABORATION

There are many other strategies that the center has used, such as the willingness to see that psychoanalytic assistance is only one aspect of the comprehensive help that many children need, and that the best care for children is provided by integrating other approaches into its work and collaborating with other professionals, such as early childhood educators, occupational therapists, speech therapists, early interventionists, and mental health professionals of different orientations.

What have been the fruits of this effort?

One measure of acceptance is the extent to which the community turns to the Lucy Daniels Center for assistance. In a typical week, the Lucy Daniels Center receives upwards of 15 requests from families for mental health assistance for their children, on the basis of referrals from an extremely broad constituency. The center serves as many of these children as it can, currently over 300 yearly and growing each year, with assessment and/or treatment. All families are served on a sliding scale or free, through three programs that offer a broad range of mental health treatments.

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FULBRIGHT SCHOLAR PROGRAM

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Applicants must solicit a letter of invitation from the Sigmund Freud Society by submitting a curriculum vitae and research/lecturing proposal. Grantee will have a workstation in the library of the Sigmund Freud Museum. Starting dates of grant: October 2006 or March 2007. Housing provided by the host institution. Visit the Freud Museum at www.freud-museum.at. Contact person: Mag. Inge Scholz Strasser, executive board chairwoman, Sigmund Freud Foundation, Berggasse 19, A 1090 Vienna; ph. +431 319 15 96 0; fax: +431 317 02 79; e-mail: office@freud-museum.at.

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New Resource Underway for Child and Adolescent Psychoanalytic Training

Kenneth R. King

Child and adolescent psychoanalysts across the country will soon have a new resource for planning their courses in psychoanalytic and psychotherapy training programs. Approximately one year ago, under the leadership of Chair Ruth Karush, the Committee on Child and Adolescent Analysis (COCAA) established a subcommittee to collect the syllabi and

Kenneth R. King, M.D., is a member of COCAA and COCAP (Committee on Child and Adolescent Psychoanalysis) and a BOPS fellow. He is a training analyst and supervising child and adolescent analyst at the Seattle Psychoanalytic Society and Institute. He is a clinical assistant professor at the University of Washington and is in private practice in Bellevue, Washington.

seminar descriptions from APsaA child and adolescent analytic training programs. The subcommittee members are chair, Nancy Bleiden, Jan Baeuerlen, and me. Sergio Delgado was an original member who has since rotated off COCAA. We have, so far, had responses from 16 institutes, a significant majority of the APsaA institutes that have active child analytic training programs.

The results are exciting! Although most programs cover similar topics, the range of readings and the teaching approaches vary considerably. Some institutes emphasize recent papers from both the mainstream psychoanalytic literature as well as related fields, e.g., child development research. Others primarily focus upon the classic papers. Some programs tie the readings to case presentations, sometimes by faculty,

As someone who has read extensively in the field and has been teaching child development and child analysis for many years, I find myself looking forward to reading the papers with which I am unfamiliar. I suspect others will enjoy the same pleasure.

We are planning to have the compilation of reading lists and course descriptions accessible through the APsaA Web site later this year. Our goal is for this to serve as a source of new ideas for established child analytic training programs as well as examples for institutes developing child analytic programs. In addition, institutes may wish to review the Web site offerings for useful information in updating child development seminars in their core curricula.

We hope those institutes that have not yet responded to our inquiries will contact us soon so that their information can be added to the compilation for the Web site. Please send additional syllabi to me at tk.king@gte.net. Once the project results are on the Web site, we also look forward to your feedback. 

Lucy Daniels Center

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The center provides:

- A school that includes a therapeutic nursery and kindergarten program for children age three through seven;
- An outpatient treatment clinic for children birth through 11. This clinic offers comprehensive care that is psychodynamically based but which integrates psychopharmacological and other approaches;
- A home-based treatment program for children from birth through five.

The center's community acceptance can be measured in many ways, such as from the grants it has received, the community leaders who sit on its board, the many hundreds of community members (completely outside the mental health community) who assist in the center's fund-raising, and its frequent press exposure. However, it is the home-based treatment program for children birth through five that demonstrates particularly well the

blend of community involvement on the center's part and support for the center's work on the community's part.

SECUREPATH

This program, known as "SecurePath," is funded by a statewide initiative in North Carolina known as SmartStart. On the basis of its work in the community, the relationships it had established, and a prior SmartStart funded activity, the center helped its local SmartStart affiliate develop SecurePath and was successful in being chosen as the lead agency to implement the program. Part of the center's contribution is to offer a portion of the program *pro bono*. The program involves in-home mental health assessments and treatment (such as parent counseling, mother-child work, and play therapy) for families who are without insurance or who have Medicaid. The Lucy Daniels Center is thus following in a worthy tradition of psychoanalytically-informed in-home mental health intervention for young children begun decades ago by Selma Fraiberg and her colleagues.

SecurePath has been a huge success. Long waiting lists developed within several months of launching clinical services. The provision of services to underserved, often highly burdened families is a wonderful and deeply rewarding activity in and of itself. Additionally, our agency's willingness to leave the comfort of our classrooms, playrooms, and consulting rooms, to go into the most disadvantaged neighborhoods, to offer bi-lingual therapists for our particularly underserved Hispanic population, to make psychoanalytic help something for the disadvantaged rather than just for the advantaged—all of this frames our agency and psychoanalysis in a way that leaves everyone proud that psychoanalysis exists and that children and families can benefit from it.

The lesson that can be generalized from their experience is that brochures, newsletters, and other activities have their place in getting the word out. However, I have come to believe that, for psychoanalysis, real marketing comes from real work, real relationships, and, most of all, real giving. 

Bringing Psychoanalytical Insights into the War on Terror

Steven Kleiner



Steven Kleiner

There is an old parable about trained incapacities. At an intersection in a small town, there occurs a major motor vehicle collision of cars driven by twin brothers. Within

an hour, all the town's professionals arrive at the scene. The policeman sees only the case of a jumped red light; the medical internist sees only blood and compromised organs; the attorney sees none of the above, but notices car damage and begins to recreate the scene. The civil engineer knows nothing of blood or blame, but notices that the town's new traffic median has been damaged. What, I wonder, would the psychoanalyst see? Perhaps our contribution would be to look for motivation.

The psychoanalytic community has increasingly sought to weigh in on matters of public debate, and among the themes present at the January Winter Meeting in New York was that of terror, torture, and the so-called War on Terrorism. Most wars are, at least in part, about symbols of ethnic or religious hatreds. At their core, however, whether it is over land, raw materials, or access to maritime ports, they have traditionally been understood to be about competing, often mutually exclusive, geostrategic interests. But with the growing belief that the current War on Terrorism and the war in Iraq are as much battles between symbols and values as they are about munitions, the psychoanalytic community must bring its trained expertise—namely insight into motivation and hence behavior—into the public realm.

Steven Kleiner, M.D., is a psychiatry resident at the Cambridge Hospital, Harvard Medical School. He is currently a fellow of the American Psychoanalytic Association.

Throughout the conference, a number of arguments were made on these subjects. Slides were shown. Questions were asked. One concept that tied several of the discussions together was the role that shame plays in the motivation for hostile acts. As a topic, "shame" is as hot today as it is poorly defined—both in psychoanalytic discourse and in public political discourse about terrorism and torture. Together with its next of kin, guilt, shame operates consciously and unconsciously, internally and interpersonally. Just as we have become accustomed to viewing guilt as a kind of emotional debt, including intergenerational debt, so too are we increasingly realizing the role of shame as a form of intergenerational connection.

The redressing of shame, the undoing of humiliation, and the reinstating of honor—these themes are brought to the fore by Vamik Volkan in trying to understand the group and individual psychology of terrorism.

THE ROLE OF SHAME

The redressing of shame, the undoing of humiliation, and the reinstating of honor—these themes are brought to the fore by Vamik Volkan in trying to understand the group and individual psychology of terrorism. Volkan contends that societies have chosen glories as well as chosen traumas. The latter are historically transmitted memories that are based on, but not limited to, historic facts. What can a man do with his shame and humiliation? If he expresses it outwardly as an individual, he will be killed. So he turns it inward and transmits it to the next generation. Thus it is the transmitted mental representation that becomes the shame and humiliation, rather than the actual memory of these traumas that can become the organizing concept of a group identity generations later.

The torture of Iraqi prisoners at Abu Ghraib was also about shame. In an academic-psychoanalytic exchange on terror and torture

chaired by Kimberlyn Leary, the photographs were explored as repositories of shame in and of themselves. In contrast to other wartime photographs where photography was used as a journalistic medium, in this case, the act of photographing naked Arab men in compromising positions was used as a means of shaming the prisoners. The actual photographs themselves then stand as a perpetual shaming device. But the border of these photographs is yet still undefined because they implicate the photographer as well. The viewer can just see the American prison guards winking and posing in their "thumbs up" fashion as they take their trophy snapshots of the shamed and humiliated other.

And then there is the noxious brew of shame and rage felt by the young suicide bombers who attacked the United States on 9/11. Here again, uniquely economic and political views of the origin of terrorism are useful but limited as they focus on the outer world and largely ignore the inner psychic

world of the individual. (It was not the poorest members of society that were the 9/11 hijackers, nor was the attack on New York City in their collective geostrategic political interest.) It is postulated that in these individuals must reside the desire for an aggressive response to a perceived loss. As Lord Alderdice, the former head of the Irish National Assembly, pointed out in his talk, terrorism is not a belief system, but a tactic to promulgate fear. The target is not the victim, but the authority which is perceived to be responsible for the actors' shame—and perhaps even more importantly, the shame and humiliation of their fathers.

As an analytic community, our business is insight. More than any other profession, we put motivation, both conscious and unconscious, at the center of our inquiries. We comfortably explore notions of aggression, ambivalence, and shame as we seek to understand behavior.

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Registry Cleaners

Paul W. Mosher

In the early days of personal computers, each program stored its associated user preferences and settings in the same folder or sub-directory in which the program was installed, or in some simple text files in the Windows directory. In more recent versions, most of this information from all the programs installed on your system has been consolidated in a database called the "Windows registry." Almost

every action that your Windows computer takes requires some access to the registry, which has been referred to as the "heart and soul" of Windows.

Every time you install or upgrade a program on your computer, new entries are made in the registry and, presumably, when such programs are removed the corresponding entries are deleted. Frequently, however, the uninstall program fails to remove some entries, and therefore, over time the registry accumulates more and more unneeded entries. This accumulation of registry junk can slow the operation of your computer, and in some instances even cause random crashes.

It is a good idea periodically to remove unneeded entries from the registry using a "registry cleaner" program. Although there are many such programs available, all of them should be used cautiously because any serious damage to the registry can completely disable your computer. I've had good luck with a program called "RegistryFix," which provides for making a backup of the registry before you do any "fixes" with it. The full program costs about \$30, but you can download the free version, which will scan your registry and tell you how many bad entries your registry contains, at: <http://www.registryfix.com/>

A free program which will actually make some repairs, and automatically makes a backup, is "RegCleaner," which can be accessed at: <http://www.tweaknow.com/>

Use any program of this type at your own risk! Because of the central role of the registry, a full system backup before proceeding is absolutely essential.



Paul W. Mosher, M.D., is a councilor-at-large of APsaA, a founding board member of Psychoanalytic Electronic Publishing, and a long time computer hobbyist.



APsaA Identity Crisis: Who Are Affiliates and Associates?

Debra Steinke

Affiliate: *n.* A person, organization, or establishment associated with another as a subordinate, subsidiary, or member.

Associate: *n.* A person united with another or others in an act, enterprise, or business; a partner or colleague. A member of an institution or society who is granted only partial status or privileges.

(Source: www.dictionary.com The American Heritage® Dictionary of the English Language, Fourth Edition Copyright © 2000 by Houghton Mifflin Company. Published by Houghton Mifflin Company.)

In last year's response to APsaA's Strategic Plan mailing, we found that many of our members identified their membership categories incorrectly. With *affiliate* membership and *associate* categories as well as having *affiliate* or *affiliated* study groups and simply using the terms, "affiliated" and "associated," in APsaA literature, it's no wonder many of our members and Associates are unsure in which

category they belong. "Affiliate" and "Associate" are words commonly used by APsaA. Both are similar in definition, as noted above, but represent very different groups in the Association. I hope the following will help clarify some of the differences and clear up some of the confusion.

WHO ARE ASSOCIATES?

APsaA's Associates are individuals who are interested in psychoanalysis but are not psychoanalysts or analytic candidates. The four categories (Educator Associates, Psychotherapist Associates, Research Associates, Student/Resident Associates) were developed as a way to include and involve these individuals in our Association as well as create a place for these like-minded professionals to network. The Associate programs have a nominal yearly enrollment fee (\$25-50) which provides the following benefits:

- Subscriptions to TAP and *Forward!*

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For membership assistance, please contact Debra Steinke, manager, Education & Membership Services, 212-752-0450 x 26 or e-mail: dsteinke@apsa.org.

- Discounted registration rates for APsaA's biannual meetings.
- Eligibility to subscribe to JAPA at the members' rate.

Unlike members, Associates are not governed by APsaA's bylaws and they do not have voting privileges or access to APsaA's closed Web site and e-mail lists.

The Associates have created a place for non-analysts to exchange psychoanalytic ideas. Each Associate category has its own committee which develops programming at the biannual meetings. For example:

- Research Associates of the American Psychoanalytic Association (RAAPA), formerly the Collaborative Analytic Multi-site Project (CAMP), sponsor the RAAPA-CAMP Research Forum at the Winter Meetings—a forum for the exchange of psychoanalytic research topics.
- Psychotherapist Associates have established a well attended biannual Thursday Discussion Group with the theme of "Bringing the Best of Psychoanalytic Thought to the American Psychotherapist, from Classic to Cutting Edge."
- Student/Resident Associates co-sponsor a biannual Saturday Special Event.
- The Liaison to Schools Committee (the Educator Associates Committee) sponsors an annual Saturday Symposium highlighting psychoanalytic topics that are important to educators.

For additional information on the Associate programs as well as to download a brochure and enrollment form, please visit: <http://www.apsa.org/organiz/associnfo.htm>.

WHO IS AN AFFILIATE MEMBER?

An Affiliate Member is a *psychoanalytic candidate* enrolled in full clinical training or non-clinical/academic training at an accredited APsaA institute or new training facility, who has accepted membership in the Association. Affiliate Members are governed by APsaA's bylaws, pay annual dues, have voting privileges, access to APsaA's closed section of the Web site and e-mail lists, are eligible for the many insurance benefits as well as other member benefits offered to Active Members.

Affiliate Members are the next generation of analysts and the future of the Association. The Affiliate Council, under the leadership of President Julio G. Calderon, represents the interests of APsaA's candidates. Delegates from each institute compose the body of the Affiliate Council, which meets Thursday during the two national meetings. APsaA candidates who would like to become Affiliate Members can contact me at the National Office and I will help you get set up for membership.

If you are still unsure of the differences between *Affiliates* and *Associates*, please drop me a line and I will be happy to discuss this further with you.

APSA

War on Terror

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As such, we arrive at the table of public debate (often uninvited) with a unique and much needed contribution. But as a community, we must be painfully aware of the seductive role that understanding motivation has in the service of justification for action. Understanding motivation must not supplant moral evaluation, but must sit alongside it. If we are to avoid irrelevance in the public policy debate, we must remember that the unique position that allows us to sit astride these two intellectual postures does not give us license to blur the lines between them.

APSA



WINTER 2006 MEETING

January 18-22, 2006

Waldorf-Astoria Hotel, New York, NY

Call for POSTER SESSION RESEARCH SUBMISSIONS

Looking ahead to the **Fifth Annual Poster Session** on January 20, 2005, the Subcommittee on Posters and Research Symposia invites submissions with conceptual and/or empirical relevance to psychoanalytic theory, technique, aspects of practice, and effectiveness of psychoanalysis.

Of special interest is interdisciplinary scholarship addressing research questions in 'neighboring fields'—including clinical, developmental and social psychology, family psychology, neuroscience, anthropology, sociology, literary criticism, as well as historical studies, history of ideas and art history.

Submissions will be evaluated by an appropriate review panel without knowledge of submitters' identities.

The DEADLINE for submissions is October 1, 2005.

For further information, please contact:

Linda Goodman, Ph.D.

lgoodman@ucla.edu

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Associating with APsaA

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.

Please note: Individuals who qualify for full APsaA membership are not eligible to join as Associates.

Contact APsaA's national office for more information: 212-752-0450 ext. 26. E-mail: membership@apsa.org. Or go to the APsaA Web site, apsa.org, to download the latest brochures.



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