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Chicago Open Chapter for the Study of Psychoanalysis



Winter-Spring 2002

Chicago Open Chapter for the Study of
Psychoanalysis

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Chicago Open Chapter for the Study of Psychoanalysis

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MESSAGE FROM THE PRESIDENT

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Tina Turnbull, BA

Greetings,

We have a very special issue graced by the work of terrific authors/clinicians. Gerald Gargiulo, MA, current president of IFPE (The International federation for Psychoanalytic Education), has written extensively on Winnicott and the British Object Relations School and has allowed us to present his work on symbolic process and the use of medication in psychotherapy. Patrick B. Kavanaugh, PhD, past IFPE president and founder of the Academy for the Study of Psychoanalytic Arts, a section of the Michigan Society for Psychoanalytic Psychology, has given us permission to include the first part of his paper *Codes of Silence and Whispers of Discontent*. Finally, we offer two pieces from Etta Saxe, PhD, one a letter originally printed in *Psychologist-Psychoanalyst*, Division 39's newsletter, and the other an essay based on a letter also written to the same publication.

Please note the up-and-coming clinical days offered by the Open Chapter, the Chicago Circle, and the International Society for the Psychological Treatment of Schizophrenia and other Psychoses (ISPS) this April. There is quite an offering of psychoanalytic events this spring. On April 26, The Chicago Circle Association and the Ecole Freudienne du Quebec are having a clinical day devoted to *The Treatment of Psychosis and the Relevance of Freud's Death Drive*. Information is provided in this issue. We are collaborating with ISPS and others on a symposium entitled *Winnicott, Lacan and Psychosis: Perspectives on Treatment* that will take place on Saturday, April 27, from 8:30 am to 4:30 pm at the Institute for Psychoanalysis, 122 South Michigan Avenue. Scheduled speakers include Peter Giovachinni, MD; Charles Turk, MD; Garry Prouty, DSc; David Garfield, MD; and more. Enrollment is limited so reserve a place now!

We're on the web!

Come see our new on-line home. Web-master Tina Turnbull has done a wonderful job getting us going. Some of the areas are under construction, so be patient. Please contact her with suggestions or comments and visit us at <http://cocsp.tripod.com>.

Finally, we've initiated a monthly reading/peer supervision group in March as a way to talk about psychoanalytic theory and practice in a safe and supportive environment. Please join us or contact David Downing or myself for details.

Sincerely,

Russ Omens, PsyD

The Terrain of Psychoanalysis and Psychotherapy: Reflections on the Symbolic Process and the Use of Medication

Gerald J. Gargiulo, M.A., © 1991

“It is a fearful thing to fall into the hands of the living God. But it is a much more fearful thing to fall out of them.” -- Pansies, D.H. Lawrence¹

Confident that what holds us and gives us strength is life itself, “falling into the hands of the living God” can be understood as a poetic image about living life sensuously and creatively. Fostering and aiding such experiences is certainly familiar to psychotherapists and psychoanalysts. We can understand Freud’s reading of sexuality as reflecting his conviction that the live life fully is to live with and through one’s body and not, neurotically, despite it. Elaborating on this, Freud (1914) understands that it is love that binds us, not only to ourselves, but to the world at large; he speaks of making the world real by loving it. Thus the traditional emphasis in psychoanalysis on the libidinal stages of sexuality can be read as developmental processes of integrating body and desire into the overall matrix of a person’s love relationship with themselves and with the world.² Building on these perceptions the Object Relations school has brought clearly to the fore the need to live life in relation to, and interactive with, others. Thus, the terrain of psychoanalysis: aiding an individual so that they might love themselves, the world, and others; and thus Freud’s famous definition of a healthy life, to be able “to love and to work.”

Having made these generally accepted observations about psychoanalysis we are left, nevertheless, with certain recurring questions: What does it mean for a human being to live with his body and not despite it? Do psychotherapists treat the brain or the mind, or is the distinction misleading? Are drugs and medication treating the body, the brain, or are they “mind” altering; and

just to complicate the picture further, how do we understand the term ‘mind’? What does living creatively mean, beyond an invocation to be happy and productive? And about living with others without destroying them, or them us, we could discourse interminably. Just highlighting these questions gives us a sense of why psychoanalysis and psychoanalytic therapy can be such a lengthy process. Looking backward our minds seem to have an endless and complicated history, shrouded in half memories and images of ourselves and others; mother holding us or letting go, as well as our burgeoning sense of the world as different, not controlled by us, not obedient to our commands, yet if we are lucky enough, sympathetic to our needs. In psychotherapy there is, seemingly, no end to what we can bring into emotional awareness, to what we can symbolize, i.e., talk about, or in D.W. Winnicott’s words, “play” about.

Antecedents to Freud’s Psychoanalysis

Religion, Alfred North Whitehead (1926)³ said, is what one does with one’s solitude. Whether one is lonely inside or simply alone inside, whether one has some experience of meaningfulness, or of emptiness, has become, in the Twentieth Century, the province of the psychotherapeutic professionals. Freud’s unique legacy, I believe, is manifested in his having organized a method of technique which enables two people to talk to each other without judgment and without rancor. That one party to the discourse has, initially, not found his or her voice and will find it in the talking is the bedrock of analytic therapy. Not only did Freud build on all that went before him, he structured this process so that it could be taught to others. What he codified and brought to Western consciousness again, in secularized barb, so to speak, was the fact that words heal. Words heal the mind, they heal relationships, and they can heal the body; that is why we speak of man as a symbolic animal. That is

¹ Lawrence, D.H. (1964) *The Complete Poems of D.H. Lawrence*, “The Hands of God.” Viking Press. New York, p. 699.

² Lear, J. (190) *Love and Its Place in Nature*, Farrar, Straus & Girous. New York. This text has refocused the Freudian lens, as it were, reading sexuality in the wider context mentioned above.

³ Whitehead, A.N. (1926) *Religion in the Making*, MacMillian Company, New York.

why, also, Freud, in demythologizing “healing words,” created a *psychological* science. Or, perhaps more to the point, a science of subjectivity whose criteria of validity is quite different than empirical sciences. Western medicine has as its goal to “cure” a malfunction or a malady; psychoanalysis aims to give back to individuals a more integrated experience of themselves, a more creative hold on life and, if they can achieve this, they can decide for themselves what they will do with the remaining maladies.

In creating psychoanalysis, Freud (1926) in *The Question of Lay Analysis*, alludes to his band of secular healers, “secular pastoral workers” are his words.⁴ He certainly was aware of the various traditions of spiritual counseling, of personal asceticism, and of the journey toward enlightenment which had been spoken to by theologians, mystics and poets for centuries. In naming, however, and therefore “creating” the phenomenon of transference and providing us a way to its resolution, Freud transcended the power of any “idol” and/or of ideology in men’s minds.⁵ He opened up the human psyche to quiet exploration, without exploitation. Freud provides the tools to resolve a neurotic transference to the powerful and alienating “other.” In recognizing and delineating how the shadow of the other casts its outline over a person’s life he established both the importance of childhood experiences and the power of human desire in understanding man. It is in view of such insights as these that analysts and psychotherapists understand their patients. Freud’s model of therapeutic care is directed not only to the patient but, and here is his democratic genius as work, to the therapist also. Psychoanalysis obliterates the unproductive, and at times alienating, distinction between the healthy doctor and the ill patient; its uniqueness as a treatment modality is greatly related to this fact. The therapist’s cross-identification with a patient becomes a passageway to “hearing” the patient. These legacies of

psychoanalysis and psychotherapy are the framework, as I have just mentioned, for our approach to patients; consequently they affect any considerations about the use of medication in psychotherapy.

The Practice of Psychoanalytic Therapy

The preceding was by way of introduction explaining the task which psychotherapy and psychoanalysis understands to be the goal of human consciousness: i.e., to understand itself, to heal itself, to probe its own resources and recesses and to do this both through silence and speech, through talk and listening. Today, subsequently, in America and in many Western countries, we have social workers and psychologists, medical doctors and ministers, doctors of philosophy and of literature involved in this “talking cure.” Is this as it should be, or is it misguided? Is Freud’s allusion to secular pastoral workers a poetic turn of phrase, interesting in its formulation but dangerous in its application? Should medical doctors be the sole applicants, as it were, of therapeutic insight since they have the capacity to prescribe medication which, presumably, can alleviate suffering? Freud, as we know, although a physician, answered “no.” History, I believe, has confirmed his correctness. Freud never forgave the American psychoanalyst physicians for their insistence that only medical doctors be analysts. When they told him, for instance, of a “supposed” New York State law prohibiting lay analysts from practicing, he correctly read their unconscious and spoke of how their insistence on a medical degree was, in effect, a denial of what psychoanalysis was all about and consequently simply a “resistance.”⁶ Having said this, however, we should not become ideologues, in opposition to the medical tradition, wherein we refuse to appreciate the important role that medication can serve in pursuing our goals. Since this is the theme of today’s conference, I will return to this issue shortly. Suffice it to say, for the present, that when a patient is acting in such a way which is consistently, or should I say persistently, eluding the therapeutic process, the therapeutic net, so to speak, then serious thought should be given to the

⁴ Freud, S. (1926) *The Question of Lay Analysis*, Standard Edition, Vol. XX, p. 225.

⁵ In this regard it is of some historical interest to note Meister Eckhart, a famous theologian and mystic, of the thirteenth century, a man whose writings influenced such thinkers as Hegel and Spinoza as well as the Eastern Zen Masters, spoke of the need to eliminate God as an intimidating and/or gratifying idol in men’s consciousness. See, for example: Fox, Matthew. (1908) *Breakthrough*, Doubleday & Company, Inc. New York.

⁶ For a particularly insightful discussion of the role of lay analysis and the domain of psychoanalysis, see: “Is There a Future for American Psychoanalysis?” by Douglas Kirsner, in *The Psychoanalytic Review*, Vol. 77, No. 2, 1990, pp. 175-200.

use of medication. But, more of what I mean by this later.

Happily for the psychoanalytic enterprise, be it psychoanalytic psychotherapy or psychoanalysis, there were, as we know, a number of groups in America who would not go along with the American medical analysts. These groups, led by such people as Theodore Reik, Eric Fromm, and Otto Rank grasped the essence of what analytic therapy is all about. Simply put, it is about understanding man, as I have mentioned, as a symbolic animal. And by symbolic, I mean an animal who uses and understand both himself and the world through language. The language of words, clearly, but also the language of images, of dance, and of music. Language enables us to stand within ourselves and outside ourselves at the same time; it enables us to withstand the limitations and conditioning of our social environment, as well as to understand our impulses and needs. Through it we come to know our ideals and our morals; language also provides us with a “playground,” so to speak, where we meet others. D.W. Winnicott (1971) states, in *Playing and Reality*, that this “playground” is, in fact, a place where humans live most fully, an intermediate area between “the me” and “the not me;” a place where the works of man’s hands, i.e., culture, find both creation and expression. It is in the phenomenon of language, in all its manifestations, that “mind” occurs. “Mind” is most productively thought about, I think, if we can picture it as occurring “between” people, rather than “in” people. It is, after all, in the intelligibility of communication, the inherent self-reflection and self-creation of language that human beings can pass from being part of the world to being “in” the world. That is, personal contributors to the experience of self-aware life. The legacy of psychoanalysis is this area of human experience and that is why it is not concerned, except secondarily, so to speak, with either the body as body or the brain qua brain.

I ask your indulgence for these philosophical reflections. I mention them in order to highlight the reality of the “talking cure” being distinctively a *psychological* treatment modality. I mention this in view of today’s conference theme. Psychoanalysis, Winnicott also reminds us, is a particularly superb example of man’s cultural achievements; built with the “play” of language, of metaphor and of silence,

its material encompasses not only what is given but also what is hidden.

The Question of Medication

In therapy we have as our goal enabling a human being to live a life which is sensible, sensual and meaningful; a life which has some experience of creativity and enjoyment; a life, consequently, which is not bogged down with old scripts where we call neurotic conflicts, be they instinctually formed or narcissistically colored. For such neurotic cases the question of medication usually does not arise. Such patients, while burdened with a painful history can, with consistent, intelligent understanding, use language to open up terrains of self-awareness, enabling them to contact both themselves and others. Sometimes, and this is clinical judgment, one might elect to use, with an individual with neurotic conflicts, and anti-depressant. Such a judgment is usually made if there is some unexplained, prolonged “dead spot,” so to speak, in the treatment and/or when a serious latent depression, which the therapy has brought to the fore, proves particularly resistant to resolution in a sensible amount of time.

When, however, we are working with pre-psychotic or seriously disturbed borderline patients, I exclude patients with schizoid character issues, then the question of the use of medication demands more obvious and present consideration. And, I say this as a practicing psychoanalyst. I say this in view of the fact that I have a bias in favor of language; a commitment, if one can phrase it so, to suing psychic pain, be it the range of anxieties or depressions, to further the process of human growth. But, a bias is a way of looking at things and it is quite different from a prejudice. Although its use can be as problematic as therapy itself, I have no prejudice against medication. Having said this, I must add that the use of medication without concurrent therapy is potentially a dangerous individual as well as social development. I recognize, regrettably, that given the number of people we have to treat and the lack of human resources available, we have already come quite close to using drugs in this manner. But, there are reasons for this which the psychotherapeutic community must address and which I will try to clarify shortly.

Transference, if I may be allowed to paraphrase a concept, is the unique capacity of individuals to get locked up in their heads, living in a world that is long gone, becoming comfortable with uncomfortable surroundings and declining, consciously or unconsciously, to meet the world outside, to participate creatively in human relationships. That the human animal can be consistently self-destructive and unhappy as well as creative, alive, caring and productive is one of the marvels of the evolution of human consciousness. When, however, the psychological damage of individual pathology goes beyond “interpretable” life conflicts, if an individual has been had, most adversely, and for the most part not maliciously by the care-taking-world, very early in their existence, then we have the conditions which can argue for the possible use of medication. And, medication can be useful in such cases without necessarily searching for a neurological rather than psychological cause of a person’s pain. In such cases as these nothing can replace an individual clinician’s acumen as to the patient’s possible need to experience psychic discomfort or, contrariwise, for the therapist to make a judgment that some chemical interventions will aid the therapeutic process. As any seasoned therapist knows, individual practitioners vary enormously in the depth of regression with which they can work. A judgment for the use of medication can occur when the patient’s struggle with self-understanding and emotional awareness has been seriously sidetracked by an intractable depression or severe anxiety attack, a manic/depressive swing, or a regression to psychotic rage which threatens to undo not only the patient but sometimes the therapist as well. At such times the option of medication can be considered. I have worked with two cases in psychoanalytic psychotherapy where the patients required lithium for a bi-polar disorder and where, I am convinced, the therapy would not have progressed without such medication. I have also worked, of late, with three patients who were taking doses (20 to 40 mil) of prozac, two in once-a-week therapy and one in four-times-a-week therapy. In these cases the medication proved helpful, although minimally for the patient in the traditional analysis. That the introduction of medication may have transference ramifications seems self-evident. Presumably psychoanalytically oriented therapists know how to recognize and address such issues and do not

hesitate to do so. From a theoretical perspective I believe it would be better for medication to be prescribed by an alternate physician. I will return to my reasons for the position shortly.

Some of the goals Winnicott (1971) set for himself in doing therapy were “to stay alive, to stay awake and to stay well,” – certainly we can extend the same courtesy and concerns to your patients. Psychoanalysts prefer, as I hope I have made clear, that such goals be achieved through the struggle of self-understanding mediated through intelligent presence, and insightful language. Actually, my primary intention, given today’s topic, is to offer some useful contexts for your personal reflections. I am hopeful that, given a context in which to do your thinking, your thinking will satisfy your needs. With some cases, as we know, a serious depression can be the sign of a significant breakthrough in the therapy and can, with patience and intelligence on both sides of the couch, be used most fruitfully in the treatment – without any recourse to medication. Let me give an example of such a possibility: R. had been in treatment with me in psychoanalytic psychotherapy for many years, on a twice-a-week-basis. He had an infantile personality disorder with some schizoid and paranoid elements. Most of the work had been directed to addressing these developmental and characterological issues and there had been significant progress. During any analytic therapy it is not unheard of for there to be a recurrence of the major symptomatology in the final period of treatment. This occurred, in the case, when the patient did not get a promotion he had expected; which failure precipitated a three month period of the most severe depression. This depression was interlaced with paranoid accusations that I had failed him and a concurrent infantile rage that he had not gotten what he wanted. During this time I was able to interpret to him, once again, his imitation of his paranoid, angry mother; I spoke to him personalizing a basically indifferent world and I focused his rage at this experience of being ignored emotionally and physically by both his parents, and his unconscious reliving of that scenario.

Toward the end of this intense period he was able to regain his balance, so to speak, and actually for the first time make similar interpretations about himself as I had made, but with a sense of conviction I had not heard before.

Admittedly, I had a long backlog of experience with this patient, and he with me, which made this progress possible.⁷

If however, a depression threatens to disrupt the treatment, incapacitate the patient, or derail the therapist then a consultation with a physician, psychiatrist or pharmacologist certainly seems to be in order. Or, to return to D.H. Lawrence's words, "But it is a much more fearful thing to fall out then" – that is, to fall out of the experience of the world holding and enjoying one's presence. If we understand the area that an analyst or therapist addresses, the arena of self-ownership, self-knowledge and inter-personal relationships, then the use of medication is not *ipso facto* a failure of "analytic discipline" but rather a useful, and occasionally a necessary condition for advancing the work. Here I would like to note, if you have not already noticed, that I am approaching the issue of medication with some cautiousness. Such cautiousness is due to my commitment to the particular avenue through which psychoanalysis and analytic therapy approach man from such a perspective I do not believe that psychopharmacology will replace psychotherapy. If it ever does so, civilization will lose something of inestimable value.

Before discussing the issue of the wide use of medication from minor to major tranquilizer, inclusive of the whole range of chemical interventions, I would like to return briefly to the question of whether or not a therapist should prescribe drugs for his or her own patients. Since I am a non-medical psychoanalyst I have a limited perspective on this issue. Furthermore as an analyst I am well aware of how easily we can force both our perceptions and conclusions to coincide with our personal opinions. Having said this I can add that I have used physicians and psychiatrists, on various occasions, as referral sources for medication without any sense that anything was compromised by my not personally prescribing medication. Patients who have had medication have been able and willing to take responsibility for its use and on occasions, with appropriate consultation, for subsequently discontinuing medication. I believe that were I burdened, and I sue the word

advisedly, with prescribing and monitoring medication I would be distracted from the task of what psychotherapy and psychoanalysis addresses, i.e., the symbolic task of self-awareness and self-ownership, frequently mediated through transference reactions, which I spoke to above. While I do not believe that we should create a mystique around the experience of transference, I do think that the transference implications and reactions to the prescribing physician is antithetical to the ultimate goal of analytic treatment. A goal, at is, of equality between therapist and patient where the patient eventually "remembers," so to speak, everything that he has "learned" and thus *makes* it his *own*. A goal of sustained separation where most of the intricacies of the therapist/patient have been explored as fully as an individual case allows.

Medication and Society

I would like now to turn our attention to a broader issue than the individual use of medication in psychotherapeutic treatment but one which is, however, intimately connected with it. Freud, as I alluded to above, spoke of his army of secular healers addressing the various ills of mankind. Freud clearly wanted his new movement, before it became a profession of private practitioners, to address itself to the education of nurses, doctors, and school teachers and such. In fact, he was convinced that unless it did so, unless analysts brought their insights to the society at large, psychoanalysis would deteriorate into a chapter in a psychiatric text; it would, in Freud's words, become a private business. That psychoanalysis, and for the most part psychoanalytic psychotherapy, as become a private business seems self-evident. I say this without prejudice to the many clinics throughout our country offering services for a moderate fee. I say this in view of the fact that the psychoanalytic movement has, all too frequently, focused on individual therapeutic endeavors at the expense of understanding various and ever present social influences.

Many of the early analysts, from Otto Fenichel, to Helene Deutsch to Eric Fromm, were deeply concerned with the societal factors which were causative, in their opinion, of a good number of the psychic ills which beset mankind. It was Fenichel himself who believed that Freud's recourse to the Death Instinct was due precisely to the fact that he

⁷ For an extensive discussion of this case, see: Gargiulo, G. "Reflections, Musings and Interventions" in *Psychoanalysis Today – A Case Study Book*, Charles Thomas. 1991.

was pessimistic about man's capacity to address social ills. Therefore, Freud conceptualized not on the bias of clinical experience, I might add, man's undoing as coming from something inside, rather than as a product of a disruptive and destructive social-economic organization.⁸

In this regard I would like to read a short sentence from Fenichel's (1945) *The Psychoanalytic Theory of Neurosis*:⁹

"The neuroses are the outcome of unfavorable and socially determined educational measures, corresponding to a given and historically developed social milieu and necessarily in this milieu. They cannot be changed without a corresponding change in the milieu." (p. 586)

Many of the early analysts had fled Nazi Germany and were getting settled in America in the late forties and early fifties, a time of the McCarthy ear; a time consequently when many of them hesitated to publicly espouse what would be perceived as socialistic ideas. If, however, there is some truth in Fenichel's observation, and I for one believe that there is, then the question of medication and "mental health" take on a much broader significance than the individuality of the case.

Is it possible that the enormous quantities of medication that Americans consume has something to do with the unaddressed ills of our society? Is it possible that living sensually in the body and contributing to the creativity of life is difficult to achieve if one is pursuing excessive narcissistic interests, or contrariwise, if one is not able to satisfy such healthy narcissistic needs as food and shelter? Is it possible that the acquisition of excess money and goods can, all too easily, aggravate desire creating repeated frustration with the increasing need for goods to satisfy that frustration? It is a truism to note that when self-worth and social standing become confused, as they can easily become, the ramification ripples throughout society. How much money a person makes can, in a capitalistic organized society such as our own, become a cultural ego-ideal. In this regard, it may

⁸ For an interesting and informative study of the political Freudians, see Russell Jacoby's (1983) *The Repression of Psychoanalysis*, University of Chicago Press, Chicago.

⁹ Fenichel, Otto. (1945) *The Psychoanalytic Theory of Neurosis*. W.W. Norton & Co., New York.

not be amiss, although the remark may seem particularly naïve today, to recall that Freud concluded that the acquisition of money, in itself, would not make human beings happy. Such acquisition did not address the satisfaction of any childhood longing, was his reasoning. In this regard it also may not be amiss to note that a society that continually aggravates human desires, that feeds on murderous competition, has no option but to brutalize the environment in its pursuits and to split off, consequently, the creative experiences of life. These considerations obviously demand a special conference. My purpose in mentioning them today is to try to present a more comprehensive picture of the issues addressing therapists and analysts in their task of healing human wounds.

As analysts and therapists we work within a particular social/economic/political system which has not only brought great benefit to its citizens but likewise many ills. Perhaps the human condition allows of no other situation but this; we should be aware, nevertheless, that therapists working within a particular societal milieu are also products of that milieu, while they simultaneously treat the causalities of that milieu. My point, if you permit me some repetition, is that the rampant depression and anxiety so easily and frequently, so exclusively, classified as an individual or familial malady can be diagnosed more comprehensively. Given this perspective we can understand that it is no longer our task to simply consider the vicissitudes of instinctuality in order to understand neurosis; it is no longer sufficient to simply integrate the relational, communal nature of man and mind into our treatment model, we must also try to understand our patients, *at least in our reflections*, within the social/economic/political structures in which they live. In doing so we will no longer *unreflectively* treat the causalities of an individual life without appreciating some of the social and political structures antecedent and contributory to those causalities.

Conclusion

The broad outline suggested above of understanding the symbolic nature of man, to understanding his relational roles and his societal conditioning are all areas addressed by psychotherapists and psychoanalysts. That medication can, at times, effectively aid this task is

obvious. Medication, however, serves a secondary purpose; it is a “net,” as it were, in which to catch the patient who is not able yet to be held by words and by silence. Medication, ideally, should not replace the relational therapeutic framework in which we function. Therapy celebrates, with minimum fallout, the uniqueness of each individual. In that regard it is both distinctively Western and particularly democratic and requires, I might add, an educated, verbal citizenry. The task of self-understanding is specifically a human one, a task

which seems to be under some “repression” at the present time. In this regard we may note that increased functional adaptability is not the goal of human existence. Psychoanalysis and psychoanalytic psychotherapy are the children, in the West, of a long line of individuals and institutions addressing man’s perennial search for fulfillment and wisdom. Any appreciation of the role of medication and the human psyche can and should never lose sight of that fundamental fact.

Mr. Gargiulo is a practicing psychoanalyst in Greenwich, Connecticut, and East Hampton, New York. He is Assistant Editor of The Psychoanalytic Review, as well as President of the International Federation of Psychoanalytic Education. Mr. Gargiulo, who is a member of International Psychoanalytical Association, has published numerous articles on analytic theory, particularly focusing on the English Object Relations School.

Thoughts on the Psychoanalytic Consortium: Are We the Ghost of Christmas Past?

Etta Gluckstein Saxe, PhD

The Psychoanalytic Consortium consists of: the Division of Psychoanalysis of the American Psychological Association (39); the American Psychoanalytic Association; the American Academy of Psychoanalysis; the National Membership Committee on Psychoanalysis in Clinical Social Work. The Consortium has been meeting to develop standards for accreditation of educational and training programs in psychoanalysis to be submitted to the Council for Higher Education, a quasi governmental organization, which has as its purpose the recognition of national accrediting bodies for the professions. The hope is that the Consortium and its standards will be accepted as the standards for accreditation of instructional programs in psychoanalysis. Recently the Consortium also drafted a document to be sent to state legislature for their use in drafting legislation for the regulation and licensing of the practice of Psychoanalysis.

There has been a good deal of discussion and controversy within the Division of psychoanalysis about the standards and about participation in the Consortium. A draft of the very detailed standards was published in the newsletter of this organization and the President asked for member comment. This letter was written as part of these discussions.

I am writing this letter in response to my attendance at the panel about the Consortium at the division meetings in San Francisco. I believe that the information revealed at the panel needs to be known by all members so that an informed discussion about the effects of the accreditation process can take place.

I am the “one” referred to in Dr. Wagner’s column in the *Psychologist-Psychoanalyst*, Winter 2000, the “one” of a small handful of individuals who wrote to Dr. Orfanus about the Consortium as he requested. In that communication I raised the same issue which I raised during the panel.

I was able to inquire during the panel about the point I made in my original letter referenced by Dr. Wagner. It is my understanding that should the standards be agreed upon and turned over to the federal government regulators for administration, that when they are implemented the name “psychoanalyst” will become regulated. Only those who acquire their education through institutes accredited by the regulators will be able to call themselves psychoanalysts. That is to say, the name psychoanalyst will be regulated and restricted in its usage to those who take part in Institute education and training and only in those Institutes which follow the very detailed guidelines and get themselves accredited. People who choose self-directed education or who choose to pursue education within non-guideline directed organized settings will not be able to call themselves psychoanalysts or their work with people, psychoanalysis.

While some on the panel, and Dr. Wagner in her column, offered the argument that I was confused between accreditation and credentialing, Dr. Rober Wallerstein indicated that I was indeed entirely correct in my understanding. Furthermore, while I do understand that accreditation related or organizations and credentialing to individuals, this is not the essence of this matter.

Regardless of an individual’s credentials, that is regardless of whether one is successful in achieving ABPP credentialing, one will not be able to call oneself a psychoanalyst unless one completes an accredited Institute program. One will be able to offer the ABPP as a statement of one’s credentials/qualifications, but one will not be able to use the name psychoanalyst. In effect, only graduates of accredited Institutes will be able to call themselves psychoanalysts and only such graduates will be able to bill for a service called psychoanalysis. The connection to payment, while being played down by those who are in favor of the Consortium, is part of the package, as is the restriction on who eventually will be able to call themselves a psychoanalyst. This entire discussion can be found on the tapes from the meetings. Colleagues, is this not a familiar dream of Christmas past?

This was the point I was trying to make in my original letter to Dr. Orfanus. The point became clear to me as I read the new brochure from Section I, which happened to arrive as I was considering his request for feedback. In these materials, Section I continued its long-time commitment to alternative routes to fulfilling the membership requirements for

this section. It honored equivalence as it always has. Although Section I is a membership organization and does not credential, the spirit of the membership qualifications, however controversial and limiting some felt them to be, reflects the original spirit of Division 39 about diversity in psychoanalysis and in my opinion, is in the best interest of the discipline and profession of psychoanalysis. This diversity is also in the best interest of the “public,” contrary to the assertions of the panel members.

If the Consortium continues in the direction in which it is going, the acceptance of the standards for Institutes will once again narrow the scope of who is a psychoanalyst to those who find it most desirable to acquire their education in an Institute setting. While Dr. Wallerstein assured me that this would serve to keep “anyone” from calling themselves psychoanalysts, I think we need to remember that it was not long ago that the Dr. Wallersteins of the world considered many of our group to be such “anyones”.

If, after consultation with its membership, Division 39 continues to wish to follow this path,

which I consider to be contrary to the best interest of psychoanalysis as a discipline and profession, then we should go ahead and do so. However, this should not take place without considerable discussion and open debate. I would think we would want to avail ourselves of all the information about the effect of the plan’s implementation. It would be a great shame to pretend to not know what we can know ahead of time, that one of the effects will be to limit the nature of the education to Institute-only training experiences if one wants to call oneself a psychoanalyst and be paid for one’s work of psychoanalysis, and then be sorry later. I strongly urge that the discussion of continued participation in the Consortium include an open debate and then some form of democratic decision by the membership of the Division.

Psychoanalysis teaches us that decision-making is best undertaken without suppression or repression of complicating or unpleasant ideas. The attempts to keep this aspect of the decision making off the table is disloyal to the psychoanalytic perspective and doing so is already contrary to the best interest of an alive, vibrant psychoanalysis.

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Implications of National Standards for Psychoanalytic Education

Reprinted Letter to the Editor of the *Psychologist-Psychoanalyst*

Etta Gluckstein Saxe, PhD

In his letter (Vol. XX, No. 4) Dr. Nathan Stockhamer speaks as if he considers my concerns (letter Vol. XX, No.3) about the impact of the Consortium on the future of psychoanalysis as unwarranted. While I cannot question his detailed and encyclopedic knowledge of bureaucratic processes, history and rules, I find myself baffled as to how the “facts” he elaborates speak to these concerns, namely, the narrowing scope of alternative/diversity and the freezing of creativity and self direction/control in psychoanalytic education, practice, theory and scholarship as consequence of our participation in the Consortium.

Approximately five years ago, I attended a meeting convened and chaired by Dr. Nathan Stockhamer. At this time he explained in great detail the “political” situation we were facing which made our participation in the Consortium imperative. As I understood his presentation, the Council for Higher Education was increasing the pressure on psychoanalytic professionals to develop standards for education and training, if these professionals were interested in having a say about the standards. IF they did not participate, standards would be imposed from other sources and/or those psychoanalytic professionals who chose to submit their ideas and advice. The consortium was developed to provide a response to this “request” by the Council with input which the four groups believed would be more suitable than that being offered by others. From this perspective the Consortium was convened with the intention of submitting its standards to the Council for Higher Education for the implementation in defining/regulating the form of psychoanalytic education and training necessary for payment by federal programs, albeit with whatever modifications the Council might/will eventually make. From this perspective, the purposes of generating the Standards would seem quite clearly their submission for future implementation, rather than their being suggestions which might or might not be submitted for implementation as Dr.

Stockhamer suggests in his example of the Accreditation Council for Graduate Medical Education.

The second source of my perplexity lies in some recent actions by the Board of the Division, which actions serve to expand the scope of influence of the Consortium to psychoanalytic practice. At the August meeting of the Board a motion was made and passed to support the Consortium’s developing a letter to be sent to State Legislatures about standards for the licensing of psychoanalysts. The standards being developed by the Consortium would serve as the recommended standards for such licensing – in effect, opening the door for rules requiring attendance at an accredited institute as criteria for licensure. While an amendment to negotiate the inclusion in the proposed letter of the possession of ABPP as an alternative pathway for licensure was introduced and accepted, the overlooking of this qualification in the original proposal may by OUR negotiators/representatives to the Consortium demonstrates the narrowing of thinking which inherently arises with attempts at such regulation.

Again, a major motivation for passing this motion about a letter to the state legislatures, in a very hurried manner, came from the notion that “other” groups’ standards would be used if the Consortium did not do so and that these “other” standards would in some way negatively impact us. Also a motivation, as I understood the explanation given to me regarding the rush to action, was our conviction/fear that not to do so, right then, would make us look bad to our “partners.” The passing of a licensing law in Vermont, very different from the Consortium’s standards, seemed also to be one of the motivating factors in the Consortium’s press for contact with the state legislatures.

The impact on many members of the Division of Psychoanalysis on their calling themselves psychoanalysts and on their earning the living as such, should such licensure come about based upon the standards of the Consortium, is obvious. Equally obvious, should this extension of the

Consortium's influence and actions come to pass, is the eventual limiting of the name of Psychoanalyst through licensure and the exclusion of those individuals and institutes who choose, because they believe them most consistent with psychoanalytic core principles and therefore preferable, other formats of organizing the learning and teaching of psychoanalysis than those in conformity with the consortium standards.

The above issues were the concerns I raised in my earlier letter and remain issues about which I continue to believe the membership of the Division of Psychoanalysis should be very concerned and

vocal. Open debate and discussion of our participation in the consortium is called for. If participation in these activities, within the Consortium, is what the members of the Division desire, that should be known through some sort of vote/referendum and if it is not, then that also should be known through such a vote/referendum. To do less than that is to forget what psychoanalysis teaches us – that decision making is best undertaken without suppression or repression of complicating or unpleasant ideas. Surely, the future of our discipline, alive and vibrant, deserves our efforts in these regards.

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Codes of Silence and Whispers of Discontent: Pedagogical, Philosophical and Political Differences in the Analytic Culture

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International Federation for Psychoanalytic Education
Fort Lauderdale, Florida

Introduction

In the winter of 1923-24, the training committee of the Berlin Society imposed standards and regulations on the learning activities and experiences of the candidates (Safouan, 2000). In so doing, psychoanalysis became institutionalized. Psychoanalytic education became subject to a technocratic rationality in which the institutional wisdom, oversight and discourse replaced everything in the realm of the candidate's individual and personal choice. A supposedly uniform, objective and scientific method of assessing, evaluating and making decisions was applied to each phase of the candidate's education. Regulations and standards now applied to the selection of candidates; the requirement of a personal analysis of six months duration; the designation of training analysts; in collaboration with the training analyst, deciding when the candidate was ready to participate in further stages of training; and, deciding when the candidate's personal analysis was completed. A triumph of triangulation prevailed between analyst, institute, and analysand; other-as-third became an integral aspect of institutional(ized) training. For the past eighty years, the logic and language of this technocratic rationality has framed the focus of debate concerning differences in thinking about psychoanalytic education: Is real psychoanalysis defined by meeting two, three, or four times per week?

In the summer of 2001, the Consortium, a coalition representing the pedagogical and political interests of arguably the four major psychoanalytic associations in this country, adopted national standards and regulations for psychoanalytic education and training. In so doing, psychoanalysis became institutionalized even further. Psychoanalytic education became even more entrenched in a technocratic rationality that further

elaborates the standards and regulations that apply to the selection and eligibility of candidates (mental health professionals); the extensive didactic course work (three years minimum); and, of the supervised control cases (two adult cases, three times per week minimum). Further, the training institute assumes responsibility for evaluating the candidate's educational experiences through the Candidate Progression Committee. The Consortium now plans to establish an independent and autonomous National Accrediting Board in Psychoanalysis.

Situated in a health-care ideology and matrix, the pedagogical principles, philosophical assumptions, and political objectives of organized psychoanalysis have led to the development and adoption of national health-care accreditation standards for psychoanalytic education. These standards of training define a quite narrowed and restrictive understanding of psychoanalysis: What is psychoanalysis? ... psychoanalysis is a healthcare profession, or a specialty thereof. What is psychoanalytic education? ... the demonstrated competence of those educational experiences taking place in an institute meeting healthcare and accreditation standards; and, Who is a psychoanalyst? ... a mental health professional who has graduated from such an accredited institute. Through its institutionalized power relations in the larger community, organized psychoanalysis now represents that Identity, Purpose, and Ethics of a psychoanalyst as exclusively those of a mental health professional who has graduated from an accredited institution. The image of the analyst as a health-care professional now constructs our identities as practitioners and educators. Further, this image now standardized, qualitates, and homogenizes the pedagogical strategies of the analytic culture. With the consortium's adoption of these standards, the triangulation between analyst, analysand and institute legitimized in the winter of 1923-24 interweaves with an equally complex

triangulation of analyst, institute, and government. A naïve – or the disingenuous – could hold otherwise. In time, the current healthcare and accreditation standards will shape the lobbyists' agenda in Washington in developing model licensing laws for the analytic community.

There is something quite troubling about the political and philosophical consensus reached by the member organizations of the Consortium. They seem to have overlooked that the very concept and meaning(s) of psychoanalysis as theory and practice has been changing in the analytic culture during the past quarter century. Contemporary psychoanalysis is characterized by a rich and creative pluralism in conceptualization and theory. A world of differences currently exists between orientations of existential-humanistic; relational; transpersonal; hermeneutic; philosophical; and, integrationist psychologists. These psychologies of psychoanalysis premise different understandings as to the basic nature of people, posit different methods of knowing about people, and assume very different purposes, objectives, and understandings of the analytic discourse. The days of a monolithic psychoanalysis are far behind us. And yet, the structure, ideological context and underlying pedagogical philosophy of our training institutions remain essentially unquestioned and unchanged since the founding of the Berlin Institute in 1920. One size continues to fit all ... unless, of course, it doesn't.

The creative rethinking of psychoanalysis during the past quarter of a century has yet to take up the question of education and training in ways that would match our institutional structures and forms of education with the particular concept and meaning of psychoanalysis for which one seeks training (Kavanaugh, 1998). What are the processes and experiences that contribute, for example to the formation of a psychoanalyst as an existential-humanist?; an hermeneuticist?; or, a phenomenalist? The pluralism of contemporary times has reintroduced the questions, What is psychoanalysis?, What constitutes psychoanalytic education? And, Who is a psychoanalyst?. The genies have been let out of the bottle! Psychoanalytic education has been placed back into question. And the question of psychoanalytic education carries with it a pressing urgency, particularly when we consider the very pragmatic implications stemming from the consortium's

recent political actions: How much longer will those analysts who think, practice and educate outside of a health care matrix be able to legally do so? We are not outside of our socio-cultural times; we practice at the intersection of its ethical, legal, and political discourses.

As a two-fold contribution to the project of rethinking psychoanalytic education, I would like to consider the intimate and inseparable relationship between culture, psychoanalysis, and psychoanalytic education. I would like to first consider the philosophy, science and art of the latter part of the 19th century Germany and their continuing influence in shaping psychoanalytic theory, practice and education. Since the founding of the Berlin Institute in 1920, a science and pathology driven model of knowing and understanding human being-ness has provided the organizing conceptualization of the purpose, the content, and the institutional format of our pedagogic enterprise. The consortium has adopted this educational philosophy, model and set of practices, irrespective of the long-standing and continuing whispers of discontent with the inability of such educational institutions to match their institutional forms of training with psychoanalytic theory (Safouan, 2000). In so doing, the consortium makes psychoanalysis a specialty of the medical profession. And, continues a 19th century world view of history, knowledge, and science as the legitimate conceptual foundations of psychoanalysis. Secondly, I would like to consider a radically different pedagogical strategy that rests on assumptions about people, psychoanalysis, and education that derive from a 21st century world view. This proposed model of education more closely matches its forms of education with an hermeneutic theory of psychoanalysis; its pedagogical strategies are aimed at forming the Identity of an analyst as a philosopher, historian, and artist. Along the way, I will also consider some of the ethical and epistemological questions that arise when principled differences in philosophical assumptions, pedagogical aims, and political objectives collide in the analytic culture.

The following is from the perspective of a skeptical phenomenalist and is intended as a contribution to the study of the psychoanalytic arts.

Culture, Psychoanalysis and Psychoanalytic Education:

In the history of people and ideas, psychoanalysis was born in a 19th century culture of positivism in which the legitimate ways of seeing, knowing, and thinking about the world and people rested on those assumptions, values, and beliefs underlying the Rationalist's and the Empiricist's approach. In this cultural context, Freud adapted the historical method and the assumptions of the doctrine of evolution from biology to psychoanalysis. Indeed, with the publication of the *Studies on Hysteria* (1895), psychoanalysis was founded as an historical discipline, organized around an historical mode of thinking, understanding, and comprehending. The historical approach became the primary mode of inquiry in psychoanalysis. For Freud, Breuer's cathartic treatment of Anna O. revealed "... the fundamental fact that the symptoms of hysterical patients are founded upon scenes in their past lives" (1914, 8). Far from being arbitrary and capricious, symptoms had rhyme and reason and meaning and purpose; past events were of causal significance in the formation of symptoms. A psychological way of understanding these cause and effect relationships of mental life was discovered: "Hysterics suffer from reminiscences." And these reminiscences were understood from the dominating perspective of the times, an historical positivism situated in a rationalist's epistemology.

As an historical discipline, psychoanalysis was a culturally produced perspective. Freud and his contemporaries lived in a socio-cultural context in which a rationalist's epistemology prevailed in the science, philosophy, and art of the times. The militant rationalism of the latter part of the 19th century Germany assumed that the world, society and people operated by rational, universal, and knowable laws. There was little, if any, tolerance for departures from reason, logic, and rational explanations in the understanding of social or physical phenomena. Freud was embedded in this historical context, construction, and contingency; his psychological theories, insights, and understandings arose and were produced within this contingency. The rational narrative prevailed in psychoanalysis as it did in the science and literature of the times. For example, one of the core assumptions of being contained in the stories of

people in *The Studies on Hysteria* (1895) was the idea that there is a fixed essentialist foundation in a pre-given and rational nature. The rationalist's perspective contextualizing *The Studies...* (1895) was quite consistent with the narrative in English fiction written during the mid- to latter part of the 19th century. In commenting on the literature of those times, Walter Kendrick notes that:

"No matter how much villainy or foolishness came into the story, both storyteller and audience stood aloof, rationally observing them, sustained by a logical, linear style of writing that asserted the triumph of reason even when it narrated irrationality." (Writing the Unconscious, 1996, 106)

The sane, intelligent and judicious voice that addresses the reader of *The Studies...* (1895) never failed to assume that Anna O. – and the reader – inherently possess those same qualities of rationality. The rationalist's assumptions, values and beliefs organizes a psychodynamic way of thinking; the rationalist's grammar and syntax structures the set of rules accounting for the formation of symptoms; and, the rationalist's voice narrates the irrational content matter of Anna O's symptoms from the truth of historical positivism. In the positivist's view, time, memory, and events are objectified and linearized; past events exist as empirical objects with their historical and causal realities contained in linear time. "Hysterics suffer from reminiscences." And these reminiscences simply reflect empirical events from an earlier time and place; the language of the analyst simply refers to these found historical objects and their causal influences.

The Rationalist has much in common with the Empiricist. They both share the same assumption of a general correspondence between language and reality; they are in agreement as to the basic nature of a real, objective, and knowable world. They differ only in the way to establish what the nature of the world might be. The Rationalist claims that a conclusion is self-evidently true by a priori reasoning; the Empiricist concludes by actual logical analysis via science and its methodology. In a 19th century cultural context, the principles of rationality in the natural sciences, modeled its thinking on the concepts of evolutionary biology,

and mediated its understandings through a medial ideology concerned with normalizing symptoms and repairing structural deficiencies. The positivist view of history, truth, and causality provided psychoanalysis with an objective conceptual framework so essential for a deterministic science of mind, in which framework events of the empirical past determine present moods, behaviors, and states of mind. Psychoanalysis became a science of unconscious mental processes related to the historical and causal realities of childhood and infantile life. As a science of mind, psychoanalysis could gather the empirical data of historical knowledge of past events; determine the causal relationships between these past events and current pathologies; and, establish the lawfulness of predictable outcomes, thereby meeting the burdens of scientific proof. The legacy of positivistic thought provided the promise of a scientific solution to the problem of mental symptoms and disorders.

This 19th century world view extended to the structure and format of our educational institutions. As one of the natural sciences, classical psychoanalysis had the tendency to order the human universe in a developmental hierarchy. Its theories, techniques of practice, and institutional model for education were grounded in the presumed natural hierarchies of the real world (Strenger, 1998). The philosophy underlying such hierarchically-organized institutions can be stated quite simply: without an ultimate Knower imposing his structure and direction through standards, regulations, and curriculum, people would be totally incapable of creating a meaningful educational setting and experience. Such a theory of institutions is one of the cornerstones of the Berlin educational model; such a philosophy of education underlies the consortium's standards for psychoanalytic education and training.

Within such institutions, the positivist view of rationality was concerned with the technical mastery of human beings: to unlock the secrets of unconscious motivations created the illusion of gaining control over human behavior. As with the other natural sciences, psychoanalysis was concerned with prediction and control. Within psychoanalytic institutions, the individual mind was the preeminent object of study; the paradigm of knowledge production became the scientific method with bodies of knowledge becoming more certain,

predictive and explanatory. Psychoanalytic theory came to stand for the laws, concepts, and principles discovered through this scientific study of the mind. Such knowledge could then be objectively recorded in the sacred text of truth discovered; inscribed in standardized curriculum; and, taught as discovered rational knowledge about the irrational causes producing the symptoms of human being. (Kavanaugh, 1998). People in their complexities could be known through the simplicity of pre-existing formularies; symptoms could be explained by reading a book about determining causes.

Shortly after the institutionalization of psychoanalysis in the winter of 1923-24, whispers of discontent with out pedagogical philosophy and practices began to be heard echoing through the hallways of our training institutions, a discontent that centered on the inability of our educational institutions to match their institutional forms of training with psychoanalytic theory (Safouan, 2000). For the most part, this discontent concerned the inherently contradictory cross-purposes and objectives that arise when the analyst attempts to engage in teaching in the training analysis (Rose, 2000). Indeed, there is a long-standing history of an institutional ambiguity and confusion as to the purpose and objective(s) of the training analysis. Is the training analysis a medium through which one teaches and educates about psychoanalytic theory and technique?; or, Is it a medium through which one addresses maladaptive behaviors, intrapsychic conflicts, and cure infantile neuroses?; or Is it both? As a consequence of a "false expertise" that develops in the culture (of positivism) of such institutions, there also develops, in the words of Douglas Kirsner, "An aura of anointment where training analysts pass down the received truth through an esoteric analytic pipeline" (2001, p. 207). All too often, the mandatory training analysis constitutes this esoteric pipeline of truth.

And there are other questions of no less significance related to this discontent with out educational institutions. How free are one's associations when they might clash with the institutional duties, ethical responsibilities, or theoretical beliefs and realities of the training analyst? All too often, free association becomes enveloped in an institutional(ized) code of silence wherein unconscious process and dynamic are not permitted a voice in one's analysis. Unfortunately, the muted voice of the unconscious becomes the

educational experience, frequently resulting in getting a mandatory analysis for the institute – and later an analysis for one’s self. The training analysis transforms into a course requirement for graduation. Will the consortium’s standards lead to tacit expectations, if not explicit pressures, for the ‘free associations’ in the training analysis to conform with the particular socio-political ideology of the training analyst? ... of the institute? ... or, of the governmental licensing entity? Such largely unspoken questions of power, knowledge and ethics receive little more than periodic and ever-so-slight nods of acknowledgment in the analytic community; such silence becomes more institutionalized with the adoption of the consortium’s standards.

Whispers of discontent have moved far beyond the training analysis to encompass the very nature of psychoanalytic knowledge in the positivist tradition. As considered elsewhere, empirically based psychologies, formularies, and wisdoms have become ahistorical, universalizing, and impersonal knowledge about people as if such knowledge exists independently of individual human beings and the unique historical context in which it was produced. Consistent with the empiricists’ doctrine, psychoanalytic knowledge has become scientific, objective, bounded, cumulative and context-free, far removed from the individual, political, and cultural traditions that structure meaning. If such psychological laws, explanations, and meanings about a person can be discovered independently of that person and her of his cultural context, then it seems to me that much of the current thinking and theorizing in the analytic community is historically neutral and unwittingly encourages an uncritical reflection upon ourselves. Paradoxically, a positivist mode of history, knowledge, and rationality currently operates in our psychoanalytic psychologies to undercut the value of history; undermine the importance of individual historical consciousness and insight; and discourages an appreciation of the intimate and inseparable relationship between culture and psychoanalysis (Kavanaugh, 1999a). More recently, this whispered discontent with out educational institutions and practices has broadened to include each of the different aspects of the Institute model of education. More specifically, its structure (vertically arranged, hierarchically organized), its ideological context (medicine-illness), its

philosophic assumptions (positivist science-evolutionary biology), and – in this country, at least – the image of the analyst around which education is organized (a mental health professional). The past resident of the IPA, Otto Kernber’s recent critique of psychoanalytic education (2000) speaks not only to the infantilization of candidates by such institutions but also their cocoon-like isolation from the intellectual advances of other disciplines during the 20th century.

Gathered together, these whispers of discontent speak a rather strong historical voice that breaks traditional codes of silence and calls for the radical reappraisal of our pedagogic enterprise – the Consortium’s standards form education and training notwithstanding. In a thoroughgoing and revealing account of the political histories and inner workings of the leading psychoanalytic institutes in the United States, Douglas Kirsner concludes that one of the major aspects underlying the problems of such educational institutions is that:

“... a basically humanistic discipline has conceived and touted itself as a positivist science while organising itself institutionally as a religion. ... Ultimately, this fundamental misunderstanding in the analytic culture has retarded the development of the field with psychoanalytic education becoming akin to the process of anointment.”

(Unfree Associations, 2000, p. 233)

Withdrawn and sealed off from other disciplines, our psychoanalytic institutions continue to speak an institutional discourse that reproduces positivist ways of thinking, perceiving, and knowing about people, life and psychoanalysis. Infused with a medical ideology, 19th century assumptions of a linearized and sequenced time, place, logic, and causality continue to underlie the conceptual foundations of our mainstream psychologies; guide much of our current thinking and research; and, foster the historical sense to be developed in our educational institutions. In many respects, organized psychoanalysis has remained frozen in time, clinging to time-worn notions of logic and causality, and promulgating professional standards that rest on the conceptual foundations of a 19th century world view. Our educational systems continue with a technocratic rationality originally introduced and embodied by the Berlin Society in

the winter of 1923-24, and further institutionalized by the Consortium in the summer of 2001.

For most of this past century, a multi-leveled theme of historical positivism has been dominant in the analytic culture in our theories, practices, and scientific researches. In our educational institutions, the image of the analyst continues to be cloaked in an Identity of both scientist and artist, blending scientific knowledge about people with the creative artistry of compassionate interpretations. This conception of scientist, however, is rooted in a last-19th century social science; this conception of artist is rooted in a mid-19th century view of art and fiction. The analytic practitioner occupies an epistemologically neutral middle ground that supposedly exists somewhere in between this science and art, claiming the privileges of both scientists and a artist yet refusing to be held to the critical standards that obtain in either (Spence, 1987). The synthesis of a 19th century science and art have their history alone to justify continuing our received Identity as social scientists and health care professionals as we enter the 21st century.

A funny thing happened on the way to the millenium: the 20th century bore witness to the gradual decline in the relevancy and cultural value of the positivist's view of history, truth, and causality. A dark shadow of doubt was cast over the ontological integrity of historical knowledge of past events, the basic unit of empirical data in the positivist tradition. In the larger culture, it became more and more apparent that history as a form of knowing had more to do with the socio-political perspective of the historian than the so-called empirical events recorded. And, secondly, history demonstrated a lack of scientific lawfulness as it failed to predict future outcomes – much less reach agreement on the empirical events of the past. The expected empirical regularities, predictive patterns, and universal laws failed to emerge from the historical data (Kavanaugh, 2000). Over 30 years ago, the noted historian David Fischer commented on this declining value of history in our culture:

“Novelists and playwrights, natural scientists and social scientists, poets, prophets, pundits, and philosophers of many persuasions have manifested an intense hostility to historical thought. Many of our contemporaries are extraordinarily reluctant to acknowledge the reality of past time and prior events, and stubbornly resistant to all arguments for

the possibility or utility of historical knowledge.” (970, 307) [italics added]

For about the past quarter of a century, the mythology of psychoanalysis as a positivist-medical science has been unraveling from many in the analytic culture as the conceptual foundations of its theories, ethics, and education have been questioned, challenged, and re-thought. As noted by Carlo Strenger (1998), the past twenty-five years have heard a chorus of voices questioning the assumptions underlying the positivist's notions of history, truth and psychology (Schafer, 1983; Arlow, 1985); renouncing the tendency of psychoanalytic theory to order the human universe in a developmental hierarchy (Mitchell, 1993; Stolorow et. al., 1994; Aron, 1996); dismantling such dichotomies as normal-heterosexual and pathological-homosexual, the discontent with these meaning-making categories centering on questions of gender and sexuality (Chodorow, 1994; Benjamin, 1995); and, challenging seemingly self-evident propositions in which nature prescribes the proper developmental track, the morality for leading the right way of life, and how things ought to be in one's thinking and behavior. We have been moving away from our normative conceptions of people and our existing power structures grounded in the presumed natural hierarchies of nature. Our more contemporary conceptions of people are moving toward more global and interactive models of complex dynamic systems rather than the hierarchical models of yesteryear.

An Hermeneuticist's Conception of Psychoanalysis, History and Education

During the past 25 years, an hermeneutic conception of psychoanalysis has been one of the major efforts in the rethinking of psychoanalysis. The philosopher Martin Heidegger provided the conceptual framework for the development of philosophical hermeneutics during the 20th century, a central premise of which is that people are makers and interpreters of meaning; to be a human being is to be constantly organizing the world in terms of that which has meaning to the perceiver. Our most basic activity of everyday life is that of interpreting the world by placing the spoken, the written, and the objective real (as our senses reveal it to be) into forms previously taken to be meaningful. This structuralizing form of interpreting and

understanding the world is a basic modality of human existence. There is a world of differences amongst people in their experience(s) and interpretations of the world and so-called objective reality. Conceptualized by this philosophy of differences, an hermeneuticist's conception of psychoanalysis is written from a radically different text of understanding people, life and history.

An hermeneutic perspective understands the human being as a moral and historical being. The analytic discourse is understood as a kind of moral discourse concerned with understanding the personal meanings of the story lines that organize one's everyday life. In the lived experiences of everyday life, the reality, good and truth are ultimately configured by the values of the subject. The practice of psychoanalysis is the practice of morality and ethics; its discourse is a discourse of moral philosophy in which the analyst has a very different Purpose and system of Ethics than does, for example, a mental health professional (Kavanaugh, 1999b). In contrast to explaining causal links between childhood events and adult pathologies, an hermeneuticist's concern is with the understanding of a person's ideothetic set of historically developed moral values; their role in constructing objective reality in her or his life; and, their organizing role in influencing her or his choices in life. Psychoanalysis is concerned with understanding the moral trajectory of one's life.

Understanding the human being as an historical being continues psychoanalysis as an historical situation with, however, a very different view of History. History is seen as a human construct that organizes and makes meaning of the past within certain contextualizing meta-narratives such as the positivists' narratives of discovery and truth. Our more contemporary writings consider both history and fiction as discourses and that both constitute systems of signification by which we make sense of the past. This more contemporary view of history shifts from the discovery narrative's emphasis on validation of the empirical event to how systems of discourse signify the meanings of the past for the collective, the group, or the individual (Hutchinson, 1992). While the notion of historical knowledge in the positivist tradition is problematized, historical context is viewed as significant, if not determining – in our attempts to understand the historical knowledge of significance for the enunciating subject. In contrast to History as an autonomous,

self-authenticating, scientific discipline seeking a unitary and unifying truth, History is reintroduced as an interpretive discipline. History as discourse speaks to a pluralistic view of historical reality. The multiple truths of history consist of different but equally meaningful constructs of past reality. History is understood as a function of the historian's perspective that selects the event to be historicized, contextualizes the event in narrative form, and ascribes the significance to the event.

What are the implications for the analytic discourse? For the analyst, to think historically is to think contextually and critically as idiothetic meaning and causality derive from the contextual matrix of meaning in which the experienced event/symbol makes its appearance; meaning is given by the discursive context. History is a reconstruction of the past as it survives in and structures the experiences of the present moment of the past; temporality is understood as layered, not linearized, and is always turning back in upon itself. The imaginative reconstructions of the happenings of the past – as perceived by the enunciating subject – is the history of record to be understood in the analytic discourse. The analyst is always a part of the historical process being constructed; the evidence is always interpreted evidence; and, the facts selected are significant only in the interpretive context.

Given these philosophical assumptions and ways of thinking about psychoanalysis and history, certain implications follow for psychoanalytic education. In modernistic thinking, the Cartesian subject is constructed as fully conscious, autonomous, coherent, self-knowable and as speaking without being spoken (Sarup, 1993); the subject of modernity is constituted as a rational subject. Identity and Being are found in thought and the rational mind; thinking is the essence of human nature. In contrast, the subject of more contemporary times is understood as an historical subject spoken by language, history, and the specific discourses of the culture; is constituted by its interrelations and interconnections; and is a repository of the mystery, magic, and muscle of the something more of being human. Causal empirical theories commit us to a Cartesian world view. An hermeneutic focus on systems theory and matrices of meaning is a fundamentally anti-Cartesian view. An hermeneutic understanding derives from a radically different conceptual framework. It is

virtually impossible to coherently combine both points of view in the same educational philosophy, model, and set of practices. An hermeneutic conception of psychoanalysis calls for a radically different pedagogical strategy, a strategy aimed at contributing the Identity of a psychoanalyst as a philosopher, historian, and artist. Whereas the formation of this Identity continues to revolve around the study, practice, and experiences of psychoanalysis, the underlying conceptual foundations of these experiences are re-situated in philosophy, the humanities, and the arts.

As a discourse of moral philosophy, the question of Ethics becomes an unavoidable and inseparable aspect of the analyst's educational experiences. Indeed, as a way of thinking and method of inquiry, psychoanalysis is contextualized by an Ethic of Free Association, an ethic that moves far beyond the narrowed definitional concept and meaning of free association as the fundamental rule in psychoanalysis (Kavanaugh, 1999b). An Ethic of Free Association speaks to the question of freedom and, above all else, the freedom to question. This Ethic ... speaks to the foundational and explicit meanings of an individual's political, social, and personal freedoms. It is premised on the recognition that the authority for a person's thoughts and actions is inalienably his or her own (Neville, 1989). The seat of responsibility is found in the speaking subject who is the responsible author for herself or himself, for her or his own actions, and for the public good. In many respects, an Ethic of Free Association encourages a psychoanalytic education in which the locus of responsibility for one's being – and for one's learning – reside ultimately with the subject.

Psychoanalysis is one of the most significant voices in our culture to maintain the importance of the complexity and uniqueness of individuality. Its pedagogical philosophies and forms of education must reflect and encourage a deep and abiding respect for the personal and individualized nature of the educational experiences of those who aspire to knowing, translating and speaking the uniqueness and complexity of the analytic discourse. Premised on an Ethic of Free Association (1999b), psychoanalytic education is organized around the freedom to question the structures of our traditional social institutions; the assumptions of our received knowledges, values, and pieties; and, of the constituted experience(s) of our culture, analytic or

otherwise, and of the individual. This freedom to question includes the freedom to question the received wisdoms, values and pieties of the institutionalized truth and ethic of psychoanalysis through the study of psychoanalysis in seminars, study groups, and tutorials; through the supervised practice of psychoanalysis; and, through the experiences of one's own personal analysis which includes the questioning of self as analyst and analysand in a mutual search for identity. In this conception of psychoanalytic education, Identity as a healthcare professional is neither assumed, nor sought, nor received. Indeed, one's Identity as an analyst, itself, must be continuously questioned, the skeptical questioning of which, paradoxically, becomes a major aspect of one's Identity as an analyst. Psychoanalysis is no less than a way of thinking, a method of inquiry, and a way of life.

The individualized nature of the experiences in psychoanalytic education resonates with Siegfried Bernfeld's (1962) educational philosophy and principles. Namely, that psychoanalytic education must be student-centered. That anyone interested in psychoanalysis could, on her or his own initiative, seek a personal analysis, psychoanalytic supervision, or a didactic experience with someone who seemed to know a bit more and was deserving of her or his trust. The study of psychoanalysis in one's didactic experiences might be organized around the psychoanalytic arts, i.e., the arts of critical thinking, the arts of continuity, and the arts of communication (Kavanaugh, 1998). The arts of critical thinking refers to the study of philosophy and philosophic inquiry in the service of developing a critical capacity to question the seemingly natural and self-evident assumptions of our knowledges, moral pieties, and Identity as analysts. Philosophy and philosophic inquiry provide a basic, vital, and necessary kind of freedom to place into question the foundational essence of the traditional at Is (ontology) and the logic of the Shy of the What Is (epistemology). The study of the arts of continuity speaks to the study of those traditions of the culture that link a phenomenal past with an anticipated future such as its history, mythology, folklore, science, music, and theatre. If the quest of analysis is found in a collaborative effort to understand the subject's interpretive design and theory of the world, then the study of psychoanalysis is inextricably linked with the study of the arts of communication such as semiotics, language,

religion, prose, poetry, music and the linguistics of the body. A philosophy of differences recognizes that different bodies of knowledges are but different perspectives and point of view regarding the world, people, and life. A major objective of psychoanalytic education is the development of the capacity to see the world from these multiple perspectives so as to further the analysts' ability of being, knowing, and presencing self with other.

The world of differences that characterizes our contemporary understandings of psychoanalysis speaks to the many possible and equally meaningful interpretations of human behavior. The many different equally meaningful educational models, philosophies, and forms for psychoanalytic education (Kavanaugh, 1995; 1998; 1999). In October of 1986, the Division of Psychoanalysis of the American Psychological Association sponsored a conference at Clark University on psychoanalytic training for psychologists. At the conference, Marvin Hyman proposed that the Institute model, as recently adopted by the consortium, be viewed as on e end of a continuum of training possibilities; the other end of which might be education in which there is no Institute, no organizational structure whatsoever. He went on to describe the Michigan model of psychoanalytic education, a student-centered program of study situated at this less traditional end of the continuum and exemplifying Bernfeld's philosophy and principles (1962). In the Michigan model, educational responsibility is situated with the student, and with the student's educational needs taking priority over the administrative needs of the organization. Educational experiences are constituted by a personal analysis, supervision of control cases, and didactic coursework; the particulars of the program of study, timing, and sequence is determined, however, by the individual student's education needs. The Center for Psychoanalytic Studies offered a variety of courses, as well as informal advising on supervisors and personal psychoanalysis available to any student who wished to pursue such an individualized course of study (1990).

Also situated at this end of the continuum is an educational model as proposed by Michael Guy Thompson in which psychoanalytic education is modeled on the principle of free association, the fundamental rule of psychoanalysis (2000). As a model for psychoanalytic education, Free

Association derives from a view of psychoanalysis "... as inherently philosophical"; with "... the cultivation of naiveté" as an educational objective; and, as taking place in a milieu constituted by "... an 'association' of equals devoted to the 'free' dissemination of ideas." As a radical pedagogical strategy, Free Association rests on conceptual foundations situated in philosophy (phenomenology_ and the humanities (an historical mode of thinking). Its understanding of educational processes is situated in the arts (the mentorship model of the art academy). Somewhere on this continuum in-between the Michigan model and the Free Association model might be found Moustafa Safouan's Minimal Principles for a Society of Psychoanalysts in which it is proposed that psychoanalytic education and every attempt at psychoanalytic institutionalization is organized around the founding constitutive function of speech: "In fried, there can be no possible psychoanalytic training which does not allow anyone to speak who want to – anyone desiring to tell how they came to be born out of what they were without knowing it." (2000, p. 131)

Safouan's model of education proposes new forms of 'instituting ourselves' that match a Lacanian theory of psychoanalysis with educational forms of training. His minimalist principles speak against universalizing and normative rules; any institutional form that embodies the Other-as-Third; administrative-bureaucratic inflation; and, a principle of internal and external criticism by which each member of the society aims to understand the common experience(s) of her or his function (2000).

Perhaps most radical in each of these educational philosophies and models of education – and others like them – is the underlying view of people as responsible agents who are self-directed, self-motivated, and more or less self-selecting into a largely self-designed program of study. Each person is the responsible author of her or his professional life so that the individual makes decision, for example, as to whom they might wish to see for supervision, for teaching some aspect of analysis, and for her or his personal analysis, when the analysis is ended, and when certification of self-as-analyst is warranted, the time-worn arguments of protecting the public notwithstanding. This authority to authorize self-as-analyst is tied directly to the question of the end of analysis which can

only be answered, in the final analysis, by the person her- or himself. The authority to translate unconscious experiences, processes, and dynamics of other derives from one's own experiences in and of analysis. Much can be learned in the praxis of the analytic discourse; very little, however, can be taught as analytic experience is not didactic.

Questions of ethics, power, and economics arise when organized psychoanalysis, state licensing boards, and ethics committees refuse to acknowledge ways of conceptualizing human being outside of the healthcare ideology and matrix. A series of epistemological and ethical questions arise when the normative language of a medical-empirical discourse sets healthcare accreditation standards for the analytic community. What organization is it now that speaks in defining the essence of psychoanalysis? The Consortium? From what position, location or place in the culture's matrix of meaning and power does the Consortium speak of education and training?, and define the professional standards thereof? From what philosophic and theoretical discourse does the Consortium represent psychoanalysis? What are the ethics involved in the Consortium speaking from its medical-empirical discourse as if speaking objectively and rationally outside of a philosophic, ideological, or theoretical discourse? And, as if speaking an objective, singular truth? The Consortium's standards apply to everyone ... And do they now? ... Christopher Bollas has a rather blunt admonishment for the analytic community:

“Psychoanalysis just has to survive ‘the psychoanalytic movement’. If it survives

psychoanalysts and their schools, then it will grow and develop. But this remains to be seen.”

(italics added) -- Bollas, in Molino 1997, p. 50, cited in Kirsner, 2000.

Conclusion

Codes of silence in the analytic culture envelope principled differences and disagreements with the traditional science and pathology-driven models of psychoanalysis, its healthcare and accreditation standards, and the educational philosophy and model that derive therefrom. These codes of silence must be broken, And, breaking the silence involves the courage to question, think, and exchange our ideas. And, something more: How do those who conceptualize, educate, and practice outside of a healthcare context do so legally? When analysts as educators and practitioners are marginalized by a healthcare majority possessing the institution(ized)power and authority to do so, basic question of justice and ethics arise. Political actions in the interest of rising up against such ideologically suppressive forces are inseparable from these basic questions of justice and ethics. Such political action is part of the historical tradition – and Identity – of psychoanalysis ... Radical ideas translated into political action can have consequences ... Ultimately, the courage to question and change includes passing this quality of mind and spirit on to the next generation of analytic thinkers through the freedom to question in their educational experiences.

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The Chicago Circle Association of
The Ecole Freudienne du Quebec
Invites you to a Clinical Day

**The Treatment of Psychosis and the Relevance of
Freud's Death Drive**

Friday, April 26, 2002
9 am - 5 pm

Conference Room, Suite 1015
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9:00 - 9:15 am Welcome
9:15 - 10:00 " Conversations with Ms. V" - a case presented by
Faan Yeen Sidor
10:00 - 10:30 Discussion & Break
10:30 - 11:15 " From Script to Dream" - a case presented by
Greg Rosen
11:15 - 11:45 Discussion & Break

12:30 - 2:00 pmLunch

2:00 - 2:45 " Todestriebe: Persecutory/Revelatory" - a paper
by John Friedman
2:45 - 3:00 Break
3:00 - 5:00 Response to paper
Presentation on the treatment of psychosis
By Willy Apollon, Danielle Bergeron and Lucie Cantin

As seating capacity is limited to 30, we encourage you to register
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Charles Turk at 312-269-9180

A Message from The National Coalition of Mental Health Professionals & Consumers, Inc.

The National Coalition of Mental Health Professionals and Consumers is dedicated to our common task of preserving quality, privacy and choice in mental health care. This is the one national organization that has as its sole focus the task of building back a mental health system in this country, both public and private, that allows the patient, the consumer, to have real choice and real access to care. Founded ten years ago by Karen Shore, the Coalition continues to need support from the professional community.

This is a very important time for the Coalition. We are making progress toward developing a national presence. We received important support last summer from professionals and professional organizations (in particular from Division 39), and our Board members, especially our new president Deborah Peel, have been working to make the message of the Coalition - the need for quality, choice and privacy for mental health care - visible. We have strengthened our alliances with grassroots organizations such as UHCAN and Families USA who are fighting for reform of the entire health system. We have formed important alliances in Congress with our conference last year featuring Reps. Kennedy and Gephardt. For our next conference, we plan to connect with our Republican allies as well. Finally, you may have seen Deb Peel's interviews on television helping to tell the story about the reality of a mental health system that is falling apart at both the public and private levels.

I would like the local chapters to consider ways to connect directly to the Coalition and to work toward being the "local chapters" of the Coalition. We need people to connect at the local level and to coordinate efforts to advance our goals. The Coalition can supply editorials or "fact sheets" to assist members in communicating effectively. Local groups, as they are successful, could share in this and the Coalition would use these successes to challenge and inspire other groups. Please consider, either as individuals or as a chapter, to commit time and effort to Coalition goals. A membership application is provided on the next page -- Your help is needed!

*The National Coalition of
Mental Health
Professionals & Consumers,
Inc.*

Membership Application

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Chicago Open Chapter for the Study of Psychoanalysis
Section 4 (Local Chapters) Division 39 - Psychoanalysis, American Psychological Association
344 West Chestnut Street
Chicago, Illinois 60610

Membership Application

The *Chicago Open Chapter for the Study of Psychoanalysis* is affiliated with Division 39 (Psychoanalysis) of the American Psychological Association. Founded in 1985, its mission is to provide a forum for the discussion of various trends in psychoanalysis, and to promote the application of psychoanalytic theory to a wide variety of areas (including, but not limited to, anthropology, history, literature, and religion). The *Open Chapter* strives to provide a democratic and egalitarian atmosphere for the exchange of ideas. Hence, although the organization sponsors presentations by nationally and locally recognized analysts, it does not view psychoanalysis as the sole domain of mental health professionals. As its name implies, the *Open Chapter* is truly "open", in that it encourages the application of psychoanalytic inquiry to the work being done by other disciplines.

If you are interested in becoming a member, please complete the registration form below and return it with your \$40.00 check made payable to "Chicago Open Chapter" to: David L. Downing, PsyD, 344 West Chestnut Street, Second Floor, Chicago, Illinois 60610. If you have questions, please contact David L. Downing, PsyD at 312.266.1665.

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