

The BPSI Bulletin

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In This Issue:

Letter from the Editor
President's Letter
Institute News
Psychotherapy News
Membership News
Staff Transitions
Website News
Building News
Community and Outreach
From Our Authors
The Writing Experience

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Letter From the Editor

Welcome to the first edition of the BPSI Bulletin. I know what you're thinking. "More e-mail from BPSI?! Constant Contact really does mean constant contact." Or, "Don't we already have a newsletter?" Well, yes and no. Yes, this is another piece of e-mail, but it is so much more that you will want to savor it for a while before deleting. And no, we don't already have a newsletter (though we have had various print publications in the past). So why and why now? In my experience as a post-seminar candidate and recent graduate, I often found I learned about what was happening at BPSI second hand, as in, "Have you heard about [fill in the blank]?" What? What's happening? Certain e-mails go to certain people, certain people attend certain meetings, but we don't have a good vehicle to communicate a range of things to the BPSI community and its friends. Hence, a newsletter.

BPSI is a big place with lots of people doing lots of things, but all connected by their interest in psychoanalysis and psychotherapy. I hope this newsletter, along with the new web

site, will help people stay in touch with what is happening at the institute and in the training programs. In addition to news about what is happening at BPSI, we will have a regular feature focused on what BPSI people are thinking about. This edition, Steven Cooper provides a taste of some of the ideas he writes about in his recent book. We also have news about the new faces in the building, administrative staff as well as candidates and students, and reports from more committees than I ever imagined existed. Finally, we are aiming to give some perspective from the "younger generation" at BPSI. In this edition, we have sage advice from Paul Lynch about writing case reports.

The Bulletin will begin as a semi-annual online publication, so expect the next edition in May. To be sure, this is a work in progress. If there are things you would like to see included, please send me an e-mail or give me a call. Meanwhile, I hope you enjoy the first edition of the BPSI Bulletin.

Susan Kattlove, MD
Editor

President's Letter

With this issue, we are delighted to inaugurate the BPSI Bulletin, our new online newsletter. Under the very capable guidance of the BB editor, Susan Kattlove, the newsletter gives us an engaging way to communicate with both members and the community around us. We will have articles on

some of the main programs at BPSI, new ideas growing in the organization, and member news. We will appreciate hearing thoughts and responses to the Bulletin from all readers as each issue is published.

As I write this, I am anticipating our very important Membership
(continued on next page)

Meeting, scheduled for November 19, where our new bylaws will reach their final stage: the vote of our membership! Under the new bylaws, we will invigorate BPSI by enhancing our training programs and reaching out to educational, clinical, academic and

cultural institutions in Boston. By the time you read this note, I expect we'll be at the first stage of bringing our new governance structures to life.

Ann Katz, EdD
President

Institute News

It is a pleasure to be part of BPSI's new newsletter, the BPSI Bulletin, to report on what we have accomplished in our psychoanalytic training program over the past year, and to introduce plans for the future. First I would like to welcome our two new candidates, Drs. John Roseman and Holly Blatman, and our new affiliate scholar, Professor Paula Salvio. As you know the Education Committee (EC) oversees the analytic training program, and in this newsletter each of the chairs of the EC subcommittees will report to you on the innovative work of their committees. During this past year we have formed two new EC subcommittees, the Case Finding and Development Committee and the Ethics Education Committee. In the articles that follow, please read about the work of these new committees as well as our other important subcommittees.

Looking to the future, one of the most important tasks that we will undertake this year in the psychoanalytic training program is to revise our policies and procedures. Our new BPSI Bylaws state that the EC will establish its own policies and procedures. At present, with the exception of the topics covered in the candidates' manual and the training bulletin, there is

no clear and accessible document that describes our various policies. We will form a working group to take a fresh look at our committees and their responsibilities, at the way members and committee chairs are chosen, and at the effectiveness of our policies and procedures. We will then write a document describing our policies and procedures that will be available on our website.

I am very grateful to each of the subcommittee chairs: Nancy Chodorow, Phillip Freeman, Catherine Kimble, Alisa Levine, Humphrey Morris, Allen Palmer, Stevie Smith, Patricia Wright, and Judy Yanof for their devotion to BPSI, their creative thinking, and their friendship. I want to express my appreciation to all the members of the EC subcommittees and the Educational Policies Committee (EPC), which acts the coordinating body for the training program, and thank our administrative staff, Edward Thomas, Karen Smolens and Erica Coray, for all their help. Finally I want to welcome our new managing director, Carole Nathan.

James D. Walton, MD
Chair, Education Committee

Links-

[Admissions Committee News](#)
[Affiliate Scholar Program News](#)
[Case Finding and Development Committee News](#)
[Child Analysis Committee News](#)

[Consultation Committee News](#)
[Ethics Education Committee News](#)
[JCC/FEC News](#)
[SA/TA Committee News](#)
[Students Committee News](#)

Psychotherapy News

With the historic passage of the new by-laws, psychotherapy training at BPSI has moved into the center of our organization in the new Education Division. As we transition over the next several months, we are saddened that Alan Pollack is stepping down as the Director of Psychotherapy Training after nearly a quarter century, but we are very pleased that Richard Gomberg has agreed to take his place.

Alan has been a wonderful leader, teacher and mentor for the many ATP students and Fellows over the years. He's been a guiding force and as such has brought inspiration, enthusiasm and warmth to the multitude of tasks in his role. His generosity of spirit and intellectual curiosity have suffused the programs and inspired many.

[Click Here](#) to access the most recent report of the Ad-Hoc Committee on Psychotherapy.

Membership News

The membership committee has recently focused on two issues: 1) a proposal for new membership categories that we hope will simplify and expedite membership; and 2) guidelines around hardship and dues relief. Both proposals are near completion and will soon be sent to the Board for ratification and then on to all membership.

New members: Janet English, PhD; Donna Fromberg, PsyD, Graduate Analysts
Gordon Harper, MD, Affiliate Member
Mollie Brooks, MSW, Psychotherapy Member

Resignations: Thomas Gutheil, David Brendel: Ann Plater; Mary Jo Alexander

Deaths: Stanley Cath, David Berkowitz, Joan Zilbach, Samuel Bojar, Howard Weinstein, Ralph Engel, Abraham Zaleznik

Mark Goldblatt, August, 2011
Chair, Membership Committee

In the fall, BPSI welcomed new classes in the fellowship, ATP, and analytic training programs, including one affiliate scholar. Here is some more information about the newest members of our community:

Fellows

Karen Adler, MD, is completing her fourth and final year in the MGH-McLean adult psychiatry residency training program. She is interested in doing psychotherapy with patients with borderline personality disorder.

Rudolph Agosti, MD, is a psychiatrist working on an inpatient unit at the Brockton Veteran's Affairs Medical Center.

Amy Agrawal, MD, is a psychiatry resident in the Harvard South Shore Psychiatry Residency Training Program.

Lawrence Civale, LICSW, received a MSW from Adephe University in 1994 and then worked primarily in psychiatric settings in New York State. He moved to Boston in 2001 and shortly after began private prac-

tice in downtown Boston and Quincy. He works with late adolescents and adults providing individual and couples psychotherapy.

Evgeniy Filin, MD, is a psychiatrist at the Beth Israel Deaconess Medical Center in the Outpatient Psychiatry Department and the Cognitive Neurology Unit. Areas of interest include neuropsychiatry and geriatric psychiatry. He has a private practice in the Longwood area.

Sherie Friedrich, PsyD, is a Clinical Psychologist and has a private practice in Portsmouth, NH. She has special interests in psychotherapy with artists and in leading psychodynamic psychotherapy groups. Her research interests include infant and mother-daughter dyad research.

Abigail Judge, PhD, recently completed a two-year fellowship in child forensic psychology at Massachusetts General Hospital, and she is a former fellow of the American Psychoanalytic Association. Dr. Judge is the Director of Clinical Assessment at Germaine Lawrence, a residential program for adolescent girls, and she also maintains a private psychotherapy practice in Cambridge, where she specializes in the treatment of adolescent girls and young women.

Deborah K. Manegold, MD, is a psychiatrist in private practice in Brookline. Her practice is adult psychotherapy, psychopharmacology and combined treatment. She is considering applying for analytic training.

Othman M. Mohammad, MD, is a third year psychiatry resident in the Harvard South Shore Psychiatry Program. He is interested in academic psychiatry and, in particular, child psychiatry and neuropsychanalysis.

Sarah Davy Muscat, MD, is a fourth year psychiatry resident at Maine Medical Center in Portland, ME. She previously practiced as an internist and rheumatologist. She plans to stay in Portland after graduation, where she hopes to practice general psychiatry, with an interest in patients with chronic pain and medical illness.

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Anne Redburn, DO, is a third-year psychiatry resident in the Harvard South Shore program. She has an undergraduate degree in Criminology and plans on pursuing a career in Forensic Psychiatry.

Jerome P. Rubin, LICSW (Jerry) graduated with a master's in counseling from Lesley College in 1979 and then returned to Smith College School for Social Work, where he received his MSW in 1989. He has been in full time private practice since 1994 and sees adolescents and adults. He specializes in substance abuse counseling, couples therapy, and men's issues. Jerry currently facilitates three groups: A co-ed therapy group, a co-ed young adult group and a men's group.

Brian Schulman, MD, is completing his psychiatry residency training at MGH-McLean and serving as the Outpatient Psychotherapy Chief Resident at MGH. Active in the newly formed Program in Psychodynamics (collaboration between BPSI and MGH-McLean), he plans to start a private practice, in addition to maintaining an academic affiliation.

Ritu Shree, MA, is an international student in United States, doing her graduate studies in Dance/Movement Psychotherapy and Counseling. She got her honors degree in Psychology and Masters degree in Clinical Psychology in India. She is presently interning with Boston Children Foundation.

Alice Silverman, MD, is a psychiatrist living and working in St Johnsbury, VT where she currently has a full time private practice.

Laura Stanton, MD, graduated from Drexel College of Medicine in Philadelphia and completed her psychiatry residency at Brown University in Providence. She is currently a fellow in Geriatric psychiatry at Brown.

Rachel Urbano, PsyD, is completing her post-doctoral fellowship at Boston College's University Counseling Services. She has a special interest in dreams and dream interpretation.

ATP Students

Alistair McKnight, LMHC, is a case manager at Arbour Counseling in Jamaica Plain and has a private

practice in Cambridge. He is currently writing his doctoral dissertation on the changes in pop-cultural representations of heterosexual relationship narratives over the past sixty years.

Cecilia Mikalac, MD, is a psychiatrist who has had a full time general adult practice in Worcester for over 20 years.

Ellen Goldman, PhD, has a private practice in neuropsychology (children - young adults). She also treats children and adults. Her office is in Brookline.

Candidates

Holly Blatman, MD, has a private practice in Cambridge. In the past, she worked as a psychiatrist for the University Health Services at Harvard, and in the Child Psychiatry Department at Cambridge Hospital. Currently, she is a consultant at The Groton School in Groton, MA, and over the past 25 years, has worked with adults, children and adolescents.

John Roseman, MD, is a first-year analytic candidate at BPSI. He is a psychiatrist at McLean Hospital, where he works in the Psychiatric Neurotherapeutics Department, primarily performing electroconvulsive therapy (ECT). Dr. Roseman also teaches second- and third-year medical students at Harvard Medical School. He has a psychotherapy and psychopharmacology private practice located at McLean Hospital.

Affiliate Scholar

Paula M. Salvio, PhD, is a Professor of Education at the University of New Hampshire and the author of *Anne Sexton: Teacher of Weird Abundance* (2007, State University of New York Press), and, with Gail Boldt, *Love's Return: Psychoanalytic Essays on Childhood, Teaching and Learning* (2006, Routledge). Widely known for her published work on psychoanalysis and education, trauma, and historical crisis, Dr. Salvio is currently working on a study of how societies work through trauma with a specific focus on the anti-mafia movement in Palermo, Italy.

Staff Transitions

We wish to thank Ed Thomas for his hard work and service as our interim Administrative Director. Ed saw us through many important changes in the administrative office, after so many years with our former administrative Director, Diana Nugent, including setting up our new financial office, helping us evaluate BPSI's administrative needs going forward, and bringing us two talented new members of our staff. Pharrel Wener is our new Finance Associate. Pharrel is an accountant from South Africa with many talents. In addition to his years of experience in membership organization finance, Pharrel is a cantor and actor in local theater. Pharrel and Ed have restructured our finance office, including moving us to on-line billing and more efficient financial administration.

Ed also brought us Erica Coray as our Senior Administrative Assistant. Erica is a graduate of Emerson College where she studied Film and Communications. She most recently worked in the fashion industry, where she oversaw two new website launches. Erica now comes to BPSI with an interest in building a career in nonprofit education. In addition to her role supporting our membership and Education programs, Erica brings an eye for graphics, as you will have noticed with the new BPSI flyers, and web expertise, and she will be the lead point-person on our new website project.

We are pleased to inform you that the Board Hiring Committee has selected Carole Nathan, MBA to be the

new (and newly named) Managing Director of BPSI. Carole will have a somewhat larger role than Ed or Diana, overseeing all of the staff and helping the board in our new development efforts. Carole has spent many years in non-profit health care management. From 1997-2009 she served as Associate Director and then Executive Director (2003-2009) of the Lown Cardiovascular Research Foundation. Carole effectively managed all aspects of the Foundation with an annual budget of 2.7 million dollars. She left in 2009 after Dr. Lown retired and the foundation and clinic were reorganized.

From 2009 until now Carole has been the Executive Director of the Virginia Thurston Healing Garden in Harvard, Mass., a breast cancer educational center. There, she was responsible for providing new leadership, stability and continuity for the educational breast cancer center after a major organizational transition. The Healing Garden recently lost major funding, leaving Carole in a position to come to BPSI.

Everyone on the hiring committee was most enthusiastic about Carole's experience, maturity, competence and enthusiasm for the Managing Director position at BPSI. She has already launched enthusiastically into orienting to BPSI. At this time we are working on a transition plan for her to assume her full-time role as Ed Thomas steps down.

Please introduce yourselves to Carole next time you are at BPSI.

Website News

This spring we will launch a new BPSI website! The board has hired a web firm, Blue Luna, who will work with us over the next four to six months to develop a new site that should be both appealing and easy to use for members, students, applicants, and the public. The site will feature a 'find an analyst/therapist' function, an interactive calendar, an education module, and we are pleased we will be able to acquire a new domain name of www.bpsi.org.

Throughout the development process, we will be seeking input from members and committee chairs. Please send your ideas to Erica Coray, who will be the lead point person on the project. Carole Nathan, our new Managing Director, will be assisting Erica.

Our web project will cost BPSI close to \$35,000. Despite our large deficit, the board has decided to support the web project due to our enormous need for a more functional site. We hope to offset the costs with donations. BPSI has an anonymous donor who has given us a sum of money for the web, in hopes it will inspire others to contribute. A group of BPSI leaders have pledged matching funds for any contributions to our new website. We hope you will consider contributing. Donors can contact Carole Nathan at office@bostonpsychoanalytic.org or by calling the Administrative Office, or Ellen Blumenthal at edblumenthal@rcn.com or by telephone.

Building News

We would like to take this opportunity to update the membership on the work of the Relocation Committee over the past year. The Relocation Committee has continued to work on several fronts to move the process of relocating BPSI to a new home forward.

1. **Sale of 15 Commonwealth Avenue.** The marketing of 15 Commonwealth Avenue has been ongoing. Our task remains to be fiscally responsible in this complicated sell-buy scenario in a real estate market that has significantly weakened since the building was first listed for sale in April 2009. After a series of price reductions authorized by the Finance Committee, we are now listed at 15.9 million. We are prepared to be patient in our efforts to secure a sale price that will allow us to meet our financial objectives. The building continues to be listed on MLS and has been shown actively to many potential buyers.

Budget and Endowment Goals: Once sold, proceeds will be balanced between funds for our endowment and funds for purchase and renovation of a universally accessible building that will serve BPSI's mission well.

Our original goal for the endowment was to realize sufficient funds from the sale of 15 Commonwealth Avenue to cover our current annual deficit, have funds for one time investments, and develop reserves for stability by adding to our endowment. At a five percent annual draw from the endowment, this would give us modest but meaningful funds for new spending, primarily for staffing and infrastructure to better support our existing programs and several new initiatives.

The depressed market puts pressure on both our budget for a new building and our endowment goals. Notwithstanding this, the depressed market also means we can save on the purchase and renovation costs of our new home. Our recent analysis indicates that if we are prudent our goals for the endowment should not be

significantly compromised.

The Board and Finance Committee are working carefully to explore ways to raise income and reduce expenses all across BPSI, while helping sustain and support BPSI's essential programs. The board is asking all BPSI Committees to help in our community-wide effort to use our financial, volunteer, and staff resources wisely before, during and after our move.

2. **Search for New Home.** In 2009 a subgroup of the Relocation Committee went on monthly tours of potential buildings with our real estate representatives from Colliers, Meredith and Grew. We used criteria developed in 2008-9 by the Relocation Advisory Group, which was open to our entire membership. Top criteria were public transportation, parking, universal accessibility, neighborhood, character of the building, and suitability for BPSI's Mission. Five top sites were toured in October 2009 by the full Relocation Committee and remain on our 'radar screen'. We are in the confidential due diligence and negotiation phase with the owners of one of our top sites.

3. **Interim Space.** From the outset of the relocation process the Relocation Committee has tried to minimize the possibility of needing interim space. This continues to be our aim. However, we may not be able to avoid the need for short-term temporary quarters as we juggle the timing of the sale of 15 Commonwealth Avenue and the purchase and renovation of a new home. We will keep the membership apprised as this complex sale/purchase scenario unfolds.

Feel free to contact either co-chair or member of the committee if you have questions.

Catherine R. Kimble, MD
Joseph M. Schwartz, PhD
Co-Chairs, Relocation Committee

Community and Outreach

BPSI has been actively involved in creating links with the academic communities around us. Two of these links have taken hold in our connection with the

MGH-McLean psychiatry training program and the Simmons School of Social Work.

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PiP Program

The Program in Psychodynamics (PiP) is a new collaboration between BPSI and the MGH-McLean Psychiatry Residency. In a new effort to foster the career development of residents interested in psychodynamic research, psychoanalysis, and psychodynamic psychotherapy, the MGH-McLean Psychiatry Residency has inaugurated the Program in Psychodynamics (PiP), a set of opportunities for additional training in psychodynamics in each of the four years of the residency. In collaboration with BPSI, the PiP will allow residents to enhance and deepen their psychodynamic interests, combining in-depth clinical training and scholarship. Each resident in the PiP will have a mentor, will conduct twice-weekly psychoanalytic therapy under close supervision, and will do a scholarly or research project that is psychodynamically informed. Residents can choose among an array of faculty-led elective seminars on topics such as “Shakespeare Reads Freud” and “Psychodynamic Approaches to Eating Disorders.” BPSI faculty will serve as core teachers and mentors. In their PG 4 year, residents will complete the Advanced Psychotherapy Fellowship at BPSI. Richard Schwartz and Bob Waldinger direct the PiP.

Outreach to Schools of Social Work

As an outgrowth of our Strategic Plan, about one and a half years ago, we formed an ad hoc committee on Outreach to Schools of Social Work. Based on our historical ties to Simmons School of Social Work, we chose Simmons for our first initiative. Holly Housman and I have functioned as the emissaries, and, in consultation with Jonathan Kolb, we began a series of “institution to institution” talks with Simmons, in which we aimed to rekindle our relationship with the School. These included meetings with the various Deans, the Chair of the Doctoral Program, and the Chair of the Field Education Dept. As a result of these meetings, we

were invited to attend the Simmons Career Day Event last spring, where Jessica Barton helped us to run a BPSI information Booth. In addition, through talks with the Director of the Simmons Counseling Center, information about BPSI’s Free Consultation Service is now posted at the college-wide Counseling Center at Simmons.

Our overall aim with Simmons was to learn more about their current culture, and expose them to ours, and to distribute information about the various training opportunities at BPSI, as well as the opportunities for CEU credits. There was little to no awareness about our Fellowship or ATP programs, or the American Psychoanalytic Fellowship opportunities, and little awareness about the interdisciplinary opportunities at BPSI.

As a result of our outreach, we have had inquiries come forward from Simmons students and alumni, and we’ve generated some interest in our Affiliate Scholar program. So, this has been an experiment in building a community bridge. We have laid down some seeds and will continue this approach for this second year.

In addition, we have begun a different, more informal, organic approach with the Boston University School of Social Work. There, Holly Housman attended an alumni luncheon with the Dean of BU and integrated discussion about analytic training into the luncheon meeting. In addition, Holly gave a talk about analytic concepts in a clinical class at BU and also wrote an article, “On Becoming an Analyst,” which was published in the Boston NASW newsletter.

Our next steps will involve nurturing these contacts and building on these connections. Down the road, we’d also like to build bridges with the other social work schools and other organizations. And, as ever, we welcome your ideas, suggestions and comments and your involvement.

Catherine Mitkus, LICSW

From Our Authors

A Disturbance in the Field: Essays in Transference-Countertransference, Routledge, 2010.

Steven H. Cooper, Ph.D.

I appreciate the invitation from Susan Kattlove and the BPSI Bulletin to discuss my recent book with the

BPSI community. This book represents some of my evolving clinical and theoretical thinking about psychoanalytic work and object relations theory. The book is a collection of essays about particular kinds of clinical problems related to transitions in analytic work. For example, I investigate a variety of ways that ana-

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lyst and patient shift into new ways to understand the patient's conflicts, identifications or fantasies. A thread that runs throughout this book is a deeply pragmatic approach to both clinical work and theory. In the book, I elaborate my view of the analytic situation as one in which we have a unique opportunity to help our patients understand elements of their internalized object relations, unconscious conflicts and unconscious fantasy. I also believe that analytic work is advanced by the analyst's self-reflection about his personal participation as he tries to understand the patient's internalized world.

In general, I am interested in the ubiquitous complexity of how we are always being experienced as an internal object even as, and perhaps especially as, we are trying to help the patient to understand and see elements of this internalized object experience. Our attempts to facilitate the associative process are often at odds with the role we occupy as an internal object, since our internal objects are partly dedicated to opposing expressiveness. I examine the analyst's reflections about his participation in this interplay of roles as an internal and external object. Traditionally, theories related to the patient's internalized object world and the analyst's self-reflective participation have been discussed within different theoretical traditions. For many years now, I have had a somewhat unusual combination of psychoanalytic influences, and I have been trying, with stops and starts, to find a vocabulary for describing this melding of interests. It is my belief that, in our current phase of theory development, we are better off taking a post-tribal approach to understanding unconscious life, transference, countertransference, dreams, and therapeutic action.

The project for psychoanalytic theory development over the last fifty years has involved attempts to integrate our ways of understanding the patient's internalized representational world with the personal participation of an analyst who has an unconscious mind; the analyst's unconscious mind and unconscious conflict intrinsically render him prone to lapses in understanding and enactment. In many ways, Bion began this project, and it has been helped by a variety of analysts from both within and outside British Object Relations Theory.

My favorite chapter in this book is one that deals with a particular type of clinical problem, that of self-criticism and its relationship to unconscious grandiosi-

ty. Self-criticism is a highly complex and varied clinical phenomenon, and many types of self-reproach are not related to unconscious grandiosity. In the extreme form of what I explore, one part of the self degrades and shames another part of the self for desires, wishes to be seen and known, and wishes for expressiveness. This attacking part of the self is well described by Fairbairn's notion of the "internal saboteur." Self-criticism becomes a kind of ongoing form of killing desire, wish and need. What results is often an unconscious fantasy that if only the self could be different (often devoid of needs and the desire to be loved), then wishes could be gratified. The analyst's interpretations of these immense expectations of the self to be this or that may be easily construed as another form of attack – the analyst becomes, as it were, an external saboteur.

The analyst may be in considerable danger of being collapsed into the patient's familiar object relationship of self-loathing. However, shying away from interpretation for fear of hurting the patient is not without its own dangers, including the analyst's potential withdrawal and dissociation. As in most of the chapters of this book, I try to take the reader into the analyst's modes of self-reflection through his own reverie, as well as through his more considered and organized formulations, what Ferro has termed, 'meta-observation.'

In fact, in some ways what I've tried to do in most chapters in this book is to explore elements of the analyst's imagination as he weighs various interpretive directions and as he utilizes reverie. This is placed in direct focus in a chapter entitled, "Privacy, Reverie, and the Analyst's Ethical Imagination," in which I try to compare and contrast some of my own reflections about reverie with those of my favorite psychoanalytic writer, Thomas Ogden. In my teaching of psychology interns and residents over the last thirty years, I find that they are understandably concerned about the perils of allowing our clinical imagination to roam-- as Freud put it, "to allow our minds to be adrift" for periods of time.

These concerns, under-theorized in our analytic literature, seem quite valid. Mostly, of course, it is difficult, if not impossible, to delineate in advance what the limits of our imagination might be; without allowing our minds to be adrift we can't know in advance whether it will help us with our patients, or whether we will learn that it has more to do with our own psychol-

ogy and be of less relevance to our patients. But what we can try to explore with each other as analysts in our case discussions and writing is the nature of the analyst's imagination related to his efforts to understand. How does he hold himself accountable in this effort? How does he learn about whether what he has come to may be of use with his patient? I try to explore some of these questions through numerous clinical vignettes with patients in different phases of analysis.

One example of the analyst's clinical imagination relates to our anticipation of how we take up some of the most difficult and challenging elements of our patient's inner life. In one chapter, "The Analyst's Anticipatory Fantasies: Aid and Obstacle to the Patient's Integration," I describe the evolution of an analysis in which a patient's rigidly held identification with a punitive parent moves into focus. The patient's projections of parts of internalized, unmetabolized experiences involve enlisting and recruiting others, including the analyst. Eventually, these forms of projection and recruitment are disavowed.

The process that I try to highlight involves some of the analyst's use of anticipatory feelings, expectations and fantasies in attempting to help the patient experience and contain parts of herself that are reflexively

projected.

As in my first book, I try to explore the analyst's forms of resistance and partial failures as a part of productive analytic work. I explore the need to find the most difficult parts of our patients (at both intrapsychic and interpersonal levels) while appreciating the patient's need to hold on to his sense of psychic stability and familiarity. Often patients recruit us in order to communicate about and enact familiar internalized object relational patterns, but sometimes in this recruitment the patient finds unique qualities of the analyst as enactments unfold. I refer to some of these kinds of interactions as "good enough impingement" and elements of "new bad participation" on the part of the analyst.

Even so, in these new forms of engagement we are often able to help the patient to see how he brings environmental failure into analysis. For those analysts like me, who believe that the investigation of countertransference is a vital part of analytic work, we must also be constantly developing an ethic toward understanding those of our reactions that obstruct, rather than aid, our understanding. I hope that this book is a step in that direction.

The Writing Experience

Beautiful writing and analytic thinking sometimes come in unexpected places. For the past five years, one of the highlights of the fall schedule has been the workshop focused on writing case reports for progression, graduation, and certification. The meeting is divided into two parts. The second half of the meeting centers around an actual case report, with the audience reading along with the writer and stopping periodically to discuss the writing and the clinical material, and how they intersect.

These sessions are wonderful clinical discussions. This is not so surprising. What comes as a surprise is the first part of this meeting, in which people who have written for progression, graduation, and certification share their experiences of the writing process. These little five minute presentations are gems of psychological insight, analytic wisdom, and writing advice. For this issue, Paul Lynch has generously allowed us to reprint his piece from the fall, 2011 writing conference. [Click here to read the piece.](#)

You've read this far, you must have something to say. [Click Here](#) to send comments and suggestions to the editor, Susan Kattlove, MD.

Attachments

Admissions Committee

The Admissions Committee continues to do the important work of evaluating applicants for psychoanalytic training at BPSI. We evaluate applicants as we always have, based on written applications and personal and clinical interviews with three committee members. We have also made several changes to the committee and its processes.

The committee now has two categories of membership. As always, there are about ten regular members who do most of the work of interviewing and all of the work of evaluating and deciding upon completed Institute applications. Traditionally, these members were training analysts or non-TA elected members to the Education Committee. In 2009-2010, the EPC voted that faculty members in general could be eligible to sit on the committee. The by-laws still require a predominance of training and supervising analysts.

In addition to the committee, I instituted an Admissions Liaison Group, composed of advanced candidates or recent graduates selected to represent the various fields of origin (psychiatry, psychology, social work) from which most of our applicants come. These are non-evaluating, non-voting members of the committee. They do not see applications or participate in any meetings in which applicants are discussed. This group participates in committee discussions that involve general policy. For example, last year we had a series of meetings in which we considered the application materials in detail, including how best to word our request for a personal essay, as well as meetings in which we discussed what should be the nature, purpose, and character of interviews, so that all Committee members were on board with a sense of what is appropriate, relevant, and so forth. Members of the Liaison Group also play a non-voting, non-evaluating role in the application process with individual applicants and are active at Institute open houses.

When we receive a completed application, I immediately link the applicant to someone in our Liaison Group, if possible someone from the same field of origin, who is available to be talked with if and as the applicant has questions about interviews, training, the application process, etc. If the application comes in while classes are still in session, the Liaison Group member also finds someone currently in classes to “host” the applicant for one evening, taking them to classes and along to dinner with other candidates. This change, according to members of the Liaison Group, host candidates, and applicants, has been very valuable to applicants and has in every case given them a warm, favorable, intellectually energetic sense of BPSI.

With the Fellowship and ATP programs, the Admissions Committee has participated in successful open houses in which we have worked hard to have representatives of all the programs, including analyst graduates who have gone through the different programs along the way. These have been well-attended and well-received. Because there is less than a month between our usual open house for all programs and our deadline for accepting applications for analytic training, and because the preparation for analytic training, in terms of finding a training analyst, rearranging a professional and personal life, and so forth, often takes a long time, we have, beginning this fall, instituted mini-information sessions for about an hour before or after particular scientific meetings or presentations. We are hoping that this will give prospective candidates more time to consider the preparation necessary to apply and to undertake analytic training and that it will enable the Admissions Committee to do its work in a timely manner.

Finally, in conjunction with BPSI’s representatives to the Committee on Institutes of the American Psychoanalytic Association, and with Catherine Kimble, Transition Director, and Janet Noonan, Co-Chair ATP, we have been trying to clarify the categories of candidacy for whom BPSI needs to apply for a waiver. In conjunction with
(continued on next page)

these discussions, the EPC is also considering how and if BPSI can admit CORST (Committee on Research and Special Training – that is, academic and other relevant professional) candidates, as have many institutes throughout the country. (This is different from our Affiliate Scholars, who are not candidates in analytic training). We are also looking at forms of training, again found at many institutes throughout the country, in which a professional, whether a licensed clinician, a medical or psychology or other researcher, can be admitted to undertake our full five years of classes, plus a personal analysis.

Nancy J. Chodorow, PhD,
Chair, Admissions Committee

[Click Here to return to Institute News](#)

Affiliate Scholar Program

The Affiliate Scholar Program brings nonclinician academics to BPSI to take seminars with candidates. Acceptance into the program is based on the Scholar's demonstrating, in a written application and in interviews, how increased familiarity with the clinically based culture of psychoanalysis will further a research project in which she or he is currently engaged. Affiliate Scholars regularly report that the opportunity to see psychoanalysis from the perspective of our candidates gives them a new sense of their work. This benefit to the Scholars is balanced by the benefit they bring to us, as they invite us to meet them at the intersection of psychoanalysis with their area of study—e.g., in recent years, art history, anthropology, philosophy, and education.

Humphrey Morris, MD
Chair

[Click Here to return to Institute News](#)

Case Finding and Development Committee

Treating patients in psychoanalysis is central to training, yet many candidates struggle to develop or find control cases. Historically there have been intermittent efforts outside of supervision at helping candidates with case finding, but with no permanent group committed to the task. The Case Finding and Development Committee was formed this spring to create a regular structure to contain and develop ideas, integrate projects, and provide continuity in finding ways to help our candidates find and develop psychoanalytic cases.

Our group's work will integrate with other EC committees that foster case development: the Consultation Service with chair Stevie Smith, the new Clinical Tutor Program with chair Cary Friedman, and seminars with curriculum chair Alisa Levine.

Our first task will be to look at the history of our own case finding efforts at BPSI, and to research what is being done at other APSA Institutes. At Institutes where candidates readily find cases, what makes a difference? What is the role of particular requirements for progression, for example, or the fee structures or consultation service referrals? How do other Institutes help generate referrals? Our next task will be a literature review: from papers by Arnold Rothstein to Columbia's research on the rate of successful control cases from consultation service referrals, there is a wide literature base on analytic case development to inform our educational and project efforts. At the same time, we will bring our own candidates' experience to bear; while becoming a psychoanalyst is a highly individual journey, we may learn something from our candidates who have easily built analytic practices. Where are these candidates in their careers when they start training? Can we understand more about readiness for training? We hope to bring an engaged focus on this cornerstone of psychoanalytic education. The group is currently being formed, with a goal of a first meeting in the fall.

Catherine Rising Kimble, MD,
Chair, Case Finding and Development Committee

[Click Here to return to Institute News](#)

Child Analysis Committee

The Child Analysis Committee plans to offer further learning opportunities for the child community and the BPSI community at large. For example, child candidates who have completed seminars can now continue to take courses within the Child and Adolescent curriculum on a course-by-course basis, with the approval of the Instructor. The Committee would also like to offer community-wide forums where members and candidates share ideas with each other and can learn together. We plan to begin with a continuous case seminar that would be open to candidates and members, time permitting, during 2011/12. In addition, the Child Committee has been actively working to further develop our relationships with various child psychiatry departments, mental health centers, and community programs.

At BPSI, the Training program in Child and Adolescent Psychoanalysis is a "combined program," and is designed for candidates who wish to specialize in child and adolescent training. Candidates in adult psychoanalytic training and graduate adult psychoanalysts from The Boston Psychoanalytic Society and Institute, The PINE Psychoanalytic Center and The Massachusetts Institute for Psychoanalysis are eligible to apply to the Boston Psychoanalytic Society and Institute for child and adolescent psychoanalytic training. Clinical training in child and adolescent analysis enhances adult training by providing the candidate with an optimal opportunity to acquire a broad understanding of the development and functioning of the human mind and an opportunity to acquire a synthesized psychoanalytic approach to the clinical situation.

Stephanie Smith, LICSW,
Judith A. Yanof, MD,
Co-chairs, Child Analysis Committee

[Click Here to return to Institute News](#)

Consultation Committee

The Boston Psychoanalytic Society and Institute Consultation Service is a free resource for individuals who are exploring treatment options and are seeking referrals. Committee members provide free consultations in order to provide information and assistance to people who are interested in beginning psychoanalysis and psychoanalytic psychotherapy. Wherever appropriate, the Committee facilitates referrals to BPSI candidates and ATP students for training purposes.

This year, we plan to devote four of our monthly committee meetings to clinical presentations and discussions and will be inviting the candidates and the ATP students to join us. Usually, there will be two clinical presenters, the referring committee consultant and the candidate/ATP student who is now treating the patient. Our discussions focus on questions related to diagnosis and analyzability, and the comparison between the consultant's initial diagnostic impressions, based on initial interviews, and the candidate's/ATP student's impression, based on what they have come to understand during the course of the developing therapeutic/analytic process. The Consultation Committee also hopes to learn more about the consultation and referral process, and plans to use what we learn from the presentations and discussions to improve the service provided by the Consultation Committee.

Stephanie Smith, LICSW
Patricia Wright, MD
Co-chairs, Consultation Committee

[Click Here to return to Institute News](#)

Ethics Education Committee

The Ethics Education Committee (EEC) is a new committee at BPSI that provides a forum for ongoing discussion about relationships in our BPSI community, with attention to fostering the best environment for learning, for encouraging transparency, for promoting mutually respectful, collegial relationships, and for maintaining professional boundaries. It is a forum for thinking about the type of culture we would like to create and maintain at BPSI.

The EEC began meeting in April, and the committee's fifteen volunteer members represent a cross section of the BPSI community, including candidates, ATP students, members, faculty, and supervising analysts. Committee members participate in discussions that center around professional issues and dilemmas that often arise in training, collegial interactions and in our practices. Our work also includes the discussion of boundary violations at BPSI, how they have been handled by us, and their continued impact on our community. A final and most important task of the EEC is to recommend and provide venues for similar discussions for all segments of the BPSI community.

The Ethics Education Committee is not an ethics committee. BPSI has an established Committee on Ethics and Professional Standards and a standing Committee on Professional Practice and Member Assistance which investigate ethics complaints and rumored breaches of professional conduct and competency, respectively. The Ethics Education Committee is a place for free-ranging discussion on the complex decisions that come up daily in clinical practice as well as the difficulty and ambiguity of being part of a community in which treatment, education, professional development, and friendship are all part of the mix.

In our meetings, committee members have been struck by the compelling nature of our discussions and the difficulty of speaking about questions of professional conduct and boundary issues. We have found that the experience of thinking and speaking openly about personal, educational and organizational dilemmas at BPSI has raised our consciousness, and we are considering how the EEC could bring the benefits of our discussions to BPSI members and students as part of our educational mission.

James D. Walton, MD
Judith A. Yanof, MD
Co-chairs, EEC

[Click Here to return to Institute News](#)

Joint Curriculum Committee/Faculty Executive Committee

Curriculum

The Joint Curriculum Committee / Faculty Executive Committee (JCC / FEC) has undertaken a review of our five core curriculum sequences. These include Theory, Technique, Psychopathology, Development and Clinical Sequences. All courses are now offered for eight weeks so that candidates in different class years can meet together for some courses. All theory courses are offered during the 5:30 PM block and Technique and Clinical courses are in the 8 PM block. We have re-introduced electives to Years 4 and 5 candidates, as well as to advanced candidates and members. We are also introducing selective mini-courses that cover additional content, such as Gender, Culture, Research and Neuroscience.

The Committee has devoted discussion to continuity within and across sequences with a goal of greater coherence and increased coordination among instructors in the different sequences, including syllabi. We have looked at the curricula in other institutes and have solicited feedback from instructors and candidates about issues that influence our own curriculum, including an appreciation of non-linear development and an attempt to encourage candidates to understand comparative theories and increase familiarity with multiple psychoanalytic perspectives.

We have addressed the inclusion of affiliate scholars in classes with candidates, the use of technology (online tools such as moodle), and the inclusion of a writing component in at least one course each year. We have created a Continuous Case Seminar with two sections, one focused on control cases and the other addressing deepening analytic process in treatment.

Faculty and Advisors

The FEC reviews and discusses faculty applicants and then presents them to the EPC for a vote. Once approved, faculty receive a recently revised set of faculty guidelines and expectations. Faculty development workshops are planned each fall as an opportunity for faculty to develop a sense of community and to deepen pedagogic skills. In addition, in alternate months, part of our meeting is devoted to a discussion among faculty of a challenging teaching issue, and the entire faculty is invited to attend. A clinical tutor program has begun for first year candidates in order to facilitate the process of developing control cases. Class advisors attend monthly meetings and serve as facilitators between candidates and faculty. They also, along with candidate representatives, address matters of concern at each monthly meeting.

Academic Lectures

Proposals for Academic Lectures are discussed at the JCC / FEC, and the lectures are then presented three times per year with discussions by candidates and ATP students. This year we are considering adopting a theme and linking it to one of the sequences (e.g., Technique). We are also experimenting with different formats such as a panel and/or small group discussions. The lecture committee has met with candidates to hear their ideas about topics and formats more relevant for them.

Alisa R Levine, PsyD, Chair, JCC FEC

Cary Friedman, MD, Vice Chair, Faculty

Ellen Golding PhD, Vice Chair, Curriculum

Richard Gomberg, MD, Co-chair, Lecture

Supervising and Training Analyst Committee

The Supervising and Training Analyst Committee would like to announce the appointment of three new supervising and training analysts: Rita Teusch, PhD, Ellen Golding, PhD, and Catherine Kimble, MD. The SA/TA Committee is now able to receive and process applications for requesting, from the Board of Professional Standards (BOPS) of the American Psychoanalytic Association, a waiver of our requirement that a candidate have a personal analysis with a training analyst. We have attempted to streamline the process within the guidelines of COI and BOPS of the American Psychoanalytic Association and we welcome applications. Since the decision was made to separate the supervising function from the training analyst function, the SA/TA Committee has made changes in the process of becoming a supervising analyst and a training analyst. We can now accept applications for qualified individuals to become a supervising analyst alone, a training analyst alone or a combination of the two, the latter having been the case all along. For further information, contact Allen Palmer, MD, the Chair of the SA/TA Committee.

Allen J. Palmer MD
Chair, SA & TA Committee

[Click Here to return to Institute News](#)

Students Committee

The Students Committee has used time between individual progression and graduation discussions to consider the optimum balance of feedback and evaluation. The goals are, on the one hand, to provide the candidate with the maximum benefit of the careful reading of the case reports and the committee discussion, and, on the other, to provide the most transparent and clear guidelines possible to help the candidate prepare the reports. To this end the committee read and discussed David Tuckett's 2005 paper, "Does anything go?", in which the author attempts to derive transparent standards for evaluation and graduation.

As a committee, we have realized that it would be helpful to candidates to have opportunities for feedback about their educational development both early and consistently during their training. Last year, after careful study and consideration, the members of the Students Committee concluded that the best way to meet this goal would be to return to the system of organizing an annual meeting and discussion of the supervising faculty involved with each candidate. Our aim is to have opportunities to emphasize feedback rather than evaluation and thereby to obtain useful, timely information and careful tracking of development. Over the course of this year, in consultation with the Supervising Analysts, we will work on a means to schedule meetings with supervisors, advisors, and a member of the student's committee to review progress through training, sending feedback to the candidates through supervisors and the advisor. These yearly meetings will facilitate consideration in depth of the particular educational, clinical, and personal issues that shape any individual's psychoanalytic training. We hope the new procedures will help us to better clarify the educational goals and expectations of training.

The committee is also working on providing a standard form to the supervisors that would identify a few areas of analytic functioning to be evaluated. Such forms have the advantage of increasing the transparency of the review criteria for the candidates, and of providing a more complete picture of the candidate's educational development than our current system. The challenge will be to come up with a form that is specific enough to be useful but not so specific as to fail to grasp the particularity of each supervisory situation.

Phillip S. Freeman, MD, DMH
Chair, Students Committee

[Click Here to return to Institute News](#)

The Writing Experience

A piece of advice that I ignored was “write early and often.” I now believe that the more you write, the more you will learn to focus on writing something that will be useful to the evaluating committee, and it will be less painful to leave out other things that interest you.

I wrote my cases up for the first time after 8 years with the first male control, and 7 years with the second, in order to get permission to take a third. The biggest problem at that stage was that I had so many years to condense into 20 pages for each case. You do not get extra pages for extra years! While it might seem that it would help to have more material to choose from, I found it to be much harder because I had more material to choose from. I found it daunting to show the close process details of what I was thinking, and how that caused me to say what I said, and at the same time show the development of the relationship, and the changes in the ways that we worked together over several years. The simple solution was evident: choose process from the beginning, skip over a few years and state what you think had changed during that time, and then demonstrate it with a little more process from the later period of time, and continue in this fashion as space allows. Easier said than done! Once you have spent 7 or 8 years working in isolation four times per week, and then you have the opportunity to tell what happened, you might be tempted to do just that. Unfortunately, you cannot tell all of what happened over many years, in 20 pages. You can only demonstrate SOME of the ways that you worked with the patient, SOME of the ways that you think when you work, and you cannot do justice to all that went on in your 7 or 8 year analysis.

When I wrote my cases for graduation, it was much easier to update the cases that I had written two years earlier, and it seemed incredibly easy to write up the female case that had been in progress for six months. At that time my first case was still going, past ten years, and the second had recently terminated after nine years. If you are writing for progression, I urge you to write your cases early. I believe you will also find it easier to write them again, even years later, if you have written them once. Of course it is easier because you can keep much of what you wrote about the beginning of the analysis, and re-write the latter part. But more than that, I found it easier the second time to write SOME of what I thought, and it felt more satisfying to demonstrate SOME of what happened in the analytic process. I found that the worry about not doing justice to all of the good stuff was lessened, and I became more at ease with the task.

Now that I've exhorted you not to wait years to write up your cases, I'd like to shift gears and give one example of how a few words of clarification can change the reception your passage receives from the reader. Unfortunately, your passages can be misunderstood, and you should not assume that an analytic audience or reader will automatically know what you mean. You should take every opportunity to spell out what your thoughts are about the analytic process, even if it feels repetitious. What follows is a short passage from a case that I wrote for progression, and the reaction to that passage from the student's committee reader, followed by the same passage revised two years later as I wrote for graduation, and a comment on it from a different reader.

The patient had been very difficult to work with, and the first ten pages were rife with discussion of the sado-masochistic struggles between us, mostly regarding whether he would speak to me or not. Reporting on a bit of progress, on page eleven, I wrote: "Jason told me that in response to his complaints about his mother's "wet kisses," his father used to hold him tightly, despite his vehement protests, and lick his neck. It sounded like fun to me, like tickling, but Jason looked horrified as he told about it. After that, at a time when Jason seemed particularly entrenched in his off-putting silence, I enjoyed the thought of engaging him by saying, "Do I have to come over there and lick your neck?" Afraid that my message would be lost in wording that was too personally loaded for Jason, I commented instead on the sadness of his position, where "you feel only the subjugation in talking to

me, and can't find any pleasure in it for yourself."

My reviewer from the BPSI Student's committee wrote: "Dr. L didn't say it, recognizing that the words were too personally loaded for the patient, but the idea itself that this was playful, sounded a little insensitive to the patient's history. Father's playful behavior seemed to me to have a sadistic tinge given the regular fights Jason had with his father."

I was very surprised that someone thought this passage seemed insensitive to the patient's history. Had I not already dramatically explicated the father's sadism, and the sadism in the transference and counter-transference? In the case of the written report, it didn't really matter what I, the writer, thought I'd done, once a reader had the report. The reader does the reading and decides for him/herself what the report shows or doesn't show. I felt my comment was misunderstood. After all, I thought, I was making a point of stating what I did NOT say to the patient. In any case, when I wrote up the case for graduation, I decided to leave no uncertainty that I recognized the sadism. Here is my new version of the same passage: "...Jason told me that in response to his complaints about his mother's "wet kisses," his father used to hold him tightly, despite his vehement protests, and lick his neck. Jason looked horrified as he told about it, yet it also sounded like a playful interaction, like tickling, and I wondered why he could see no humor in it. Weeks later, at a time when Jason was entrenched in his off-putting silence, I privately enjoyed the thought of saying, "Do I have to come over there and lick your neck?" I suspected that the sadistic component of my thought (and counter-transference identification with the sadistic part of his father), however playful to me, would prevent Jason from hearing my comment as an attempt to engage and enliven him, and I kept this thought to myself. I commented instead on the sadness of his position; "You feel only the subjugation in talking to me, and can't find any pleasure in it for yourself."

I submitted the case anonymously to the American Psychoanalytic Association's National Case Review Program, to be reviewed by an anonymous volunteer. The reviewer stated, "You do a lovely job of showing your own growth as an analyst with the 'Do I have to lick your neck?' vignette!" A few words made a big difference in the way it was received!

My main point is, don't assume that because your reader is an analyst, he or she will understand why you did or did not say something. Instead, be as clear as you can possibly be, and spell out what goes on inside your head, perhaps more so than you are used to doing for yourself (We don't have the luxury of detailing our thought processes so carefully in the clinical moment).

One final point; also meant to urge you to write early and often. You cannot predict how your passages will be received, but if you don't write them and give them to a reader, you will never learn how they are received. So I urge you to put something in writing, let someone read it, find out how they receive it, and in the process you will learn how you can improve your writing so that the reader will get a better understanding of you and your work (and less misunderstanding).

Good Luck!

Paul E. Lynch, M.D.

[Click Here to return to The BPSI Bulletin](#)