OCCUPY MENTAL HEALTH! Do We Dare?

We began formulating our 41st annual conference around the concept of stepping up to take leadership responsibility in exploring psychodynamic interventions to mitigate violence in our culture. We started with the notion that our clinical members and member institutes are all probably involved in multiple efforts to address violence. Some may have actively organized anti-violence and trauma response programs, while others may not overtly identify their work as such, even though they are doing it. Our goal was to bring to the attention of the psychoanalytic community what is being done and how our community might address the issue, and to encourage the community to bring together its many resources in a concerted effort to pursue nonviolence.

If psychoanalysts cannot examine issues of unconscious motives, aggression, attachment, suicidality, self-examination, and developmental needs, then who can?

One important aspect of confronting the violence dilemma is acknowledging our own, and society’s, denial: the pros, cons, and consequences. We were interested in studying the social impact, and how violence and its denial are dealt with in our therapy offices. Whenever a major, seemingly random, incidence of violence occurs there is a flurry of activity about why it is happening and what we can do about it. The dedication to a solution is carried forward by many in various disciplines, but generally fades from public and professional focus until another event shocks us to attention. For example, we seem completely immune to recognizing the violence training and actions demanded of our military and the clinical and social consequences of its aftermath. This is our culture of denial; its yin and yang.

In some ways denial can be healthy. You cannot walk the streets of New York City worrying whether an air conditioner will drop on your head. You could not survive the anxiety, because if you think about it, you know these things can happen. Then there is the less healthy aspect of denial. If you acknowledge a problem, you may have to upset aspects of your own life to address it. You may have to challenge unarticulated belief systems about yourself, your family, your community, and your country that feel better unfronted. For decades, people have questioned why many Germans, and others, did not recognize what was happening in Nazi Germany. Developing this conference has forced us to ask a similar question about ourselves, as psychoanalysts, and the perpetuation of violence in our culture. Are we doing everything possible to reverse the cyclical pattern of violence? Are we, with our extensive training, education, and interpersonal resources, attending to the defining need of this century? Are we contributing actively to the evolution of healthy individuals, families, and communities?

Psychoanalytic schools of thought approach the understanding, explanation, and managing of human aggression from diverging perspectives. All would agree that in an era of violence and uncertainty psychoanalysis has much to offer in terms of helping individuals and society harness aggressive impulses for self-protection, at the least, and healthful evolution at best. The 2013 NAAP conference will present an opportunity for participants to consider the role of psychoanalysis in politics, journalism, and art; the politics of psychoanalysis; and how psychoanalysts, institutes, and the profession as a whole can assume leadership roles in addressing the aggression/violence/trauma cycle. Clearly, we need a multi-pronged approach...
In the aftermath of the Sandy Hook tragedy, Governor Cuomo of New York initiated and then signed into law a comprehensive bill on gun control for which he is to be applauded. This bill contained a mental health provision that provides for mental health professionals to disclose when someone is or may be harmful to him-/herself or others, and this will be used to determine their ability to own or purchase a firearm. Unfortunately, when it came to naming who was covered by the provision, the bill failed to include any of the several thousand mental health workers who are part of Article 163 of the Education Law, including the LPs. Our Albany lobbyists are hard at work attempting to have the statute amended.

At the same time, a petition has been circulated and we have now amassed over 5,000 signatures advocating for changes in the language of Article 163 to include Diagnose and Treat as part of our scope of practice. The results will be tabulated by Assembly and Senate districts, and utilized to supplement our advocacy campaign via press releases and news blasts. We are hopeful that the amended statute will be enacted during the current legislative session. In addition, our federal lobbyist is advocating for our inclusion in the Affordable Care Act.

While still President of Division 39, William MacGillivray began a blog where his first post of the New Year again addressed the questions of accreditation, licensure, and certification, responding, in part, to my previous President’s column. His post includes quite a bit of open disclosure—for example, he acknowledges that he is not institute-trained—some good intentions, and a lot of factual and false statements.

The conclusion to his lengthy post discloses his good intentions and is something that we can readily agree upon—that our psychoanalytic differences are outweighed by our common ground—but how he gets to it is somewhat problematic. He concludes:

“Earlier, when he first makes this point, he states:

“I was trying to make the point that there might be more common ground between psychoanalytic traditions than appears evident and that the efforts of the Psychoanalytic Consortium have in fact worked toward creating this common ground.”

And just how has the Consortium worked towards this? Here his statement provides a different conclusion:

“The Consortium has taken the position that psychoanalysis is an advanced specialty of the mental health disciplines and that accreditation, certification, and licensure should be guided by this basic proposition. The Consortium also has a policy statement that psychoanalysis is not an independent profession and should not be separately licensed, a position that has not stopped states from developing licensing laws to regulate psychoanalysis in Vermont, New York, and New Jersey!”
This is the kind of cooperation that we independent physicians have been trying to achieve with the Consortium. We are used to working together on issues like licensure and accreditation.

“I think it helps when we can speak honestly and recognize, for example, that financial considerations underlie the concerns of both sides in the licensure conflicts.”

I don’t want to belabor this but one particular misstatement must be corrected. He comments on our training for licensure in New York:

“Despite the position advanced by NAAP and others that psychoanalysis is a separate discipline, the actual laws require a licensed psychoanalyst also to be trained as a mental health professional. To cite the New York law as an example, ‘The program of study in a psychoanalytic institute shall include coursework substantially equivalent to coursework required for a master’s degree in a health or mental health field of study.’ This is a curious outcome, since many of those promoting licensure have strongly advocated psychoanalytic training for anyone, regardless of mental health background or degree.

So advocates of separate licensure for psychoanalysts end up in curious agreement with the Consortium position advocating that psychoanalysts must be mental health professionals as well. They disagree only about the level of training necessary to be considered an independent mental health professional.”

No, William, here you have completely misrepresented it. Of course the New York statute is a mental health statute, and our position has always been that a candidate can come from any discipline to train to become a psychoanalyst because the training is independent. The New York statute requires a master’s degree as a demonstration of the ability to do postgraduate work, not as a mental health prerequisite to training as a psychoanalyst. We do not advocate that in order to train we must be mental health professionals: we advocate that we become mental health professionals by doing the psychoanalytic training.

We have spent years reaching out to the Consortium and its member organizations in an attempt to mitigate our differences and to discuss our similarities and we would welcome any opportunity to do that anew. We are willing to discuss issues of licensure and/or accreditation. What is not negotiable is our right to be: to exist, train, and practice as Independent Psychoanalysts.

Theresa Cosgrove, Pitta Bishop Del Giorno & Giblin LLC, NAAP’s legislative representative in Albany, has summarized the following status of legislative action in Albany as it pertains to the social work and article 163 professions.

The Assembly and Senate have put forth respective one-house budgets in response to Governor Andrew Cuomo’s 2013-14 Executive Budget. In his budget the Governor has proposed to make permanent the current licensure exemption for social workers and mental health practitioners who are practicing in state agencies and OMH clinics. The current exemption is scheduled to expire on July 1, 2013.

The Assembly and Senate have both rejected the Governor’s proposal to make the exemption permanent. Below, please find the alternate proposal from the Senate and Assembly.

The Assembly and Senate propose to extend an existing exemption for certain social work and mental health professional licensure requirements for individuals employed across multiple State Agencies for three years.

The Assembly and Senate also:

• require the exempted agencies to report on what protected scope-of-practice activities are being conducted by non-licensees;
• allow currently practicing individuals with a master’s degree in social work and two years of supervised experience to become licensed master social workers, without having to take the licensure examination;
• clarify certain assessment activities that are not required for a license;
• require continuing education for all licensed social workers and mental health practitioners; and
• extend limited-permit time frames for Article 163 professionals from one to two years, with two (2) one-year extensions.

The Senate and Assembly are currently negotiating the joint legislative budget proposal. The final budget is scheduled to be completed by March 21, 2013.

In summary, the social work and article 163 professions (LMHC, LMFT, LP, CAT) are advocating for a three-year extension to the current exemption, due to expire on July 1, 2013, with the goal of continuing our dialogue with legislative representatives to clarify the scope-of-practice issues related to specific language for ‘diagnose and treat’ to amend regulatory language for the four mental health professions.

Douglas F. Maxwell
President
New York licensing law for psychoanalysis, as well as the bill for licensing psychoanalysis that is pending in Massachusetts.

The second phase of Project 2012-13 involves revisions to the written standards that articulate guidelines for institute governance and administration of training programs; these were also proposed at the fall 2012 meetings and discussed with the entire community for feedback and consensus building. The revisions were received under a formal comment period of six months and will be presented in their final draft for full adoption at the spring meetings, to be held in NYC, May 3-4, 2013. It is critical that the entire community participate in these discussions. Be sure to send your institute representative(s) to the meetings!

Final phases of the Standards Project 2012-13 will include updating of the Agency website and the Handbook on Self-Study preparation for accreditation applications and site visits. Jay Livernois, Public Member of ABAP, Inc.’s Board, is graciously contributing his time and effort to the website revisions. Assisting this project in her capacity as (invaluable) consultant is Carol Panetta, Vice President of Finance, Boston Graduate School of Psychoanalysis. The committee wishes to extend a warm expression of thanks and gratitude to Jay and Carol for their unerring guidance in helping us to realize this ambitious project.

News from the COMMITTEE ON ACCREDITATION (COA) – Stephen Ellis, Chair

The Board awarded re-accreditation for seven years and Certificates of Accreditation to the following institutes: Academy of Clinical and Applied Psychoanalysis, Kentucky Psychoanalytic Institute, and Westchester Institute for Training in Psychoanalysis and Psychotherapy. Associate Membership was withdrawn for the following institutes: Alfred Adler Institute of New York and the International University for Graduate Studies (PhD program).

Other Committee News:

Leadership changes in recent months: the Subcommittee on Complaints and Grievances is now chaired by Pamela Donleavy, (CGJ-Boston), and includes the following members: Jennifer Harper (BPGI), Pearl Appel (NPAP), and Dena Reed (BGSP), with Joseph Wagenseller (CGJ-NY) and David Dalrymple (CGJ-Chicago) as ex-officio members. Nunzio D. Gubitosa, Director of Training at Blanton Peale Graduate Institute, has been appointed to the Committee on Accreditation. Three members of the Board will be ending terms of office this summer; Ellen Mendel (AAI-NY), Vicki Semel (ACAP), and B. Thomas Thacker (KPI). We thank them for their responsible contributions to ABAP, Inc.

Convened by Jennifer Harper, API Chair, the Standards Project 2012-13 committee undertook revisions and an updating of the Standards for Accreditation of ABAP, Inc. This project began in February 2012. The Project committee is comprised of representatives from the membership community and includes Dena Reed, BGSP; Carol Panetta, BGSP; Pamela Donleavy, CGJ-Boston; Jessica Mitchell, WITPP; Joel Gold, IEA; Pearl Appel, NPAP; Vicki Semel, ACAP; and Douglas Maxwell, NPAP and NAAP President. Ex-officio committee members include Joe Wagenseller, Chair of Board, ABAP, Inc., CGJ-NY; David Dalrymple, Executive Director, ABAP, Inc., CGJ-Chicago; and Stephen Ellis, Chair, Committee on Accreditation, PSP.

At the fall 2012 meetings of the agency (hosted by CGJ-NY) the first stage of proposed changes to the Accreditation Standards, regarding education and training hours required for institute graduation, were fully adopted by API with the consensus of the entire accreditation community. These changes reflect the training requirements that have been in practice among our institutes and serve to update the template and formula by which the agency articulates these requirements.

Significant changes are reflected in raising the supervision hours requirement from 150 to 200 hours of individual supervision. The new standard also articulates the definition of clinical experience hours (1,500) required for graduation. The new template clarifies these requirements with substantial equivalence to those of the ACPE/Consortium (with the exception of noting a frequency requirement), the American Psychoanalytic Association, and the
Spring 2013 Semi-Annual Meetings in NYC

The next semi-annual meetings of our accreditation and service agency will be held Friday and Saturday, May 3-4, 2013, in the West Village at the Alma Mathews House, 275 West 11th Street. One-time reports will be shared at 2:00 PM on Friday, May 3. The API will meet to continue its business on Saturday morning, May 4, and the COA will meet at 11:30 AM the same morning. The Board will meet on Saturday afternoon. It is particularly important that institutes/programs have representation at the Assembly as the previously circulated Annotated Proposed Changes to the Standards will be discussed prior to voting. These will be circulated again prior to our meetings, and they can also be obtained from this Office.

Participants need to register with this Office since space is limited at the Alma Mathews House. See address at the end of this article.

From the Executive Director: A Call for Transparency

Since the Sarbanes-Oxley Act (2002) was enacted following the Enron scandal, there has been a call for transparency, not just in corporations, but also in not-for-profits. This has affected professional accrediting agencies such as ABAP, Inc. in terms of providing “public information” that is meaningful and useful to a variety of stakeholders. In the field of psychoanalytic education and training, the “public” includes the following: prospective and currently enrolled students and candidates; practicing analysts; faculty, administrators, and professionals involved in developing and providing psychoanalytic education and training; consumers of psychoanalytic services as well as employers and other individuals affected by the content and level of education and training in our given profession; and legislators and regulators involved in decisions relating to certification, licensure, and eligibility to practice psychoanalytic treatment.

ABAP, Inc. is committed to providing objective information about our accreditation process, acknowledging that this contributes to informed decision-making by our stakeholders. This allows accredited programs to distinguish themselves in ways that are important. The status of “accredited” means that a program meets minimum quality standards in the study and practice of psychoanalysis. ABAP, Inc. accreditation ensures that students in professional education programs receive an education and training consistent with accepted standards. A determination of

continued on page 14
Our Traditional, Virtual & Integrated Certificate Programs in 2012-2013 and 2013-2014 Academic Years:

One-Year | Two-Year |
Full Training in Object Relations
Psychoanalytic Psychotherapy and Psychoanalysis |
Clinical Supervision | Parent-Child Development Center NEW |
Neuropsychoanalysis & Object Relations Clinical Theory & Technique NEW

Certificate programs include three trimesters of class work, with one clinical theory class and one group supervision class in each trimester. Each class of our traditional programs can be taken as a separate individual course with 12.5 hrs of post-graduate educational credit. For more information and for applications — visit www.ORINYC.org (click on the “Certificate Programs” tab).

For current information on all Individual Courses, Seminars, and Open Houses in 2012-2013 and 2013-2014 — please visit our web site, www.ORINYC.org (click the “Individual Courses” tab or “Open House” tab).

NEW! - Tuition Scholarships @ ORI - dedicated to Dr. Jeffrey Seinfeld and Dr. Joyce McDougal - will be available starting 2013-2014 academic year. For more information - contact ORI’s administrator at 646-522-1056 or write to Admin@ORINYC.org.

NEW! - Jeffrey Seinfeld’s Memorial Lecture/Workshop Series starts this year! Join us for this event on May 5th, 2013, Sunday. For more information - visit www.ORINYC.org.

NEW! - Promote your practice & educational activities through ORI’s Web Bulletin and Publish with ORI Press! Write to ORI Press Editor (ORIPressEditor@ORINYC.org) for more information.

Useful information related to getting financial assistance for your education from your employer. Object Relations Institute for Psychotherapy and Psychoanalysis (Training Foundation) is a 501(c)(3) nonprofit educational organization. Our EIN # 133697333. We are chartered by NYS Department of Education to provide post-graduate training in psychotherapy and psychoanalysis.

646.522.0387 | www.orinyc.org | admin@orinyc.org

Produced by mindmmdmedia @ MindMmdMedia.com
to exploring this complex problem impacting us in the socio-cultural arena, on the global stage, and in our own homes.

Our 2013 conference format is different from previous years. There will be morning and afternoon general sessions with ample time for audience participation with the panel. Our panel will consist of the artists mentioned below, noted psychoanalysts, and mental health advocates.

Psychoanalysis, linked with artistic expression, can make use of, influence, and be influenced by art as part of an activist, holistic approach to examining and communicating important ideas. African-American photo-journalist Hank Willis Thomas, in his video “Winter in America,” uses GI Joe figures to dramatize the senseless, violent murder of his cousin. Mr. Thomas will open the conference with a screening of this 7-minute documentary, and a discussion of his experiences as an activist and artist. Jane Hammond, artist, will open the afternoon session with a discussion of her work and its political-psychological aspect, particularly her three-dimensional piece “Fallen,” which commemorates American soldiers killed in the Iraq War. Hammond collected real autumn leaves, which she scanned, printed, and cut out, before inscribing each leaf with the name of a fallen soldier. She has been working since 2004 on this memorial which has more than 4,400 separate leaves. The installed piece spreads out in front and below the viewer, emphasizing the collective loss and the urgent need for healing.

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Morning Panel:

Grisélaine Boulanger, PhD, psychologist psychoanalyst and humanitarian activist, will present in the morning. Dr. Boulanger’s clinical work with trauma patients is described in her book Wounded by Reality: Understanding and Treating Adult Onset Trauma. Dr. Boulanger has also written about her research with Vietnam vets and their adaptation on returning home. She has studied the psychological effects of large-scale disasters, such as Hurricane Katrina, and has advocated against mental health professionals’ complicity in inhumane detention and interrogation.

Joseph Cambray, PhD, is President of the International Association for Analytical Psychology. He has also served as the US Editor for the Journal of Analytical Psychology and is on the editorial board of that journal. Dr. Cambray is the author of Synchronicity: Nature and Psyche in an Interconnected Universe.

Afternoon Panel:

Donna Bassin, PhD, Licensed Psychologist, is a member of the International Psychoanalytic Association and faculty member of the Institute for Psychoanalytic Training and Research, where she is a founding member of the Doris Bernstein Memorial Section on Gender Issues in Psychoanalysis.

Stephen Soldz, PhD, psychologist psychoanalyst and public health researcher, was a co-author of the Physicians for Human Rights (PHR) report “Experiments in Torture.” His interests span clinical, research, and societal issues from bullying and relational aggression to the effects of torture to professional, ethical advocacy. He will deliver one of NAAP’s afternoon keynotes. Dr. Soldz is a member of faculty and administration at the Boston Graduate School of Psychoanalysis. In 2007, he founded the Coalition for an Ethical Psychology.

Douglas Maxwell, PhD, and Farrell Silverberg, PhD, will moderate the discussions.

On December 17, 2012, three days after the Newtown massacre, President Barack Obama said,

“We can’t tolerate this anymore. These tragedies must end. And to end them, we must change... No single law, no set of laws can eliminate evil from the world, or prevent every senseless act of violence in our society. But that can’t be an excuse for inaction. Surely, we can do better than this. If there is even one step we can take to save another child, or another parent, or another town, from the grief that has visited Tucson, and Aurora, and Oak Creek, and Newtown, and communities from Columbine to Blacksburg before that, then surely we have an obligation to try.”

There are many among us, and in other disciplines, working to find solutions to this dilemma of violence and self-destruction; activist-researchers such as Lt. Col. Dave Grossman, who advocates ending the denial and training educators in safe practices in times of danger; Mayer Spivack, who implores us to face the violence in families, and give up our need to ignore painful reality and those who maintain we need to welcome a degree of healthy denial to support a fragile ego. Or Elizabeth Thoman, a pioneering leader in the U.S. media literacy field, who encourages a break in the “circle of blame,” and an acceptance of responsibility for safeguarding children in a media society. Violence and its denial: a controversial concept.

We hope that VIOLENCE & ITS DENIAL: Social and Clinical Consequences will provide a forum for exploring, planning, and implementing actions to mitigate violence. We hope all psychoanalysts can recognize the valuable input our profession can have on the non-violence effort and take a leadership role in it. OCCUPY MENTAL HEALTH! Do We Dare?

Patricia H. Bratt, PhD, patbratt@comcast.net, is the 2013 NAAP Conference Committee Chair. She is a psychoanalyst with practices in Livingston, NJ and NYC. She is a Director of the Academy of Clinical and Applied Psychoanalysis in Livingston, faculty member, clinical supervisor, and Director of ACAP’s Applied Psychoanalysis Division and its Trauma and Resilience Studies programs. Dr. Bratt trains organizations and clinical practitioners on leadership, practice development, and trauma response. She is the author of articles on group dynamics, stress in relationships, theory of technique, and working with memory-impaired trauma victims. Dr. Bratt is a member of the NAAP Board of Trustees.
The 2012 annual conference of the Center for Modern Psychoanalytic Studies (CMPS), Individualizing Gender and Sexuality: Theory and Practice (2012), which was also the title of her presentation. The conference was moderated by Dr. Lucy Holmes — faculty member at CMPS, Boston Graduate School of Psychoanalysis (BGPS), and the Center for Group Studies, and author of two books and numerous papers, including the Gradiva® Award-winning The Object Within: Childbirth as a Developmental Milestone (2002) — and Tracy Morgan, Advanced Candidate at CMPS and host of the Gradiva® Award-winning podcast New Books in Psychoanalysis (2012).

Dr. Chodorow’s thoughtful and complex paper could be understood as a plea for a measure of specificity, for a world where each individual is taken as such, where traditionally perceived patterns of psychosexual development are no longer the bride and groom of psychoanalysis but one of many members of a wedding. Oedipus, penis envy, and identification with same-sex parents, Chodorow claims, cannot be understood as true, determined structures, the patterns of which Freud discovered and created and his followers upheld. Each individual has an unimaginable myriad of places from which to weave gender identity.

Yet we do seek patterns; perhaps not in the consulting room, where Chodorow’s plea meets the modern clinician’s commitment to follow the patient’s “contact function,” but outside where we want to learn, to understand, and where we seek relief from the overwhelming unknown that confronts us with each patient. And Chodorow did offer some fascinating shifts in perceived patterns from her work, utilizing stories of generational conflict to replace the more triangulated Oedipus and Electra paradigms of yore. Chodorow wondered, for example, if “…the nodal female complex might be best named for Persephone rather than Oedipus,” and whether “…an Achilles complex—humiliation dynamics between senior and junior males—is more descriptive of male psychology than Oedipus.” While Chodorow did not split her understanding between the “oedipal” and “pre-oedipal” eras, the dyadic nature of her chosen myths could be seen as deriving from the preverbal stage upon, and accept the complexity and myriad expressions of gender and sexuality in psychoanalytic theory, the clinical situation, and beyond. At the wine and cheese social, as audience members mingled with the presenters, it was clear that there is more work to be done but, as Ms. LaMariana said, at the close of her presentation, “that the idea of surviving destruction is a paramount life-drive for gay men and other sexual minorities.”

The afternoon workshops were lively. The presentations clearly stimulated much fecund interaction, and impassioned comments were offered by many. This conference strove to expand, elaborate upon, and accept the complexity and myriad expressions of gender and sexuality in psychoanalytic theory, the clinical situation, and beyond. At the wine and cheese social, as audience members mingled with the presenters, it was clear that there is more work to be done but, as Ms. LaMariana said, at the close of her presentation, “there is much to hope for.”

Josie Oppenheim, LP, NCPsyA, is on the Research Faculty of the Center for Modern Psychoanalytic Studies (CMPS) and is Co-Director of the New York Adoption Center for Psychotherapy and Research.

Michal Tziyon, LCSW, is a psychoanalytic psychotherapist in private practice in New York City. She is a candidate at the Center for Modern Psychoanalytic Studies.


“Childhood is a very, very tricky business … . Because if one thing goes wrong or anything goes wrong, and usually something goes wrong, then you are compromised as a human being. You’re going to trip over that for a good part of your life.”  
Maurice Sendak

How much do parents matter in a child’s life? What roles do they play? Is it enough just to have two fairly good human beings as parents for any particular child not to be “compromised,” as Maurice Sendak put it? If parents do matter, does their innate (genetic) or their ‘environmental’ (interaction-based) influence matter the most (in terms of the same-old, nature-nurture dilemma)?

Ronald Fairbairn, Harry Guntrip, Donald Winnicott, John Bowlby, Rene Spitz, and Rolando Toro (to name a few) would not be considered immediate collaborators, but this group has one thing in common: they understood (each in his own way) that one’s genetic pool gets excited, turned on and off, and modified by interaction with the “other.” In the first months and years of our lives, that “other” is/are our parent(s). Winnicott 1958 famously said that “there is no such thing as a baby,” and also that the baby would only know about himself by looking in his mother’s eyes, as in a mirror; and finding his reflection there.

John Bowlby’s attachment theory was “a new type of instinct theory” (Bowlby, 1969), a theory of relational bonds as a primary human instinct (Schechter et al, 2009). Attachment is not the same as “bonding.” Attachment describes the “secure-base” function of the parent, which is not the same as nor substituted by the parents’ role as caregivers, playmates, teachers, or disciplinarians. The function of attachment is being “activated” when the child’s feeling of security is threatened by pain, trauma, illness, or any other threat or fright. A child develops a behavioral response to each particular caregiver depending on the caregiver’s way of responding to the child’s need for protection; and by the age of six months, one of these four responses can be identified:

<table>
<thead>
<tr>
<th>Quality of caregiving</th>
<th>Child’s Strategy</th>
<th>Type of attachment</th>
<th>Psychological Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sensitive</td>
<td>Organized</td>
<td>Secure</td>
<td>Protective against them!</td>
</tr>
<tr>
<td>Insensitive</td>
<td>Organized</td>
<td>Insecure-avoidant</td>
<td>Adjustment problems</td>
</tr>
<tr>
<td>Insensitive</td>
<td>Organized</td>
<td>Insecure-resistant</td>
<td>Social &amp; emotional disorders</td>
</tr>
<tr>
<td>Atypical</td>
<td>Disorganized</td>
<td>Insecure-disorganized</td>
<td>More severe psychopathology</td>
</tr>
</tbody>
</table>

[Note: a) ‘organized’ here means predictable by the child; b) ‘atypical’ means “frightened, dissociated, sexualized, or otherwise atypical” (Lyons-Ruth et al., 1999); c) most ‘atypical’ caregivers have some sort of unresolved mourning, trauma, or abuse; and d) disorganized behavior looks ‘bizarre or contradictory’ — the source of the child’s security is also the source of his/her frustration and fear.]

Today we know that attachment is a powerful predictor of a child’s future emotional and social well-being (Benoit, 2004). Sensitive and loving caregiving fosters “organized and secure” attachment, which serves as a protective factor from socio-emotional problems later in life. About forty percent of the general population display insecure attachment patterns (such as avoidant and resistant), and this explains the enormous amount of people who develop adjustment disorders and socio-emotional problems by their teenage years. Also, about fifteen percent of children from “typical” and eighty-five percent from “atypical” caregiving environments display bizarre and hostile behaviors by age five; dissociative and internalized symptoms by mid-childhood; and severe psychopathology later in life.

Fairly recent series of animal studies (which used at least two different types of trauma in early life) proved that early-age abuse (especially from parents) causes socio-behavioral dysfunction in early life and depression in adolescent life. If early stress happens in an unpredictable manner it causes heightened anxiety rather than depression, while brain pathology shows abnormal development of the amygdala (the set of subcortical nuclei involved in processing emotions and affective behaviors; a part of the limbic system) (Raineki et al., 2012). Parental rejection (especially paternal) is a focus of the International Father Acceptance Rejection Project, which discovered that rejection activates the same areas in the brain as physical pain. However, “unlike physical pain … people can psychologically re-live the emotional pain of rejection over and over for years” (Rohner, 2012).

Functional MRI studies (which visualize neuro-structural changes even without measurable behavioral ones) showed that the interacting networks and pathways of hippocampus, amygdala, insula, and orbito-frontal cortex are involved in maternal behaviors (Leckman, 2002; Leibenluft, 2004; Nitschke, 2004). Meanwhile, electrochemical reactions of parental behaviors involve neurotransmitters and hormones, such as oxytocin, prolactin, vasopressin, kisspeptin, cortisol, and serotonin (Basten, 2009; Nelson, 1998). Oxytocin, increasingly produced in a woman’s brain when pregnancy is coming to term, is a very unusual hormone; scientists believe it is responsible for developing trust, the ability to love (unconditionally), and loyalty. Animal studies suggest that it plays a role in social behaviors, in raising babies, and in sustaining long-term relationships. In some women, oxytocin produces a euphoric state, despite the pain and hard work of labor.

continued on page 14
**Dr. Susan Kavalier-Adler** is a skilled object relations clinician, psychoanalyst, and psychotherapist with over 35 years of experience in working with individuals, couples, and groups. She utilizes traditional and non-traditional unique techniques of psychic visualizations, role plays, and creative healing writing in her treatment, support, and supervision groups.

**Dr. Kavalier-Adler** is the Founder and the Executive Director, Senior Clinical Supervisor and Training Analyst, and the Advisor to the Training Committee at the Object Relations Institute for Psychotherapy and Psychoanalysis, as well as seminal theoretician and writer. She has integrated many aspects of British and American object relations theory in her own theory of developmental mourning as a critical psychic change process. Dr. Kavalier-Adler's three Routledge books and over 60 peer-reviewed articles and edited book chapters are well known in US and internationally, as they are related to both theory and clinical work. Her new book, *The Anatomy of Regret*, was just published by Karnac, and her other new book, *The Klein-Winnicott Dialectic*, is in contract with Karnac and will see the bookshelves in 2013.

**Ongoing groups**

**Monthly Psychotherapy & Mourning Group** - with **Guided Visualizations** - 1st Saturday of the month, 12-4pm; $140/mo; 115E 9th Street; 12P; NY, NY, 10003; few openings; everyone is welcome!

**Monthly Supervision Groups**, with **Role-playing** and teaching **Clinical Theory** - all mental health practitioners are welcome!

- **In-person** group: 1st Friday of the month, 1:15-2:45 pm; $75/mo; 115E 9th Street; 12P; NY, NY, 10003
- **Virtual** group (via Internet/Video/Phone): 2nd Friday of the month; 11:30 am-1 pm; $75/mo

**Monthly Writing and Creative Process Group** - 2nd Friday of the month; 2:00-3:30 pm; $75/mo; 115E 9th Street; 12P; NY, NY, 10003 — all creative practitioners are welcome!

**Training Analysis & Individual Supervision**

- Case-by-case or on-going — is available in-person and via audio-video conferencing

For more information:
email DrKavalierAdler@Gmail.com, call 212-674-5425, and visit www.KavalierAdler.com
Yoga-mind—finite and infinite mind merged—touches the great void, although this void, while silent, is not empty. It is this void that sings the unending song of thought relationships—an integral link in the infinite chain of co-origination.

Meditation exercises the ability to live at will from the silent wellspring—to be conscious, as early in an intellectual process as possible, of the advantage of controlling our thoughts and reactions to them.

The Exercise

Choose the Sanskrit mantra Om…. Do not be concerned with meaning. This is about feeling.

1. Sit quietly.
2. Mentally repeat the mantra.
3. Search around the mantra: under it, over it, through it, behind it, and in front of it. You will naturally become aware of two elements in your mind—the mantra’s song and the silent space that it exists within. Stay here.
4. When you relax, put the mantra on the back burner of your mind—it is still repeating—and this leaves the silent space you’ve become aware of as your focus. Feel the space. Live there. The meditation takes as long as you like and is over when it is over.

Stress—Theoretic Background

Situational depression, anger, stress, and anxiety, while certainly clinical (bio-chemical) after a certain stage, often begin in childhood as risk factors taught by parental behavior or early traumatic experiences before the personality evolves a practice for introspection and the strength to bounce back.¹

Some infants are born with a genetic propensity toward clinical depression, but parenting and environment have a pronounced effect over whether the amount of control one’s propensity takes is as master or servant.

Clinical depression is a ‘symptom’ expressing a chemical pathology. The symptom presents itself as one’s finite awareness estranged from the universe—a finite stranger to one’s infinite self.

Clinical depression is an advanced-stage symptom of progression from a mental-emotional disease to a command program from the finite mind demanding upon the physical body a damaging chemical behavior.

Risk factors for adult clinical depression from within the family unit are early sexual, physical, and mental abuse in the form of parents teaching their children unresolved narcissistic patterns; abandonment; death; and a lack of physical contact.

Environmental risk factors outside the immediate family unit can include anxiety due to poverty; fear of physical abuse from strangers; deficiency of proper daily nutrition; inadequate housing; and lack of positive role modeling. These factors can lead to an adulthood of profound insecurity with the world. Eventually, body chemistry responds to the mental commands of fight-or-flight against a balanced program of evolving healthy self-image and world-view.

Understanding stress risk factors and treatments for clinical depression is a work in progress. Promising eastern contemplative therapies such as yoga are proving valuable as a cooperative part of traditional allopathic medication programs.

Yoga Therapy and Stress

By the time you discover stress, it means you have been silently battling for months or years. Stress selects your weakest areas in which it can present itself. The body-mind connection is complex; the list of symptoms is endless and current medications are like applying a bandage to a gaping wound. Stress, intellectually and emotionally, depletes you with an anxiety or depression that is so all-encompassing you lose the energy and motivation to accomplish everyday activities. However, the biological condition that makes stress almost impossible to cure also creates a tool that makes stress manageable.

Yoga tells us that the world is holistic. Our mind is simultaneously finite and infinite, living within every cell of our bodies, directing all voluntary and involuntary activities. Yoga therapy for stress works body, mind, and philosophical spirit through an infinite universe.

Yoga is a “complementary” therapy; physician and yoga therapist work together. As yoga enables greater benefits from medication, your physician will reevaluate your medical needs.

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Close to 100 people from NPAP, IEA, and other institutes gathered on January 20 to watch and listen as Art Robbins and his panelists Douglas Maxwell and Alice Entin stepped outside the box together. Dr. Robbins is a senior member of NPAP and the founder of the Institute for Expressive Analysis. Alice Entin and Douglas Maxwell are senior members of both NPAP and IEA and have served many years as NPAP board members. Maxwell is president of NAAP and past president of IFPE, the International Forum for Psychoanalytic Education. He also teaches contemporary art at NYU. Entin has worked indefatigably to develop the NPAP book club, and she is supervisor and mentor to a generation of young analysts.

Art is famous for the honest and transparent use of his own process, and while demonstrating and explaining his method, he also asked Alice and Douglas about theirs. I’ve been a member of one of Art’s groups for about 30 years, and I’ll try to convey how this meeting embodied his understanding about psychoanalysis. Art teaches in a question-and-answer style; feeling comes first, free flowing; theory is always referenced. Sometimes, Art’s questions are tough.

First, Art turned to Alice Entin, who has studied with Art Robbins and Martin Bergmann for many years. Art and Martin are almost diametric opposites in how they work and what they stand for: Art began his talk by asking Alice how she is able to digest her many years of studies with him and Martin Bergmann without getting a stomachache.

Alice answered, “I’ve been lucky with my two teachers. Both men have changed over the years—and they continue to grow. A kind of patriarchal stance has been modified or altered. Their superegos have changed. Both men are more open, embracing, and feminine. When I present to Martin he is classical, his teachings are utterly clear and profound. When I present to Art he shares his instincts and intuitions, grounded in theory, but he can flow with me.”

Integral to the ability to flow with the other is the basic analytic stance that Art teaches in his groups. The theory and technique you decide to use depends on the histories of both therapist and client, but the basic analytic stance has two ingredients—you are separate from and one with the patient. If you can be both at the same time you are an analyst. You are working in the field of transference/countertransference—and you know it. The most powerful tool is the self.

Successfully using yourself in this way depends on the openness of your field of perception and whether you can pick up on nonverbal cues. The unconscious is in the body, and the therapist and the patient are making face-to-face, body-to-body contact. Sometimes there is an energetic flow, and to reach it you find the transitional objects that you and the patient have in common, where each of your early objects are parallel, and you meet there. This may involve unconscious feelings of murder, incest, and collusion. These are the hot feelings that can scare the therapist as well as the patient; the interventions are titrated according to the needs of the patient. This is how Art works—he listens to his insides, and those “feelings flowing” I mentioned earlier; to get information about the patient, and then transforms the material so that he can communicate empathically and honestly, too.

Art gave an example about sitting with a boring patient:

“If you’re falling asleep you say to the patient, ‘Is there something that I’m saying that is not interesting?’”

The patient might respond, “You’re interesting.”

Then Art might say, “I don’t feel that,” thus taking the task of being boring onto himself and sparing the patient, while opening the space and beginning to discuss the feelings in the room. Art is famously playful.

Opening the space is enlivening. When the inanimate comes alive, when words become transformative, when space between people becomes alive, that’s aesthetics, according to Art, and all ingredients of aesthetics that are part of art are part of psychoanalysis. As Douglas said, “the analyst is the barometer of what material can be disclosed to the patient and how to do so.” He made an internal equation: “Art work is like the patient, the isolation of the artist is like the isolation of the analyst.” One purpose of Art’s groups is to reduce that isolation.

In Art’s groups, as I know from personal experience, people learn how to deeply listen to themselves and others while the group facilitates a growing understanding of self and other. The work is so personal that you must know that your history is sacrosanct; the group helps you feel safe. You also get to hear and learn how other analysts think.

People sometimes ask how these countertransference groups are different from group therapy. Unlike group therapy, in a countertransference group understanding the patient is the primary goal, unlike group therapy.

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Modern Psychoanalysis, with its emphasis on emotional communication and joining resistance, also values group work both as therapy and for training. To broaden the base of training available in this approach, the Philadelphia School of Psychoanalysis (PSP) has launched a new Certificate Program in Modern Psychoanalytic Group Therapy.

The program includes didactic and experiential coursework, practice, and supervision. Requirements dovetail with requirements set forth by the American Group Psychotherapy Association for their international Certified Group Psychotherapist (CGP) credential.

Didactic material is offered in four courses. The Foundation of Group Psychotherapy considers the ideas of some of the original thinkers in group therapy like S. R. Slavson, S.H. Foulkes, and Helen Durkin. The Modern Analytic Group Theory and Practice is one of the series of courses on “Resolving Resistances to Saying Everything” and includes Leslie Rosenthal, Lou Ormont, and Gerald Lucas, in addition to Hyman Spotnitz. The final two courses in the series are two reading courses on topics individualized to student needs. These courses are similar to independent study, but are done as a group. Topics can include working with pre-oedipal patients, unconscious material, group destructive resistances, countertransference, and among others.

The program emphasizes experiential learning, so experiential coursework is offered separately from didactic material. Students take four semesters of the Transference and Resistance Workshop (T&R). T&R is a course in which the assignment is to function both as a patient and a therapist, to participate and observe, to experience the struggle to give voice to strong affect, and, at the same time, learn to modulate the expression of that affect so that it can be therapeutically useful. Participants learn to identify transferences and resistances on the fly, i.e., as they happen. The experience cultivates compassion for group members by being

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“accredited” by the examination and validation of a program’s performance against field-specific standards can assist students in selecting a quality educational program, and non-student stakeholders can verify that professionals have received adequate education and training. It is ABAP, Inc.’s practice that accreditation status, terms, and schedules for subsequent evaluations, as well as adverse actions such as the revocation of accreditation, are published and widely available through our Directory, website, and newsletters such as The Peer Review and NAAP News, and in direct communication with state licensing boards as well as the Association of Specialized and Professional Accreditors (ASPA).

Our field of psychoanalytic education and training values the practice of confidentiality, which can be in conflict with the provision of public information and calls for transparency. The leadership of ABAP, Inc. is committed to striking a balance between the possibilities of transparency and confidentiality. Whereas it should be communicated publicly that accreditation status has been granted to a program that has been judged to meet threshold standards, there are matters identified by HIPAA regulations and deemed sensitive by the Board, COA, Subcommittee on Complaints and Grievances, and this Office which should be contained in a confident manner. This discernment should encourage programs to be transparent in regard to “growing edges” identified in annual reports and Self Studies.

What accreditation information cannot provide is an assessment of the “best” program for a prospective student, or the “best” employee for a particular employer, or the “best” analytic practitioner for a potential client or analysand. Accreditation information also cannot provide information about an institute/program that encourages a student to predict his or her individual performance either in training or in our profession following certification.

It is a delicate balance to ensure public access to meaningful information. Our provision of public information is an important accountability function that must be conveyed in such a manner to maintain trust with institutes/programs, while also allowing them to be candid about areas in which they need to improve, and recognizing such improvements, ABAP, Inc. welcomes thoughtful, ongoing discussion and examination among our stakeholders in our attempt to practice an optimal method for identifying the content and scope of public information that most adequately serves the public interest.

For more information about accreditation in the field of psychoanalytic education and training, contact:

David J. Dalrymple, PhD, NCPsyA
Executive Director, Office of Accreditation
Phone: (304) 529-7848 (office); 815-519-8818 (cell)
eMails: DalrymDMin@aol.com; dalrymple@marshall.edu
Website: http://www.abapinc.org

NEUROBIOLOGY OF PARENTING
continued...

Fathers also get a boost of oxytocin when they interact with their babies. Mammalian studies showed that paternal care (assistance with birth, thermoregulation, licking, protecting, food-sharing) promotes their babies’ survival and growth (Zeigler et al., 2004). These paternal-care behaviors are related to previous parental experience and to hormonal changes (high prolactin, testosterone, and cortisol levels) way before their babies are born (Zeigler; 2000; Schradin & Anzenberger, 2002). So, taking a leap of faith, we could say that fathers feel love towards their babies before first sight, as the flow of loving connectedness in the mother-child unit changes their mind and their being — further proof that minds and their connections shape minds.

Inna Rozenstvits, PhD, MD, is a neurologist and neurorehabilitation specialist, trained in psychoanalysis and psychotherapy. She is a founder of Neurorecovery Solutions. Dr. Rozenstvits is a scientific faculty member and an administrator of the Object Relations Institute for Psychotherapy and Psychoanalysis.
and understanding someone else of a necessity includes understanding yourself. This understanding touches on the hidden parts of the psyche that need to be processed and understood so you can be a better analyst, but those who join one of Art’s groups looking for group therapy for themselves soon leave.

Alice asked, “What is analysis, Art, and how does it work?”

Art replied, “I don’t care if it works. I’m there with the patient. What is art?”

Douglas joked, “I know it when I see it.”

“I know psychoanalysis when I see it, too,” Art said. “You have to know your history and make peace with it so you can integrate the opposites. The mother, for example, you have to put both positives and negatives together so you are not projecting. Your history is the bridge to your authenticity. You put the pieces together. You also have to put the history aside.” This is the essence of Art’s work.

History, a person’s experience, resides in the body. Basic to the body is the breath, the ground where you work with trauma, when the body rhythm stops—inside/outside, the breath and psychic material, the play of unconscious energy, or chaos, and form. The group acts as a holding environment. Alice added, “The group keeps an inner channel alive, keeps an internal balance, as though the spinal cord is in the right position.” Where is the history of the therapist? It should always be included.

Earlier in the evening Art addressed a remark to Alan Roland, “You once told me that you’re a potter, and when you break a pot you can’t put it together. You never heard my mazal tov! The pot broke. Now I can make a new form.”

Towards the end of the meeting Douglas referred to this story: “The jar breaks. Art wants to find a way to show the essence of that pot using the shards, which is how Picasso developed cubism. It’s uncanny—Picasso speculating on non-Euclidean geometry. Some part of our brain is making sense of things. You can show your crazies. We can help the patient and ourselves form a symbolic relationship that works. Brain research shows how valuable this is.”

A member of the audience asked, “How is working with a group like and unlike working with an individual?”

Douglas replied that the members of the group act like a Greek chorus. The group gets integrated into the case that is being presented.

Alice added that you get to hear how people struggle and work. Struggle, work, play; that’s what happens in Art’s groups, that’s what happened on that Sunday in NIPAP. As Art says, what he does is not for everybody: “Bergmann exposes people to theory. I expose people to chaos.”

A few days ago, after I had just begun writing this piece, I dreamt that Art came to visit my work room, a big, open space with lots of toys strewn about. I was worried for a moment that he would be critical because I was messy. Actually, that was my mother who was critical; Art loves a mess, and even in my dream I knew it.

NIP INTRODUCES NEW 9-MONTH CERTIFICATE PROGRAM IN INTEGRATIVE TRAUMA STUDIES

The National Institute for the Psychotherapies (NIP) Integrative Trauma Treatment Program, led by Sandra Shapiro, PhD, is offering a new nine-month Certificate Program in Integrative Trauma Studies beginning September 2013. This program is intended to enrich the understanding of trauma and its resolution for psychoanalytically informed clinicians.

The program integrates psychoanalytic psychotherapy with current mind-body models of trauma, including EMDR, SE (Somatic Experiencing), Sensorimotor Psychotherapy, IFS (Internal Family Systems), AEDP (Accelerated Experiential Dynamic Psychotherapy), and other trauma-related models.

The program will meet Monday afternoons, 2:00-5:15 PM, with clinical seminars followed by discussion groups. Faculty members are all recognized experts on the particular issues and themes that are central to trauma treatment.

Clinicians who have completed psychoanalytic training or its equivalent and current analytic candidates in advanced stages of training are invited to apply.

The program is led by co-chairs Nancy Bravman, LCSW, and Cathy Fewer, LCSW. Nancy is a member of the Integrative Trauma Treatment Program executive committee, as well as an instructor and supervisor in the program. Cathy serves as the Clinical Director and Associate Curriculum Coordinator of the program, and is also a member of the Integrative Trauma Treatment Program executive committee.

Following its formation in 2001 in the wake of the September 11 tragedy, the Integrative Trauma Treatment Program has offered trauma course work, sliding-scale trauma treatment services, clinical practice opportunities, and informative colloquia and workshops. EMDR trained psychotherapists are invited to join our Clinical Affiliate Program, which includes a clinical practice opportunity, group supervision which can be used to complete requirements for EMDR certification, and participation in clinical seminars. To learn more about the NIP Integrative Trauma Treatment Program, please visit the NIP website at www.nipinst.org.
The paper was accompanied by a discussion from well-known psychoanalytic author and clinician Dr. Jeffrey Rubin. Dr. Rubin brought together the themes of “countertransference regret” with his own view of learning through failure in psychoanalysis and psychoanalytic psychotherapy. In his paper, “Regret, Failure, and the Hidden Value of Crisis,” Dr. Rubin used Dr. Kavalder-Alder’s courageous examination of her counter-transference and regret in group psychotherapy as a jumping-off point to explore his understanding of the sources of the intersubjective disjunction in the treatment described by the author. Dr. Rubin acknowledged many ‘virtues’ of Dr. Kavalder-Alder’s paper: 1) her courage in examining neglected emotion of regret; 2) honesty; 3) self-reflectiveness; 4) her offer of a “glimpse of change and transformation of significant early-developmental arrests and conflicts based on psychoanalytic principles and understandings”; and 5) a reminder of the “intricate and subtle vicissitudes of human interaction—the way, for example, that sadism can hide vulnerability and submission can co-exist with aggression.” Rubin then shared his possible approach to the clinical material offered.

In his concluding section, Dr. Rubin reflected on the potential value of failure and crisis in psychoanalysis, as both can lead to transformation and growth if pursued with integrity, clarity, and compassion.

Inna Rozentsvit, MD, PhD, is the Academic Press Editor at the Object Relations Institute.

Visit the YouTube Channel OBJECT RELATIONS2009 to view a short video with conference highlights.

**PSP LAUNCHES continued...**

asked to be a group member, and it sharpens leadership skills by giving on-the-spot teaching and supervision from the teacher/group leader. It helps students learn the timing of repartee and intervention, and hone therapeutic instincts. It also helps to develop spontaneity and creativity in psychoanalysts.

“We think of group therapy not as a watered-down version of individual analysis, nor as a secondary mode of practice. It is a unique, curative environment which can be an integral part of treatment,” noted Stephen Day Ellis, PhD, President and Executive Director of PSP. “We are delighted to offer a program to carry forward the legacy of the first modern psychoanalysts.”

For more information, contact the program administrator, Janet A. Castellini, at grouptherapyprogram@psptraining.com.

Janet A. Castellini, MSS, is a Licensed Clinical Social Worker; a Licensed Clinical Alcohol and Drug Counselor; and a Certified Group Psychotherapist. She is a Senior Candidate at the Philadelphia School of Psychoanalysis and the Coordinator of the PSP Group Therapy Training Program.
ACAP
Academy of Clinical & Applied Psychoanalysis

ACADEMY OF CLINICAL AND APPLIED PSYCHOANALYSIS

Getting Close: Attachment, Dissociation, and Relationship Impasses
Friday, May 17; 7:30-9:00 PM
Presenter: Charles Pumilia, PsyD

This workshop will explore a psychodynamic understanding of specific trauma, as well as trauma of everyday life, through the exploration of cases where early object loss followed by experiences of emotional distance, disconnection, and neglect can lead to maladaptive patterns such as dissociation and troubled relationships.

Clinical Supervision Course for Social Workers, Mental Health Counselors, Art Therapists - 30-hour Counseling Clinical Supervision Course, Ethics & Cultural Competency Course Offerings
May 15-17
See www.acapnj.org for CE details.

Summer Courses
Psychoanalytic Theory of Symbolic Communication
Wednesdays, May 22, 29; June 5, 12, 19, 26; July 10, 24 / 5:15-8:15 PM
Presenter: Annette Vaccaro, ATR-BC, LCSW, NCPsya

Psychoanalysis studies what the person says and does not say, what is felt and not felt, what is enacted and not spoken. Symbolic verbal and nonverbal communications come in many forms, and these manifestations help the therapist understand the meanings underlying the content of what is spoken and presented as well as deriving insights into the dynamics that motivate the person in daily life. Through readings, classroom discussion, case presentation and individual research, this course will explore the many forms of symbolic communication in children and adults and how trauma impacts its expression. Classic theories will be compared with recent findings including the influence of the field of neuroscience.

Drive Theory & the Repetition Compulsion: How Do We Understand Motivation?

Tuesdays, May 21, 28; June 4, 11, 18, 25; July 9, 23 / 6:00-9:15 PM
Presenter: Sheila Zaretsky, PhD

This course will study various theories of human motivation, beginning with Freud's shift from the single drive theory (libido) to the dual drive theory (libido and aggression). Other views of motivation will also be explored. Questions to be examined include: Is there a death instinct? Are drives inherent sources of energy or simply reactions to frustration that propel the individual? How does drive theory shape the formulations and interventions of treatment? How might other theories such as environmental influences or object relations or self-awareness shape treatment?

For information about events, including CE hours, call Lori Feigenbaum at 973-629-1002 or email events@acapnj.org.

SAVE THE DATES -
Making Lemonade: Resilience in the Aftermath of Trauma
Sunday-Tuesday, July 14-16, 2013
The ACAP summer conference will be held at Caldwell College, Caldwell, NJ. Exciting guest speakers, 25+ workshops to choose from, CE hours, and more. Come, share all or part of another inspiring ACAP event: great topics, connections, food & fun. Look for more info at www.trauma-studies.org and www.acapnj.org or call Lori Feigenbaum 973-629-1002.

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CHD
Center for Human Development

We are pleased to announce that Dr. Benedict Kim, PhD, LP, Dean of Clinical Training at CHD, has agreed to expand his involvement and is now Associate Director of the institute.

CHD plans to graduate its first candidates on June 14. We are extremely excited for them and proud of the hard work they have done.

The June workshops, which are listed on our web site, have a broad range of topics and are appropriate whether or not you are working toward psychoanalytic certification. Workshops offered include:

- How Children Succeed: Unresolved Trauma as a Barrier to Success, Susan Jakubowicz, PhD, LP
- How to Understand My Asian Lover or Friends, and My Minority Analyst?, Benedict Kim, PhD, LP
- “To text or not to text:” The question is: Is intimacy lost?, Ronnie Greenberg, LCSW, LP
- Couples Staying Together, Michaela Kane Schaeffer, PhD, LP
- Psychoanalysis and Hypnosis, Richard Friedman, PhD
- Using Journaling to Improve Your Mental, Physical, and Emotional Health, Jacqueline Swensen, PhD, LP, LCSW
- When to Leave and When to Stay: How to be Happy With Our Decisions, Julie Spitzer, LCSW, LP
- Structuring Session(s) for Treatment Success, Natalie Z Riccio, PhD, LCSW, LP
- The Therapeutic Benefits of Adopting a Pet, Joan Antelman, LCSW

Our full slate of June workshops, with their description, is posted at TheCenterForHumanDevelopment.org, along with the registration form. Our current bulletin, which details the entire training program, can also be found on the website.

Fall 2013 classes are currently being finalized and will be posted on the website soon.

CHD’s psychoanalytic program is licensure qualifying. Once students graduate and are certified by CHD, they can apply directly to New York State to sit for the licensing exam in psychoanalysis.

For further information about our program, call CHD’s administrative office at 212-642-6303, e-mail CtrlHumanDev@aol.com, or visit our website.
We are saddened to learn of the deaths of several of our members over the past twelve months: Frederick B. Levenson, August 27, 2012, and Shirah Kober Zeller, September 27, 2012.

Sander Breiner - August 28, 2012
Born in Fiume, Italy to American parents, Sander Breiner moved to the U.S. at three months old. He grew up in Chicago, and during WWII enlisted in the army. He fought in the Battle of the Bulge and was hospitalized with frozen feet. He served out army time in Paris, arranging educational facilities for returning soldiers, returning to the States after the war ended. He received the French Fouraguerre and the Belgian Fouraguerre, and recently was awarded the bronze star medal of valor.

Dr. Breiner went to college at age 15 and then attended The Chicago Medical School, graduating as M.D. in 1953. He moved to Michigan, trained as a psychiatrist at Ypsilanti State Hospital, and maintained a private practice as psychiatrist and psychoanalyst. Dr. Breiner was a distinguished Life Fellow of the American Psychiatric Association and a founding member of the Psychiatric Forum.

During his entire career Dr. Breiner continued writing extensively on various aspects of psychiatry. He published several books, including Slaughter of the Innocents: Child Abuse Through the Ages and Today, and over one hundred papers.
SAY IT ALL

Unless you tell the truth
No one will listen to you.
Without your words
No one will know who you are.

Excluded from human dialogue
You will cease to be
And we will mourn
The irredeemable loss of you.

If you tell the truth
None can stand to hear your words
That speak against their truth.
Without your words
No one can know who you are.

Barred again from the dialogue
You will cease to be
And we will doubly mourn
The irredeemable loss of you.

Unable to speak
To be heard
To be,
Are we condemned to mourn
The irredeemable loss of you.
For all eternity?

There is a remedy,
Forsake the saying of the truth,
Say everything
That comes to mind
And I will listen
To it, All.

Be assured
In your saying everything
In my listening of all that’s said
You will be
In my heart
In the world.

There’s no need
To mourn the loss of you.
For being gained
By saying All
And that All heard
Is never lost
To those who said
To those who heard.
In fact
It’s never lost at all.

Joe Wyatt

SUMI PRINTS AND MIND
continued...

You will be trained in energy-breathing techniques making greater oxygen control available to the nervous system and immune system. More oxygen often stops anxiety from snowballing. Yoga-style breathing helps your immune system along with an improved aerobic, respiratory healing and immunity response.

You will be trained in yoga positions, learning to use your mind in a contemplative fashion while working with your positions to create a moving meditation. Here, you are directly training the mind-body response. While you are learning these yoga elements, you will be introduced to seated meditation. Finally, eastern consultation therapy will be used to teach you a different perception of your world.

Having fewer doctors’ appointments and taking less medication, you will check in with your yoga therapist only once or twice per year, once you have learned the program.

Working with the whole self — body, mind, and spirit — yoga creates deep changes and offers an independent way to take your journey into your own hands.

Youngebear Roth resides in Los Angeles, California, where he has consulted with and trained physicians and patients at Cedars Sinai Medical Center and Reseda Hospital in subtle energy, and contemplative and physical yoga modalities.

1 Drama of the Gifted Child by Dr. Alice B. Miller The Drama of the Gifted Child, (1978), revised in 1995 and re-published by Virago as The Drama of Being a Child.

Having caught on to the idea of streamlining tasks, Michelle Sadie Cela herds her sheep while resting. Michelle Sadie, granddaughter of NAAP member Joan Cela, was born last November. Happy Spring, Michelle, from all of us at NAAP.
NAAP 41st Annual Conference
Saturday, October 26, 2013
New York City

VIOLENCE & ITS DENIAL
Social and Clinical Consequences

NEW format & downtown location
Guest Presenters: Psychoanalysts, Journalists, Artists
Gradiva® Awards Banquet
See, hear, learn, connect!
Occupy Mental Health. Do you dare?

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