

NEWS FOR LAY AND PROFESSIONAL SUPPORTERS OF PSYCHOANALYSIS

Number 13

March 2001

Psychoanalytic Society's Saturday morning series encourages ongoing scholarship – and fellowship



1.

The Dallas Psychoanalytic Society sponsors a series of Saturday morning studies to catalyze the development of ongoing psychoanalytic scholarship. Some of the sessions in this series have featured members presenting original papers for discussion.

A recent Saturday morning study session was devoted to Institute faculty development. The group studied aspects of psychoanalytic supervision using a recent book by Daniel Jacobs, M.D., et al, "The Supervisory Encounter."

Pictured are some who attended the session: 1) Rhoda Frenkel, Mark Unterberg, Dave Hershey, Irv Humphrey, Myron Lazar, Max Soll, and Joan Berger; 2) Dave Hershey; 3) Irv Humphrey; 4) Joan Berger, Myron Lazar, and Jerry Melchiode; and 5) Rhoda Frenkel and Jerry Melchiode.

Drs. Cass Ragan and Herb Gomberg will present in sessions later this spring. A new Program Committee of the Society is planning for a stimulating slate of programs for 2001-2002.



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INSTITUTE NEWS

Dallas Psychoanalytic Institute
Rhoda S. Frenkel, M.D., President

Dallas Psychoanalytic Institute builds for the future

By Rhoda S. Frenkel, M.D.

President, Dallas Psychoanalytic Institute

As any society's future depends on its children, nothing can be more important than their health and welfare. Even the Dallas Morning News on January 4 this year made a strong plea for better recognition of and treatment of mentally ill children.

A parallel exists between psychoanalytic training and classical training of a physician. Although the basic educational program moves from the embryo to birth and development, the actual clinical education about and treatment of children in medicine comes late in the medical curriculum. Similarly, psychoanalytic curricula have always included some focus on normal growth and development, but the major teaching, training and supervision until recently has been focused on the understanding and care of the adult. While one would think that all psychoanalytic training would cover the evaluation and treatment of children and adolescents, in fact, such training in most psychoanalytic institutes has been a late addition to their programs, usually following a long established well-structured adult program. Only recently have institutes begun to offer an integrated basic core curriculum addressing the needs of the total individual from birth to senescence.

Like other aspects of the maturation of our institute, we are now developing the infrastructure for a child and adolescent program. The first step came in 1997 when the Dallas Institute appointed me as a Supervising Analyst for children and adolescents, which meant our candidates could get training and supervision in analyzing children, with appropriate credit. As part of that development, since I was

on the American's Board Committee for Child and Adolescent Analysis, we were assisted in defining our needs and requirements for the further establishment of our program. The next step came this past fall when the Houston-Galveston Institute appointed me a Geographic Rule Supervising Analyst for their child program, thereby allowing one of our advanced candidates, James Bennett, M.D., to immediately apply to and matriculate into their program in order to complete his training. During this same interval Irving Humphrey, M.D., who already had certification and more than sufficient experience in child and adolescent psychoanalysis, became part of the infrastructure and planning for our child program. Because a critical mass of Supervising Analysts is required, Dr. Phyllis Tyson and Dr. Robert Tyson have agreed to lend us their well-recognized expertise in this endeavor.

We are well aware that there are obstacles to the development of a child program. As mentioned, we need a critical mass of experienced faculty – we are not far from fulfilling that need. Unfortunately it merits emphasis that many child therapists are not aware of the different theory, tools, and technique that psychoanalysis affords; we are approaching that important educational need in our current psychotherapy course. A very difficult problem is that parents and pediatricians commonly believe that the child will “out grow it.” Amazingly, parents are often reluctant to expend the time, effort, and money to involve themselves and their children in any kind of dynamic therapy. Like everyone, they prefer a quick fix such as a pill to solve the problem. While medication is indicated for some disorders, often it needs to be given

in conjunction with psychotherapy. On the other hand, medication may not be indicated and psychotherapy alone is the treatment of choice.

How will having a Child and Adolescent Training Program provide “added value” to our community and our Institute? First, it will provide an important educational and resource base to broaden the training of our current adult analysts, not only for a deeper comprehension of normal developmental conflicts, but also to more accurately identify which symptom complexes represent mental illness and which treatment approach is the most appropriate therapy. Second, it will provide the basis and structure for the psychoanalytic treatment of children and adolescents – treatment of this sort is substantially different from the treatment of adults. Third, it will provide an important asset for the training and assistance of a variety of child activities in the community such as the Vogel Alcove, DISD, the Jewish Family Service, and Plano ISD. Fourth, the final piece will be a therapeutic nursery completing a Family Center and Child Development Center.

Clinical medicine had long difficulty recognizing that children are not just little adults! Psychoanalysis has moved slowly in this regard as well. But the program we are building will describe in more depth the bio-psycho-social evolution of the infant to child to adolescent to adult. While there are clear similarities in all human beings, there are significant differences in the way one approaches a child compared to an adult. It will provide a unique therapeutic program and educational base for therapists and will present opportunities for basic research. This important step will help us become a more mature and more complete Institute.

Action on Governance Committee report is pending

By Cass Ragan, M.D.

Assistant Editor

After thirteen months of intensive discussion, research, debate, and formal and informal canvassing of faculty opinions, the Governance Review Committee of the Dallas Psychoanalytic Institute has submitted its recommendations to the General Faculty for consideration and to the Education Committee (EC), the current decision making body of the Institute, for acceptance or rejection. Presented to both groups on February 7, 2001, this report and its recommendations have far reaching implications for the future and evolution of psychoanalytic training in our area. Furthermore, this innovative set of recommendations could potentially serve as a new national standard.

Major principles

Major principles of this reorganization include democratization, specialization, checks and balances, efficiency, and quality

control. Perhaps the most remarkable change would be the transfer of authority from the Education Committee to the General Faculty. Under the recommended plan the General Faculty would select a nominating committee that would put forth a slate of officers to make up the Executive Committee that would then be voted on by the General Faculty. Additionally, the proposal calls for the General Faculty to select a Board of Directors, which would consist of half analysts and half non-analysts/non-clinicians... The structure would permit a division of administrative and educational responsibilities and leave the Education Committee with exclusive authority over educational matters such as selection of students, curriculum, student progression, and faculty promotion. The Executive Committee and Board of Directors would attend to financial management among other matters.

Another innovation

Another innovation would involve the formation of a joint committee with the Dal-

las Psychoanalytic Society for Colleague-Patient Assistance and impaired clinician advocacy, triage, arbitration, and reconciliation. This Colleague-Patient Assistance Committee would provide a mechanism by which concerns about analytic conduct could be addressed in a preventive, proactive fashion that is anticipated to reduce the frequency and severity of formal ethics complaints.

Comprehensive efforts

This report only highlights the comprehensive efforts of the Governance Committee. Chaired by Leslie Secrest this committee has benefited from the hard work of Cass Ragan, Steve Scherffius, Larrie Arnold, Herb Gomberg, and Mark Unterberg. The February 7 meeting was heavily attended and the informal consensus of faculty and EC members indicated general support for the basic components of this new governance proposal. Formal action by the Education Committee is anticipated soon.

Dallas Child Development Program looks at successful psychoanalytic therapeutic nurseries around the country

By B. James Bennett, M.D.

And Sarah Rabb Bennett

Advanced Candidates In Training

With the growing interest in Dallas in the formation of a psychoanalytically oriented child and family development program, inquiries have been made about the successful programs around the country. The two programs that stand out as examples to follow are the oldest, The Hanna Perkins Center in Cleveland, Ohio, which celebrates its fiftieth anniversary this year, and the most recent, Child Development Center of Houston Galveston Psychoanalytic Institute, which opened its new building in 1996, housing the Institute classrooms, library and administrative office on the second floor and The Harris School Therapeutic Nursery on the ground floor.

Both centers began with modest goals

initially without their own buildings. Psychoanalysts provided consultation and teaching to schools, daycares, and non-residential child and family mental health professionals, increasing knowledge in psychoanalytic ideas.

Once a critical mass of public support was achieved and a sufficient number of trained personnel became available both centers broke ground on their own buildings. Their success has been that they offer a psychoanalytic alternative and not "competition" to other forms of treatment in the community. They provide not only a therapeutic resource but also a place where there can be guidance for parents and training and research with both medical and non-medical caregivers and professionals.

The focus of their work is on common childhood disturbances such as separation anxiety, sleep difficulties, soiling, temper

tantrums, etc., which, if left unresolved, can derail normal child and family development. Helping parents and other caregivers see that these behaviors in young children are a means of communicating their internal difficulties and addressing impediments to understanding can help all parties concerned toward getting back on developmental track.

The Dallas Psychoanalytic community continues to offer consultation and teaching at various centers around the city – The Vogel Alcove, Dallas Independent School District, Highland Park School District, and several private schools. This year we began the two-year Extension Course in Child and Adolescent Psychotherapy, with both medical and non-medical professionals – a good start toward achieving our goal of a thriving Child and Family Development Center in Dallas.

Observations of a gynecologist

By Allen Stringer, M.D.

Candidate In Training

At some point during my first class at the Institute, an instructor asked me, "Why are you here?" Since then, I have been asked that same question by many colleagues, both gynecologists and psychoanalysts. It's a good question – one that I'm still, one and a half years later, a little uncertain how to answer. So when Bill Lynch asked me to write a brief article for this newsletter, I thought it might be the means to explore what, exactly, a gynecologist is doing studying psychoanalysis.

My decision to begin psychoanalytic training grew out of my own experience with the psychoanalytic process. As I gained insight into the forces at work in both my personal and professional experience, it became clear to me that many of the issues I deal with in my practice could be better understood if viewed from a psychoanalytic per-

spective.

As a gynecologic oncologist, I deal every day with life-threatening illnesses that even when treated successfully, leave our patients profoundly affected from a psychosexual standpoint. While it is clear that the problems associated with gynecological disease extend far beyond physiological symptoms, little has been done to determine the nature of such problems and their appropriate treatment.

For the past several years, we have had an ovarian cancer support group at my institution. Recently, we have begun to study the impact of psychosocial intervention on the outcome of these patients. Group psychosocial intervention has clearly benefited similar patient groups, but until now has been inadequately studied in ovarian cancer patients. What other research has been conducted confirms that the symptoms, diagnosis, and treatment of a gynecologic malignancy have an enormous impact on a

patient's sexuality, and often result in a significant increase in sexual dysfunction.

To my knowledge, however, the ways in which a gynecologic cancer patient's experience of castration, genital mutilation, or altered reproductive capacity influence gender identity and self esteem have never been studied from a psychoanalytically informed perspective. One only has to care for a few of these patients to appreciate how useful the psychoanalytic model could be in this kind of inquiry.

For all of the above reasons and many more, I am grateful for the opportunity to study at the Institute. The experience has been one in which my teachers and classmates alike have warmly received me. I want to take this opportunity to thank everyone for making me feel so welcome. I hope we can expand the arena of psychoanalytic research to include some of the problems outlined above (and as a result, enhance the treatment of patients who suffer from them).

Child and Adolescent Psychotherapy Course is completing year one and will begin year two

The Dallas Psychoanalytic Institute's Child and Adolescent Psychotherapy Course is completing its first successful year. Currently we have 15 students, including one scholarship student. This is a two-year psychotherapy training course. The first year of the course consists of classes on diagnosis

and treatment, child and adolescent development, psychotherapeutic technique, and a continuous case conference. The second year covers psychopathology, technique II, family therapy, and again there is a continuous case conference. The faculty is drawn from members of the Dallas Psychoanalytic

Institute.

In the fall of 2002, we will begin a second psychotherapy course for psychiatrists, psychologists, social workers, LPCs and other clinicians who work with children and adolescents. Those interested should contact Tricia Oman at (214) 691-6054.

The Dallas Psychoanalytic Institute is currently accepting applications for training in psychoanalysis beginning in the fall of 2002.

To apply, contact Tricia Oman at (214) 691-6054 or Larry G. Shadid, M.D., Chairman of the Selection Committee, at (214) 739-1101

To be added to the mailing list, contact Elizabeth Buchanan at (214) 691-6054 and speak to her, or leave your name and mailing address on her recorder.

For further information regarding the activities of the Dallas psychoanalytic community, go to www.dalpsa.org

DALLAS PSYCHOANALYTIC INSTITUTE
INSTITUTE NEWS

DALLAS PSYCHOANALYTIC SOCIETY
SOCIETY NEWS

DALLAS FOUNDATION FOR PSYCHOANALYSIS
FOUNDATION NEWS

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society NEWS

Dallas Psychoanalytic Society
David Hershey, M.D., President

Officers initiate new activities for Society

By David Hershey, M.D.

President, Dallas Psychoanalytic Society

And William R. Lynch, M.D.

President-Elect, Dallas Psychoanalytic Society

Last summer the officers of the Dallas Psychoanalytic Society held a series of meetings to chart a course for the near future activities of our group. We were responding to the perceptions of many in our group that we had become somewhat fragmented and were not functioning as well as possible. Several ideas from those brainstorming sessions involving Dave Hershey, president; Bill Lynch, president-elect; Myron Lazar, secretary; and Mark Unterberg, treasurer have been implemented. These include the Psychoanalytic Studies Series, the Society Work/Study Groups, and a telephone tree.

Each month during the academic year we meet on the second Saturday for several hours to discuss matters central to our work as psychoanalysts. Several members already have presented or later this year will present original papers. These members include Rhoda Frenkel, Diane Birk, Cass Ragan,

Bob Bennett, and Herb Gomberg. Integrated into this series are two sessions per year which we have dedicated to Institute faculty development and one session devoted to a review of the ethics of clinical psychoanalysis. This last mentioned meeting is open to society members, institute faculty, and candidates in training. This series has so far been well attended by a core group of our members. We are forming a new Society Program Committee that will work to plan these and other society sponsored events.

The Society Work/Study Groups are constituted by the membership of the Society broken down into subgroups. Our intent here is to provide a society-sponsored venue for examining the workings of the Society itself. This is at present a rather informal arrangement yet it holds the promise of providing a useful self-monitoring function for our group.

The telephone tree idea is an old method of organizing intragroup communication, but we had not thought of it before. It has facilitated rapid notification of members re-

garding pending events and other matters requiring rapid action. The telephone tree is a simple yet concrete manifestation of a method for fostering more effective group functioning. With more experience we hope that efforts such as these will provide assistance to the core functioning of our Society and Institute.

A new initiative that we are just now in the process of studying is the Analyst and Patient Assistance Bureau. This new program is one that all American Psychoanalytic Association affiliated Societies and Institutes have been charged to establish. We envision this as a joint committee of the Society and Institute that will respond to problems, questions, or complaints from patients, colleagues, or the community at large that may not rise to the gravity of those problems that are processed by our extant Ethics Committees. This is a work in progress.

We hope that these initiatives will sponsor an atmosphere in our group that is conducive to the development of excellence in our work.

March 10 DPS Scientific Meeting

Cass Ragan speaks on 'Paradoxical Functions of Leadership'

The paradoxes inherent in the multiple functions of organizational leadership will be the topic for presentation to the Dallas Psychoanalytic Society on March 10. Dr. Cass Ragan, who is completing his business school studies this spring at the SMU Cox School of Business Executive MBA Program, will discuss multiple facets of the conscious and unconscious aspects of business and organizational leadership and its relation to the interpersonal and intrapsychic worlds of both the leader and the led. A classical psychoanalytic, neo-Kleinian, and Winnicottian perspective will be offered, although various examples from business

and politics will be used to enliven the presentation. The leader will be variously described as: "Point Man," "Middle Man," "Mother-in-Father," "Embodied Ideal," "Follower," "Chimera," and "Catalytic Governor" in the organizational-interpersonal matrix. The intrapsychic worlds of leader and led will be described from the perspectives of: "Personal Mentor as Alter Ego," "The Leader as a Permeable Vessel for Containment, Metabolism, and Dispersion of Group Roles, Affects, and Fantasies," "The Leader's Personal Myth" in the Historical Moment for the Follower- Group-as-a-Whole," "The Leader's Benign and Malig-

nant Narcissism," and the "Leader's Internal Parental Couple." Special reference to Maccoby's work on narcissistic business leaders, Goleman's conceptions of "emotional intelligence," and Kernberg's psychoanalytic studies of group and organizational leadership will be made. The stylistic differences between male and female leadership, as distinguished by "transactional" versus "transformational" styles, will be discussed; and some psychoanalytic speculations on their developmental and group process origins will be made. A discussion by psychoanalytic group theorist and analyst, Robert Bennett, M.D., will follow.

Foundation NEWS

Dallas Foundation for Psychoanalysis
Gerald Melchiode, M.D., Chair

'Children and Psychiatric Medication' is April 11 topic for Foundation meeting – open to the public

By Gerald Melchiode, M.D.
Chair, Dallas Foundation for Psychoanalysis

On Wednesday, April 11, from 7 p.m. until 9 p.m., the Dallas Foundation for Psychoanalysis will present Children and Psychiatric Medication: Diagnostic, Developmental and Ethical Considerations, at the Shelton School. Dr. Glen Pearson, a distinguished child and adolescent psychiatrist, who has been featured on ABC's Nightline for his model program in a Dallas elementary school, is the featured speaker. Dr. James Bennett, a child and adolescent psychiatrist and an advanced psychoanalytic candidate at the Dallas Psychoanalytic Institute, will respond to Dr. Pearson, and both will answer audience questions.

The emotional problems of children and

adolescents and the use of psychiatric medication is a timely topic in view of two recent reports: a report of the Surgeon General's Office indicating that mental illness in children is grossly underreported, and a Journal of the American Medical Association article on the widespread use of psychiatric medications, including stimulants, in the young.

You might be curious as to what this has to do with psychoanalysis – plenty. Giving a child a medication is more than just matching a disorder to a drug. You must also consider what is happening in the child's family, the child's classroom and the inner life of the child. Other considerations are the child's developing mind and body and the ethical issues involved in compelling a young person to take a drug that alters his

feeling states and cognition.

We are fortunate to have today's psychiatric medications, and many adults and children benefit from their use. Psychoanalysis advocates a comprehensive approach that takes into account all the aforementioned considerations in prescribing drugs for children.

If you are interested in a thorough understanding of this pressing problem, please join us at the Shelton School on April 11.

Dallas Foundation for Psychoanalysis programs are open to the public, without charge. We are grateful for any voluntary contributions or sponsors to assist in defraying costs. Contact Elizabeth Buchanan, executive director, for more program or sponsorship information (214) 691-6054.

Foundation promotes psychoanalytic understanding and partnership with the larger community

By Gerald Melchiode, M.D.
Chair, Dallas Foundation for Psychoanalysis

One of the missions of The Dallas Foundation for Psychoanalysis is to promote psychoanalytic understanding. The Foundation shares this mission with a number of important groups including the Dallas Psychoanalytic Institute, the Dallas Psychoanalytic Society, the Dallas Society for Psychoanalytic Psychology, the Dallas Society for Psychoanalytic Social Workers, and S.M.U.'s Interdisciplinary Psychoanalytic Consortium.

The President of the Institute sits on the Foundation Board as a non-voting liaison representative. Through unanimous agreement of the Foundation Board, we have begun

seeking liaison representatives from all the aforementioned organizations. This will allow us to more easily coordinate and/or jointly sponsor events. Last October the Dreams Symposium was the result of a successful collaboration between the Foundation, the Dallas Psychoanalytic Society, and the S.M.U. Interdisciplinary Psychoanalytic Consortium. The use of liaison representatives will enable us to avoid scheduling conflicts, encourage greater participation in all psychoanalytic programs and offer a more comprehensive menu of program options to the community.

Someone once said that if the tide in the harbor goes up, then all the ships rise. If the Foundation can promote

a greater interest in psychoanalysis then all psychoanalytic groups will benefit.



**DALLAS FOUNDATION
FOR PSYCHOANALYSIS**

— IN MEMORIAM —

Maxwell Herman Soll, M.D.

1936-2000

On the afternoon of November 11, 2000, the life of Max Soll was tragically ended in an auto accident. To those who knew and loved Max the loss was devastating. The grief over the loss of this bright, generous and humane man was palpable.

While loved ones and friends mourned the loss of Max – the man, another segment of the community was saddened by the loss of Dr. Soll – the physician, analyst, psychiatrist, thinker, and generous giver of his time to individuals or

organizations that could use his enlightened guidance and thoughtful judgment.

Dr. Soll's extensive education and training was acquired in the New York City area. He lived and practiced there until his move to Dallas in 1978.

Upon moving to Dallas, Dr. Soll had a major responsibility for teaching and supervising residents at Timberlawn Hospital. He began his private prac-

tice of psychoanalysis and played a major role in the founding of the Dallas Psychoanalytic Institute.

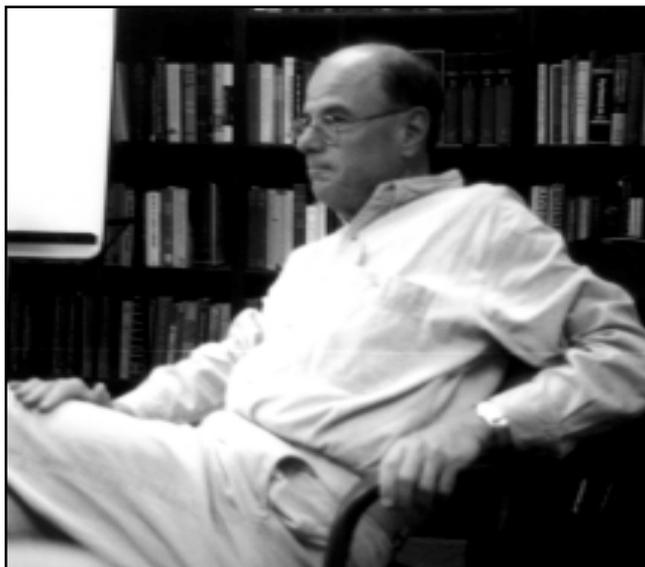
He was the first president of that Institute, and at the time of his death remained a Training and Supervising Analyst of the Institute. His work, however, extended to other areas of the mental health field – general psychiatry, child psychiatry, and consultant par excellence.

Dr. Soll loved being a physician and carried out his

mission with great interest and compassion. The mental health community is diminished by his loss, but has been greatly enhanced by his 27 years of devotion to patients, students and colleagues.

Dr. Soll is survived by his wife, Susan; two daughters, Nancy and Lisa; one son, David; and four grandchildren.

By Tom Sonn, M.D.



Profiles of two new Foundation Board members

The Dallas Foundation welcomed four new board members this fall: John Gunn, Joan Raff, Dee Velvin, and Martin Sinkoff. Following are profiles of two of the new board members.

Dee Velvin, a Dallas native and graduate of the Greenhill School, and S.M.U. undergraduate and M.B.A. programs, brings her financial expertise to the Foundation Board. Following nine years in commercial real estate, Dee moved to part-time work in the area of money management. This allows her to spend more time with her three chil-

dren, ages seven, five, and one. As an active community volunteer, Dee participates in Junior League, The Yellow Rose Foundation, Family Place Partners Card, and her children's schools. She enjoys traveling with her family and is an avid dancer.

Martin Sinkoff is originally from New York. After graduating from Brown University, he came to Texas where he received his M.B.A. from S.M.U. He began his professional career in Margaux, France, as the assistant to Alexis Lichine, Chateau Prieure Lichine. He then served as director of fine

wines for Glazer's until 1990, when he founded Martin Sinkoff Wines, Inc., the sole agents to the United States for a number of fine wines and liquors. Martin lives in the Turtle Creek area with David Stocks, his partner since 1992, and their 70-pound basset hound, Ralph. He is active in the USA Film Festival, American Jewish Congress, and American Institute of Wine and Food, and has been named to "Who's Who Food and Wine in Texas." In his free time, Martin likes skiing, film, travel, food, wine, and architecture.