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THE GOOD FIGHT

Psychoanalysis in the Age of Managed Care

At the midwinter meeting every second year, this Association graciously grants its past President the privilege of speaking to the membership about issues of special note or concern. It is my singular opportunity to be the first President to make such an address at the start of a millennium -- an opportunity that mandates a look back to our founding in 1911, an assessment of where we have come since, and an exploration of where we must go in this new century.

We stand at a critical crossroad. The strength of our will and the clarity of our vision will determine our future. It is my great hope that in 3-5 years we can look back as a profession and see:

- Our members, our Association, and our societies fully engaged in the major political and social issues of our time.
- An extensive national and local network of psychoanalysts interacting with the media.
- A lean, effective, and responsive governance in our national and local organizations.

- A new spirit of experimentation and collaboration among colleagues within the profession.

To achieve these goals, we will need to understand the factors which underlie our highest ideals, and build on our inherent strengths to aid our mission. It is in this context that I want to address myself to our history and culture—and our future.

Psychoanalysis today is under siege. We are fighting for survival – the survival of our profession and of our ability to deliver quality care to our patients. It is a hard fight, and one that, in the beginning, left us sometimes feeling despairing and helpless.

In fact, when managed care, the Clinton plan, and Draconian legislative measures such as the Maryland databank law crashed down upon us in 1992, we *were* helpless. At least, we were drastically unprepared. Generations of isolating ourselves from the community, other professional groups, and the legislative process had left us easy targets for business and political interests.

Once we woke up, we learned quickly. We have achieved some amazing victories against forces that confront us. I am proud of what we have done -- not the least of which is that our Association has become a serious and highly effective presence on Capital Hill. But we need to do more, and we need to understand the factors that limit us. In this context I want to speak about our past.

I believe that psychoanalysts are by nature socially concerned and aware. So we have to ask: how in the world did this happen to us? How did we come to be napping so deeply that we got pushed to the brink of extinction before we woke up? How did we so fail to protect our patients and our profession? why have we taken flight from the kind of social activism, community involvement, and political activity that follow naturally from

the basic premise of psychoanalysis -- individual freedom? And above all, how we can capitalize on our new and hard-won knowledge, and strengthen our position, to ensure that this knowledge will be carried forward to future analytic generations.

The situation confronting us today is the result of converging factors. Some of them are external -- economic, social, and political forces that are all too familiar -- and some are internal: historical artifacts of our analytic culture that led us individually and organizationally into an untenable position of isolation. The convergence of these two powerful currents has produced a profound turbulence, in which we have come close to drowning. Let us first look at the internal factors.

In a letter to Bleuler in 1910, Freud commented on his wish to "create an organization (The IPA) with a central office, which would conduct its external policies and give authentic information about what should be permitted to be called psychoanalysis." Even then some of Freud's colleagues thought this approach misguided. Bleuler resigned from the IPA shortly thereafter, writing to Freud: "For me the theory is only one new truth among other truths.... For me it is not a major issue, whether the validity of these views will be recognized a few years sooner or later." He later added that "the principle 'all or nothing' is necessary for religious sects and for political parties. For science I consider it harmful."

But Freud persevered. Concerned about the effect of scientific and medical criticism on his legacy, he began to turn away from his role as scientific "conquistador" in the quest for an organization that could be relied upon to defend his psychoanalytic ideas. Two years later in 1912, after Adler, Stekel, and especially Jung had defected, in a letter to Jones, Freud commented, "What took hold of my imagination immediately is

your idea of a secret council composed of the best and most trustworthy among our men to take care of the future development of psychoanalysis and defend the cause against personalities and accidents when I am no more”.

Freud’s experiment with "The Committee" was no more successful than the IPA had been, and it was soon sundered by internal divisions. But the pattern that was established endured and has become familiar to us -- psychoanalysis reacting to external threats by turning inward: "circling the wagons."

Organizations, like individuals, have a distinctive character structure determined by their history and environment. Our Board/Council Institute/Society structure is deeply rooted in 19th century European hierarchical tradition. The report of the first institute, the Berlin Institute (1920-1930), describes a structure that has been reproduced almost unchanged from one analytic generation to another, and is immediately recognizable to all of us.

But an unexamined organizational character style-- that is, an unconscious organizational value system--no matter how adaptive it may be in the beginning, can become "character armor" over time, making progressive change difficult.

In his 1958 book *Birth of an Institute*, Ives Hendrick described the establishment of the four early institutes (New York, Boston, Baltimore-Washington, and Chicago) along the lines of the free-standing Berlin Institute. (Sanford Gifford has suggested that what Hendrick actually set up was an idealized version of the Berlin Institute). Arguably necessary in the beginning (a major concern at that time was to protect psychoanalysis from "wild analysis"), the persistence to the present day of this view of psychoanalysis --

that it must exist in "splendid isolation," for the protection of its central tenets -- seems to me to form the basis for many of our current problems.

Organized psychoanalysis, beginning with the Founder, has never established processes for the integration of divergent views; consequently, our history has been one of repeated splits and polarizations. The vital energies of our members are often dissipated by internal friction and mutual suspicion.

Eisold, in his 1994 IJP article, commented that this internal focus and intolerance is a social defence against the fear, suspicion, and sense of helplessness with which the outside world is regarded. He added, "there is a certain privileged sense of immunity [we] feel from the ambition, envy, competition and turbulence of the world."

By way of contrast, the U.S. Constitution is a remarkably sophisticated document psychologically. It rests squarely on the most basic elements of human nature -- the need of each person to be heard, and the need of each to feel a sense of participation. The founding fathers seemed to have intuitively understood the inherently limited nature of a government formed to protect an ideology. Accepting that change is not only inevitable but desirable, they produced an instrument that encourages ongoing dialogue, leading to continuous orderly change.

When organizational character traits and their underlying value systems remain unexamined, the result is increasing rigidity and isolation, and diminished ability to adapt to the changing environment. So too, when there is no conscious development of an organizational observing ego, adaptive change does not proceed from within, but only as the result of external pressure. A recent example: the issue of lay analysis was debated for forty years. It actually produced a "split" between the IPA and the American in 1938; it

was resolved only under the pressures brought to bear by the antitrust lawsuit and changing economic conditions.

Our organizational structure is not the only artifact of analytic history that leaves us vulnerable when not subjected to an observing ego. Some of the psychoanalytic “truths” that we defend pose similar hazards.

One example of such a "truth" is the concept of "transference." Transference rightly has a special place at the heart of our field, but some aspects of our view of it have worked to our great disadvantage. In my generation, we were taught to view transference as a fragile hothouse flower that could flourish only under carefully protected conditions—like the complete anonymity, even virtual invisibility, of the analyst. I recall that the office of one of my supervisors was so devoid of personal effects that it reminded me of nothing so much as the office of a CIA agent I had visited once.

This concept of transference underlies a number of our clinical and technical practices. When I was in training, there was an absolute prohibition about taking into analysis anyone one had seen in psychotherapy, because it was assumed that the anonymity of the analyst would have been irreparably compromised. That this is no longer the case is due in part to the writings of Steve Bernstein and others, but like the "lay analysis" question, it is due far more to changing economic and clinical reality -- that is, external pressure rather than internal growth.

It has always seemed to me that transference is more like a Kudzu vine than a delicate orchid, growing all over everything and obscuring the true shape of the object beneath. The problem is not how to nurture it, but to determine some way of using pieces

of it. My point here is that many of our concepts can be clinically useful in one sense, but often function as prohibitory belief systems both within the analytic hour and outside.

Similarly, it is hard for an analyst to be an activist in the Institute or in the community if *all* action is perceived to be "acting out." It was not so long ago in my own Institute, which in many ways is quite liberal, that those on the "training analyst track" engaged in any activity other than full-time clinical analysis only with considerable anxiety, since the use of psychoanalytic knowledge in areas other than direct patient care was seen somehow as a resistance to becoming a "real" analyst.

These concepts, historical, organizational, and metapsychological, on their surface, are useful clinically and educationally. But, Janus-faced, as are all our concepts, they have a hidden side which needs to be consciously examined as they may serve defensive purposes as well -- keeping intense feelings of passion, aggression, envy, lust for power, etc. under tight control and inhibition.

Ultimately, I believe that the foundation and origin of our value systems can be found in the nature of our work. Dealing hour by hour with the deepest, wildest raging torrents of feeling in our patients and ourselves, all of our structures are designed to contain it. We are suspicious of spontaneity. We have learned to distrust deeply any tendency toward aggression and power. Unfortunately, what is useful clinically does not necessarily translate into what prepares us to deal with rapid and profound social and political change.

Section II

External Factors

To examine the external forces that have come to bear upon us, we must return to Freud's dilemma of "splendid isolation".

Freud's discovery of the unconscious was of incalculable scientific and clinical value, and led to a focus on the individual as a unique entity with a history, development, and experience like no other, all of which had to be appreciated and understood in order to bring about creative growth and maturation. The previous treatment model of descriptive Kraepelinian psychiatry seemed simplistic and clinically unresponsive by comparison, and it quickly gave way, after Freud, to a humanistic model within which each treatment situation was tailored to the specific needs of the individual patient.

The use of psychodynamic techniques on "battle fatigue" in World Wars I and II gave a great boost to the acceptance of Freud's ideas, and the period following the second world war was truly the halcyon days for psychoanalysis in this country. Analysts had full patient loads, virtually unlimited numbers of candidates wished to be trained, and psychoanalytic ideas were rapidly integrated into the culture. Major departments and training programs in medical schools and universities were headed by psychoanalysts.

Ironically, this very success may have contributed to the belief that psychoanalysis could afford to be a field unto itself. Ties to other professional groups -- the AMA, and particularly the APA, languished. Ives Hendrick could say in his presidential address of 1954 that he was "pleased to announce that the tattered dialectics of the question of lay analysis could now be permanently laid aside." What can only be described as a certain hubris on our part may have played a major role in our undoing.

The psychosocial model of psychiatry became the predominant one during the 1950's and 60's. Its battle cry was Menninger's credo, "What is behind the symptom?" and, as Mitchell Wilson points out in his important history of DSM-III, specific descriptive diagnosis was considered irrelevant, as was direct "manipulation" of the symptom through medication or suggestion.

Researchers and biologically-oriented psychiatrists were already criticizing this model, however. It did not distinguish clearly between the well and the sick. From Wilson: "If the boundary between normal and abnormal is fluid (as the psychosocial model suggests) then psychiatric diagnoses must be arbitrary. Since no pathophysiological basis can be found to explain mental illnesses, these disturbances can not be called diseases in the conventional medical sense."

By the mid-70s, research dollars were drying up. Third-party payers were beginning to complain about "treatment" for conditions that were not clearly defined as illnesses. Psychopharmacological treatments were proving beneficial in some conditions where psychodynamic therapy had not, and there was a felt need to define descriptive diagnoses more closely to further drug research.

A task force under Robert Spitzer, a psychoanalyst from Columbia University, was formed by the American Psychiatric Association in 1974 to evolve explicit diagnostic criteria with specifically behavioral guidelines. Its ostensible purpose was the development of a research tool. Psychoanalysts, who viewed psychiatric diagnosis as irrelevant to clinical practice, tended in their comfortable independence to ignore the project, although there were some half-hearted attempts to force inclusion of the dynamic perspective.

In 1980, the DSM-III was published. This event, monumental in retrospect in its effect on psychodynamic therapy, can be identified as ground zero in terms of the true beginnings of our difficulties. DSM-III forced a shift back to a neo-Kraepelinian descriptive model, and away from the humanistic and dynamic, and, as Wilson points out, it represented a major power and economic shift in psychiatry and in the APA. "There is little doubt that DSM-III heralded . . . a fundamental shift in how psychiatric illness is conceived and how psychiatric residents are trained. There are three interrelated ways in which the psychiatric gaze has been narrowed.

- First there has been a loss of the concept of depth of mind, a loss of the concept of the unconscious. We are now teaching our residents to focus on the superficial and publicly visible.
- Second, the consideration of time has become sharply limited. . . .With the advent of DSM-III, time has shrunk from a lifetime to a moment, from the extended evaluation to the 45 minute cross-sectional interview.
- Finally, and most importantly, there has been a constriction in the range of what we as clinicians take to be clinically relevant, a narrowing of the content of clinical concern.(Personality and the ongoing development of character, unconscious conflict, and transference...are deemphasized..while careful description of symptoms is..taken to be a..proper assessment of the patient.)

Further, the emphasis on careful description fosters confusion of the easily observable with the clinically relevant (italics mine)."

Once DSM-III was in place, with only token input from the psychodynamic community, the natural and inevitable consequence was a primary shift to the descriptive behavioral model in psychiatric training and treatment of patients.

The second salvo came with the passage of the ERISA laws (Employee Retirement Income Security Act), and the subversion of those laws to insure that managed care companies and case managers could dictate medical and therapy decisions, and not fear being held responsible for them. ERISA was a federal bill passed in the late 1970s; it has since been used to preempt state law for self-insured plans offered by employers. No accountability to the patient is built into the system, although, as you know, the caregiver continues to bear the liability even though he or she no longer has control over the treatment. This in effect makes managed care “bullet-proof”--beyond the reach of any malpractice or liability suit brought within the state.

DSM-III provided the weapon and ERISA cocked the gun, but it was the entrepreneurs of the Jackson Hole Group (a group of businessmen and insurance executives) who pulled the trigger. It was they who fully appreciated the degree to which the new environment could be exploited for profit. It was they who evolved the model of managed care that took Capitol Hill by storm in 1992 and 1993. They recognized that by shifting the emphasis as DSM-III does from mind to brain, and interpersonal to neurological, the goal becomes the treatment of a *diagnosis*, not a person.

They articulated the assumption that underlies managed care—that if a diagnosis can be made on the basis of specific descriptive and symptomatic factors, the type, length, and cost of treatment can be accurately predicted.

The Jackson Hole Group realized that if the insurance company is both providing the insurance and deciding what care will be delivered, profits can be predicted and maximized. Successfully convincing the public that greed and the fraudulent practices of medical practitioners were at the root of rising health care costs, both politicians and businessmen profited-politicians by reducing health care costs without bearing the responsibility for health care rationing, and managed care companies by agreeing to “take the heat” for diminished health care delivery in return for huge profits.

Furthering the degradation and dehumanization of health care delivery, managed care companies have become experts in Orwellian double-think. Treatment no longer takes place between a therapist or doctor, and a patient. It now takes place between a “provider” and a “consumer”. These euphemisms, and many others, subtly and specifically aim at undermining the unique role of the healing relationship in providing care. My favorite in the double-think department was the Bennett Bill – called the Medical Confidentiality Act of 1995 -- which would have created the machinery to set up federal centralized databanks without patient consent. When we asked what this had to do with privacy, we were told that it wasn’t about privacy. It was about "confidentiality", which was now defined as what happens to patient information *after* the insurance company or databank receives it.

But most noxious and damaging of all is the term "medical necessity". Under this concept, whether a procedure is "medically necessary" is determined by the very company whose profit depends on limiting care. The term itself implies that the company is delivering all the care that is really necessary.

Section III

The Awakening to Political Action:

A Clinical Example

I wonder if anyone can identify the author of this quote-"I was unable to avoid a direct invitation to take over a section of a state hospital. In the new era they want to communize all medical practice; private practice will cease completely." It is from a letter to Sigmund Freud from Sándor Ferenczi in Budapest, dated April 13, 1919. Government or corporate attempts to control health care are not new in the world, but they are in this country. With the election of President Clinton and the subsequent announcement in August of 1993 of the incredibly sweeping "Health Security Act," all 1366 pages of it, I believe we reached our darkest hour.

Under the Clinton plan, as you know, independent practice would have been illegal; managed care would have been imposed upon all of us. For the first time the quality of health care would not have been protected by independent practice -- because there would have been no independent practice.

In October of that year five analysts formed the Coalition for Patient Rights as a political action committee, to protect the patient's right to quality confidential psychoanalytic and psychotherapeutic care. We sent a mailing to the American Psychoanalytic Association outlining the threat and some possible courses of action. Our numbers grew eventually to 1800, and our first mailing raised \$75,000 -- this allowed us to hire a Washington legal firm to help us focus our efforts and arrange for psychoanalysts and psychotherapists to meet with key legislators..

At first the situation seemed hopeless. Everywhere we went on Capitol Hill, we heard about how wonderful the Jackson Hole managed care model was. Our professional organizations felt overwhelmed and paralyzed. We had to keep reminding ourselves of Churchill's comments during the darkest hours of World War II: "We shall fight them on the beaches. We shall fight them in the cities. We shall never, never surrender."

We didn't have the resources to take on managed care directly, so we focused on principle instead -- on the freedom of the individual to choose and receive quality health care, and on the need to preserve an alternative, should the state-mandated system not deliver.

As you know, the experts turned out to be wrong. The American Psychoanalytic Association, the American Psychiatric Association, and ultimately other professional and consumer groups began to work together. We were able to string the legislation out long enough for the media, the public, and the legislators themselves to become aware of its potentially devastating effects. The Clinton plan was defeated.

Currently the major battleground for control of the health care system in the U.S. is privacy, but the issue, as before, is money. Whoever controls health care information controls a commodity worth billions. This ugly fact is concealed by the altruistic argument that data are necessary for research (shades of DSM-III), efficiency, and good medical care (in case you find yourself unconscious in an emergency room in Seattle).

We defeated, or fought to a standstill, a number of damaging federal "mandatory disclosure" and centralized databank bills, including the Bennett Bill. A developing "privacy coalition," initially begun by the American and CPR, and later joined by both APAs, used the same tactic as before -- the argument that the basic right to privacy is

essential for the preservation of the therapist/patient relationship as the central instrument of healing. The media have been extremely responsive to our position on both the independent practice and privacy issues.

We have sustained one serious setback --the Administrative Simplification Section of the Kennedy-Kassebaum Bill. Masquerading as a measure to reduce paperwork, this was a bill that prepared the way for a massive medical databank with personally identifiable information. We thought in 1997 that the Privacy Coalition had fought the Administrative Simplification Amendment to a halt. According to all our sources it was dead for that legislative session. But it was reintroduced in a sneak attack two days before the vote was due, and we did not have enough time to alert the media, the public, and the legislators as to its true nature. This tactic was a backhanded compliment to the power and effectiveness of the Privacy Coalition; we were told after the fact that the blitz had been an end run, designed to avoid having to face us in open Congressional debate under the light of public scrutiny. We are currently awaiting the publication of the resulting HHS regulations, into which we have had considerable input, with what effect we shall see.

Had the Clinton plan passed without modification, the healing art to which we have devoted our professional lives would have vanished at the stroke of a pen. It was a much needed wake-up call. We can no longer believe that the world is going to leave us alone. Psychoanalysis and psychotherapy will continue to be under relentless attack by profit-driven health maintenance organizations, managed care companies, and government regulators.

We have learned that there is no hole deep enough to hide in. In the musical "Cabaret," a comedian in a 1938 nightclub asks, "What's politics got to do with us?" I remember saying in 1980, "What does diagnosis have to do with us?" It is an eerie experience to read the report of the Berlin Institute, 1920-1930, as they worked to establish psychoanalysis with the storm clouds gathering -- and the grim follow-up in Geoffrey Cocks's *Psychoanalysis in the Third Reich*, on the Göring Psychoanalytic Institute.

In the DSM-III, the Clinton Plan, and Administrative Simplification, we have the classic example of the "camel's nose". Each was innocuously presented under false pretenses. DSM-III was supposedly a research tool; the purpose of the Clinton plan was universal insurance coverage; Administrative Simplification is merely a measure to ease transmission of important medical information. Yet all three are in reality measures designed to bring everyone under the control of a severely regulated health system to which there is no alternative, creating what is openly referred to as "captive populations" of patients and care-givers. We were sleeping when the first one began; we have not been since

Section IV

Psychoanalysts of the 21st Century: A Vision

Steps we should take to reinvigorate our art and science seem clear. I believe we are in the midst of a creative and healthy evolution in psychoanalysis and in our psychoanalytic identity. To meet these challenges we should develop a new vision of ourselves as psychoanalysts of the 21st century and a new concept of the role of our

Societies, Institutes, and Association. Our methods should be education, outreach, and advocacy, each a coordinated part of an overall strategic policy. We must not allow ourselves to be diverted by internal friction nor a sense of helplessness. The talents and energies of our members working as a team can accomplish far more than we might ever have imagined. In these last few years, we have come to see that the fate of our patients and our profession depends upon it.

I see each member in each of our Societies and Institutes becoming a vigorous voice for social and political change and for bringing psychoanalytic ideas into the community. We must become, not quite citizen soldiers, but analytic scholar-activists. Our "splendid isolation" must end. We have learned that we must be and can be effective advocates for our patients and our profession. We have seen that psychoanalysts can be articulate and influential in representing the nature and value of psychoanalysis to the public, the media, state legislators, and Capitol Hill.

Section V

Advocacy

Managed care is not an irresistible juggernaut. It will fail as the Clinton plan did, because it is an inherently flawed system, antithetical to the deep human need for choice and freedom -- but it will not fail without our collective efforts. It has prospered so far thanks to favorable legislation that has concealed business and clinical practices from public view. Our greatest ally against managed care is an informed and educated public.

But when managed care dies, what will replace it? Jim Clark's original vision of Healtheon—today's Web MD, was nothing short of one large conglomeration of insurers, physicians, and pharmacies—all controlled through the 21st century tool of the web. The impact of the web on the issues of privacy and centralized management have only just begun to emerge. As other iterations of managed care appear, we must be at the table to add our voice to that debate.

Section VI

Challenges Ahead

It has often been observed that trying to get a group of psychoanalysts to take collective action is like trying to herd cats. Or that trying to get our Association to change direction is like trying to turn the Queen Mary around. I am pleased to be able to report that the cats are marching together (mostly) and the Queen Mary has become positively nimble and responsive.

It is undeniably true that we are a fractious bunch, with more opinions on any topic than members. Which makes what we have been able to accomplish even more astonishing. Consider, for example, the scene in the registration area at our Chicago meeting in May. On one TV monitor was a continuous showing of a program on privacy, produced for cable and Congress, featuring psychoanalysts. On a second monitor were clips of psychoanalysts being interviewed on major news programs, like Jim Lehrer, Tom Brokaw, and Diane Sawyer. This would have been unthinkable a few short years ago. This is vivid proof of what we can do in a very short time if we are determined. Even in this past year we have seen a dramatic upturn in the number of psychoanalysts published and quoted in the media, thanks in no small measure to the efforts of Leon Hoffman and

Dottie Jeffries. While we don't have the financial resources of our adversaries, what we do have is the power of a good idea. Not even Microsoft or Equifax can buy that kind of exposure to public opinion.

What I want to convey is that we really can do this, and we are good at it. Not only that, it is good for our patients, good for our profession, and even good for ourselves. Believe me, it is a mind-sharpening experience to have 15 minutes to explain to a Congressional representative what psychoanalysis is and why it should be protected.

Our tandem committees on Government Relations and Confidentiality are discovering a natural and mutually reinforcing partnership between legislative and legal activities. For example, we have succeeded in having the very significant 1996 Jaffee-Redmond Supreme Court decision incorporated into the HHS regulations and the Surgeon-General's report on mental health. We continue to advocate that it be included in any related Congressional bill.

Having now been involved in a number of our related professional organizations, I can also tell you that I believe we can be justifiably proud of our Association on another ground-that of our governance. I believe we have developed the most effective, responsive, democratic organization of any professional group I know. A singular sign of our health is our growing membership, and increasing attendance at meetings, unique among professional groups.

We have also accomplished something remarkable, one of the most difficult things any organization can do. We have truly reinvented our Association. This change is documented in the excellent article in the New York Times, Saturday, December 9. There are so many who deserve our thanks for their contributions, but I'd

like to especially mention Mike Allison, Judy Schachter, Marvin Margolis, and Dick Fox.

Yet there is more to do. Our traditional "civil wars" between the Executive Council and the Board on Professional Standards, which have sapped so much of our energies, I believe are structural and developmental, rather than inherent. Membership issues and voting rights, and our excellent educational system, are natural partners, each of which strengthens the other. Upon these two pillars rest the strength and uniqueness of our Association.

These two principles of education and membership form the foundation for the proposal put forward to Council and Board at this meeting, and which I hope will be passed by the membership soon. This proposal includes universal voting rights, as well as voting rights for candidates, a provision which I feel is especially important to ensure our continued vigorous growth. Certainly one of the most crippling aspects to our traditional governmental structures has been the degree to which the decision-makers have been insulated and isolated from those in the trenches.

This proposal should also go a long way toward helping us overcome one of our most serious self-defeating habits, and that is our tendency to confuse analytic time and real time. Or to put it a different way, the unconscious may be timeless, but everything else isn't. In preparation for this address, I read a number of plenaries by past presidents. I was particularly struck by the one Herb Gaskill gave in 1977. Granted that Herb was amazingly prescient, I will guarantee you that I could have given his presentation today (in fact, I was tempted to-it was very good), and few in this audience would have been able to tell the difference. 23 years later, we still haven't been able to resolve most of the

issues he spoke about. Looking back through issues of TAP from 20 or 30 years ago, it is positively painful to see the same recurrent struggles absorbing our energies in what appears to be about a 5 to 8 year orbit. While other groups are comparing us to Microsoft, it is troublesome to say the least, that to ourselves, we often look like a long-running soap opera.

Unfortunately, there is one concern that this proposal does not address. In my experience in working with or on the Executive Committee for a number of years, the key factor in whether the Association works or not depends on the commonality of vision between the President and the Chair of BOPS. When that vision is aligned, the organization functions well. When the visions are different, friction and stalemate can occur. In a world in which we are learning to respond rapidly, such a built-in prescription for paralysis cries out for a better solution.

I believe we've got some educational homework to do. Most of my earlier experience with the Association has been with BOPS, and as a result, I have developed a real pride in our educational system. I never fail to present the rigor and quality of our training to legislators, and they never fail to be impressed. It is clearly one of our strongest suits. But there has got to be a way that we can deal with both educational and membership issues without immediately descending into a energy draining polarized conflict of democracy versus standards. The ability to engage in a serious self-examination of our value systems, our procedures, and our most basic premises is the *sine qua non* of a mature scientific discipline, particularly a psychoanalytic one.

To my knowledge, we have not our recent history, had a serious, searching, and in-depth discussion of the training analyst system and it's consequences, both individually

and organizationally. I am pleased that BOPS under Ralph Engle and Mort Reiser has begun such a discussion. It is time.

I would also like to see BOPS undertake a study of the feasibility of creating some acceptable way of establishing a body, outside of our Association, to offer certification for the graduates of our Institutes. For a multiplicity of reasons, both internal and external, it needs to be seriously considered.

Finally, we need to offer our candidates courses which will enable them to not only survive, but to flourish in the 21st century. We need to offer courses on practice development, the use of technology, outreach, and advocacy, as well as courses on the dynamics of groups, especially psychoanalytic ones. Candidates need to have role models as well; these activities should routinely be expected of faculty, and especially training analysts. Make no mistake-this is educational, because, without practise, there will be no education. In the spirit of true scientific inquiry, our candidates must feel that they are encouraged to question and consider everything, even our most sacred shibboleths.

One of the most critical challenges facing us within our own profession in the near term is the urgent need to establish an external credentialing body. We need this not only to validate our profession to governmental agencies and state regulatory boards, but to the public as well. On a state by state basis, we already see groups of lesser standards establishing themselves as the accrediting and licensing bodies for psychoanalysis, and dictating their standards as the definition of who may be considered to be a psychoanalyst. The states of Vermont and New Jersey have already succumbed, and more are sure to follow. After years of effort, the Psychoanalytic Consortium is close to a document and a code of procedures to set such a national body in place. We need to

consider it expeditiously and pass it quickly, secure in the knowledge that we will have protected the public and our profession by setting an acceptable national floor for psychoanalytic training, and retained our right for BOPS to remain fully in control of our own internal educational standards.

Finally, a subject dear to my heart-our colleagues in the various independent psychoanalytic groups. The biggest disappointment to me during my term as president, is that we were not able to do more to welcome those colleagues and groups who have expressed an interest in joining us, or in our joining together. It is time, past time, to put aside the old wars, the ancient hurts, the traditional enmities and suspicions that have separated us. We can learn from each other, we need each other. We have dangerous common enemies, and a vital common cause-our concern for our patients and our love for psychoanalysis. Let us get on with the grandfathering, the special exceptions, the accommodations out of respect for each other's traditions. Let us do whatever it takes to finally come together in whatever way we can.

Section VII

Conclusion

I would like to share with you one of my favorite quotes from John Adams:

Teach them politics and war so their sons

May study medicine and mathematics in order

To give their children a right to study

Painting, poetry, music, and architecture.

It was Freud's hope that psychoanalysis could become a major force for the public good. Understanding that the the number of patients directly treated by psychoanalysis would always be relatively small, Freud felt that the larger contribution that psychoanalysis should make to society would be in the use of psychoanalytic knowledge in education, science, and public policy. However, we lost our way. A narrow view of transference, along with other internal factors, led psychoanalytic groups to become increasingly isolated over many decades. Freud's larger vision for the social mission of psychoanalysis was lost or, at least temporarily misplaced.

In the last decade we have witnessed events we would never have thought possible -- the corporatization, dehumanization, and decline of American health care. We have seen a direct assault on the doctor-therapist/patient relationship. We have seen human suffering reduced to a formulary and treatment stripped of compassion, all in the name of profit. Now it seems that the efforts of many groups, including our own, have resulted in such an intensity of public outrage that major managed care reform seems likely. We have seen that, under managed care, there is no limit to how low the quality of care will be driven in the interest of maximizing profit. Can anyone imagine that biotechnological advances, wondrous in themselves, are any less likely to be driven by corporate greed? On the contrary, the potential for ethical corruption and exploitation of the public for corporate profit is truly staggering. It will only be held in check by strong and continuing vigilance and pressure from professional groups like our own.

We have awakened from our long slumber. We have begun to engage the serious social issues of our country, such as violence and prejudice. We have gained political expertise and sophistication. We are learning to hone our Association into a lean

and effective instrument for public education and political action. We have received our early instruction in the struggles over independent practice, and now, privacy.

We have an unprecedented opportunity before us. We can make Freud's dream of psychoanalysis as a force for ethical and social good a reality. By finally fulfilling our responsibility to be a significant voice in the debate on public policy on all health care issues, we will be demonstrating to society the value of psychoanalytic thought as well as having a direct effect on the public good. We have the means and the knowledge. I believe we have the will. We can do no other.

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References

Asch, D.A. & Ubel, P.A. (1997) Rationing by Any Other Name, *New England Journal of Medicine*, 336(23):1668-1671.

Belkin, L. (1996) The Ellwoods: But What About Quality? *New York Times Magazine*, p. 68.

Camp, N. M. (1993) The Vietnam War and the Ethics of Combat Psychiatry, *Amer. J. Psychiatry*, 150:1000-1010.

- Cocks, G. (1985) *Psychotherapy and the Third Reich: The Goring Institute*.
New York, Oxford: Oxford University Press.
- Eisold, K. (1994) *The Intolerance of Diversity in Psychoanalytic
Institutes*, IRPA, 75:785-800.
- Gaskill, H.S. (1979) *Bridges to the Future*, JAPA, 27(1):3-25 (plenary address 1977).
- Hendrick, I. (1958) *The Birth of an Institute*. Freeport: Maine. Bond,
Wheelwright Co.
- Hoffer, A. (1996) *Freud-Ferenczi Correspondence*, Personal Communication.
- Jacques, E. (1965) *Death and the Mid-life Crisis*, IJPA, 46:502-514.
- Kassirer, J. P. (1997) *Our Endangered Integrity - It Can Only Get Worse*,
New England Journal of Medicine, 336(23):1666-1667.
- Marill, I.H. (1993) *Technique Revisited: The Advent of the Third-Party
Payer*, The American Psychoanalyst, 27(3):13-14.
- Menzies, I. (1975) *A Case Study in the Functioning of Social Systems as a Defense
Against Anxiety*. In: A.K.A. Rice Institute Series Group Relations Reader, eds. Arthur
D. Coleman and W. Harold Bexton, pp. 281-312.
- Moore, B. (1976) *The American Psychoanalytic Association: Its Janus
Posture*, JAPA, 24(2):257-283 (plenary address 1974).
- Pellegrino, E.D. (1994) *The Physician as "Gate-Keeper": Ethics and Economics at the
Bedside and Beyond*, Georgetown University, Washington, DC.
- _____ (1986) *Rationing Health Care: The Ethics of Medical Gate-Keeping*, J.
Contemporary Health Law and Policy, 2(23):23-45.
- Pollock, G. (1975) *The Mourning Process and Creative Organizational Change*

(plenary address), JAPA, 25(1):3-34.

Schwartz, A. E. (1997) Price Tag on Privacy, Washington Post, Editorial.

Wilson, M. (1993) DSM-III and the Transformation of American Psychiatry: A
History, Amer. Journal of Psychiatry, 150:399-410.