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## Interview with Alice Colonna

by Steven Marans

[Editors: In our series of interviews with members of the psychoanalytic community, we are pleased to present Steven Maran's conversation with Alice Colonna, Assistant Professor, Yale Child Study Center.]

SM: What is that brought you to the field of psychoanalysis?

AC: While I was in high school during World War II, I worked in a nursery school for children whose mothers had been recruited to work in wartime industries. I worked after-school and on weekends and enjoyed this opportunity very much. I was also able to take some courses on early childhood education that were offered through Hunter College to child-care volunteers. During this time, I heard about Anna Freud's descriptions of her experiences of the wartime nurseries in London during the blitz (sent for fund-raising purposes). This was my first exposure to Anna Freud—I was fascinated by what I was seeing of the very young children with whom I worked and by the description of the nurseries that Ms. Freud and her colleagues were operating in the middle war-time London.



This was not however my first brush with psychoanalysis. As a younger adolescent I had thought about going into analysis. My parents had separated and my mother, who had returned to medical school was in her own psychoanalysis and was very encouraging about my entering an analysis. I actually met with Mary O'Neill Hawkins, a New York City analyst but I was convinced that starting intensive treatment at that time would be too much of an interference with my busy life as an adolescent. Following graduation from Vassar in 1947 I worked in Mexico with a Quaker group that ran a camp for young people who worked with medical and school personnel attending to impoverished villagers in rural settings.

After my return to New York City, I was ready to pursue analysis and consulted with Dora Hartmann who agreed that analysis would be good idea; we worked together for the next several years. The analysis was very helpful in many ways—it helped me to expand my social life and to broaden my world of relationships and it fueled what would become a lifelong fascination with psychoanalytic theory and clinical work. I was also enormously fortunate that beyond the analysis, Dora Hartmann would continue to play a role in supporting my developing analytic career.

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#### PRACTICE DEVELOPMENT

IT'S ALWAYS AN exciting moment in the cycle of putting out our newsletter when the articles we have developed begin to come across my computer screen. Reading Fred Koerner's piece about continuing education activities inspired me to write this editorial about practice development with candidates in particular in mind.

Many candidates enter training after taking courses in the Continuing Education division, but perhaps candidates do not realize that the division also provides an opportunity for candidates to become better known to the community as analysts. Recently Angelica Kaner has taught a course on beginning a private practice, based on a chapter from her book (with Ernst Prelinger), *THE CRAFT OF PSYCHODYNAMIC PSYCHOTHERAPY*. Brian Tobin and Michael Pierce have co-taught courses on combining medication and psychotherapy. While still a candidate, I co-taught a course on "Love" in conjunction with the Symposium. There are many pleasures to be had from teaching in the Continuing Education division but one of the additional benefits is exposure of one's work and thinking as well as an analytic identification. Teaching is a way for candidates (and others) to have their work known. So in addition to the reasons mentioned in Fred's article for teaching, I'd like to remind candidates of this benefit.

And along the same line, writing for ASSOCIATIONS is another way for candidates to develop writing skills, and to introduce themselves to the society as a whole. Book reviews, such as Debra Boltas's review of Lora Tessman's *THE ANALYST'S ANALYST WITHIN* is one fine example. Carole Goldberg and Deb also wrote a hilarious and useful piece on buying an analytic couch. Braxton McKee used to send us regular brief reviews of his favorite novels, which we sorely miss, and which I mention to emphasize that reviews need not be of scholarly or professional books! Brian Tobin has often suggested we include movie reviews, another great idea, and we hope he'll write one soon. N.B. None of this is intended as a complete list of contributors—these just popped into my mind as recent examples of candidates participating with senior colleagues in these two society activities, which, I believe, are also good ways to develop professionally while contributing to practice development.

And, as I am addressing candidates, I am happy to note that we are introducing the newest class, who are nearing the end of the Long March, as I think of the first year of training, arriving *not* in the Chinese wilderness, but into the release of summer, and a chance for restoration before taking up the challenges of the next trimester. We are all looking forward to our summer pleasures, but if anyone is interested in using the free(er) time of summer to develop an article, please feel free to call me and I'd be delighted to work with you either to help develop an idea, or to offer editorial support.

—Sybil Houlding



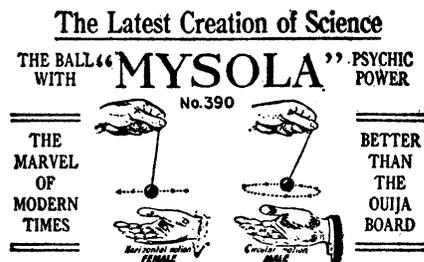
## PRESIDENT'S COLUMN

by Oscar Hills

### Growth Spurts

EARLY IN MY training, Donald Cohen taught our class that in order to evaluate a psychoanalytic paper properly you had to ask to whom it was speaking and why it was written in the first place. That is, you had to contextualize it. Having had several psychiatry residents ask me about the evidence base for psychoanalytic theory, and how I would defend my practice to proponents of evidence-based medicine, it was not overtaxing for me to contextualize this year's Symposium, entitled Evolving the Clinical Evidence Base for the Psychoanalytic Therapies. Each word of the title is a key word in this regard.

With this in mind, at the Symposium, I heard Glen Gabbard predict that we may someday soon find ourselves measuring the outcome of psychoanalytic work by changes in brain MRI images. A restive audience member allowed that he would rather not practice psychoanalysis at all should our world come to *that*. Dr. Gabbard elaborated that we should make no mistake that psychoanalysis is in *trouble*, and that identifiable changes in imaging studies are just the kind of evidence we need to keep our detractors off of our backs, even if we hold ourselves to a higher standard of meaningful treatment. It was not clear whether the other irritated analyst was having a bit of it, this notion of enlightened self-interest, but the conference moved on.

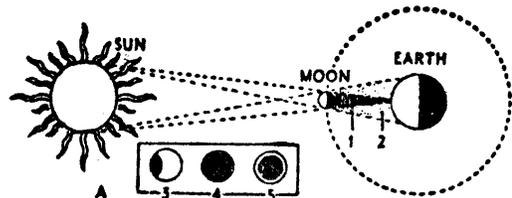


For my part, when it comes to evidence of this kind, which would be self-defeating not to seek out, I am grateful and I am reassured that the able likes of Dr. Gabbard and Dr. Linda Mayes, as well as a number of notable others, are leading the charge. I did have to ask myself, however, what exact *kind* of trouble psychoanalysis is in, not that there isn't trouble everywhere. Since we analysts seem to be called upon

these days to produce evidence, I sense the implication that we do not have any, and thus that we are perhaps engaged in the proverbial "pseudoscience." As an erstwhile philosophy major, I recall that Karl Popper introduced in the 1930's the idea of "falsifiability" as a necessary condition for a hypothesis to be scientific. To say that "all swans are white" is scientific because finding a black one can falsify it, but to say "there exists a green swan" is to make an uncircumscribed existential



statement. The "green swan" assertion can be verified by producing a green swan, perhaps out of a hat, but it is not possible to prove that such a creature does *not* exist, and thus it is not possible to falsify the statement. Popper cited Freud's theory of the mind in particular as an example of the unfalsifiable, and contrasted it with Einstein's physics of 1916. Pictures of the 1919 solar eclipse showed precisely the expected bending of the Sun's rays by its gravity, and Newton's Law of Gravitation was falsified by the predictions of Relativity, which itself could have been falsified by a negative finding.



A. ECLIPSE OF THE SUN.

Well, some time has passed since Popper's original work, and, to paraphrase the father of String Theory, Leonard Susskind, one might *now* be forgiven for suspecting that a scientific theory has no great merit *unless* it has drawn the criticism of unfalsifiability. One of the great examples is quark theory. Quarks are permanently bound together into protons, neutrons, and mesons. They can never be separated and examined individually, and are thus hidden behind a kind of impenetrable veil. In the 1970's, unfalsifiability charges were leveled at Quark theory regularly, but now, still hidden as impossibly as ever, the predictive power of quarks has made them the bedrock of modern physical theory and no one seriously questions their existence.

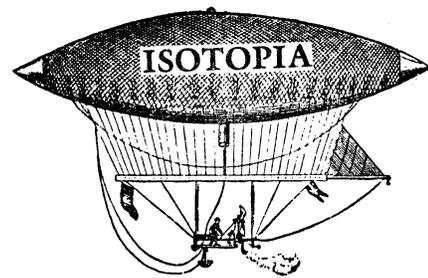
It is now 2006, and even though it is only April, it has been a fine year for some of our other "unfalsifiable" sciences. April alone has been particularly cruel to anti-evolutionists, and in the family of unfalsifiable theories, evolution is the granddaddy of them all. First came the *Nature* article telling of the discovery of *Tiktaalik*, the fossilized 375-million-year-old creature displaying an unusual combination of both fish and land animal traits,



adding compellingly to the list of already discovered transitional creatures necessary to support evolutionary theory. Then came the *Science* article about a computer simulation demonstrating for the first time how natural selection can create a complex molecular system out of individual parts, and this deals a near fatal blow to the anti-evolutionary idea of irreducible complexity, in case it needed one. And, then in the very next issue of *Nature*, scientists reported on a new cache of fossils belonging to *Australopithecus anamensis* found in layers of stacked sediments measuring more than a mile thick which in recent years have yielded the remains of eight different species dating back to that time when we parted ways with the chimps. The anatomical features of the new fossils are intermediate between those of the other two species between which they were geologically sandwiched, which is what would be expected if the three species were evolutionarily linked. None of this comes as a surprise to evolutionists, but it is nonetheless spectacular evidence of just the predicted kind.

Now, evolution has been around awhile, but what about the cosmological inflation theory? This is an incomplete theory, but is nonetheless the standard working model and dominant paradigm for the birth of the universe. This outlandish theory poses that the universe expanded far faster than the speed of light and grew exponentially to many trillion times its size in less than a trillionth of a second at the outset of the Big Bang. In 1980, this stunning concept was nothing but a gleam in the eye of a physicist and the product of calculations done with pencil and paper, unfalsifiable in the extreme. And, worse, it was further thought that any conceivable data on the matter would have to be hidden behind another impenetrable veil called the "surface of last scattering."

But on March 16 of this year, data from a satellite called the WMA Probe measured a new signal in the Cosmic Microwave Background, the fossil record of the universe's first one trillionth second of life. This signal was 100 times weaker than any signal analyzed before, and it allowed for the concrete discrimination between theories of what happened in that unimaginably brief moment in time. These measurements essentially confirmed that a tiny region of space no larger than a marble expanded to become larger than the visible universe in one trillionth of a second. And, with these data, competing sub-theories of the nature of the Big Bang in those early instants were forthwith falsified. The other concepts well on the way to verification by this information stagger the imagination, to say the least. They defy verbal description, and let us just say that they would certainly have been considered manifest lunacy as recently as the last time I cracked open a physics book.



So, I asked myself, what dumbfounding supposition have we, the *psychoanalysts*, tried to get the public to swallow for all these years that seems to have the authorities clamoring for evidence? Well, it is no more than the idea that humans have a hidden emotional life. While this is a lived fact of everyday existence, few are deterred from disliking it. And we further assert that we have a methodology, an instrument, for gathering data and for forming hypotheses about it. How precise is that instrument compared to the WMA Probe? Not very, but it does similarly allow us to peer into the human phylogenetic past with remarkable results. And, as a bonus, by the way, it offers us a way of understanding *why* people would rather believe that the universe inflated a trillion times in a trillionth of a second than believe in an active unconscious mind. No doubt, when we perfect quantum computing, perhaps twenty-five years off, with its enormous power, we will be able to model the mind with unprecedented precision, and I am confident that that model will look very similar to ours. It is not our theory that is in trouble. Good science is not defined by a rigid set of philosophical rules. As Susskind

says, "it is conditioned by, and determined by, the science itself and the scientists who create the science." That Evolution and Creationism are equally unfalsifiable should illustrate this assertion plainly. Having trouble imagining how to best test a good theory in the present seems these days to put that theory in good company, as long as the theory is the product of an organic scientific process.

So, if it is not our theory that is in trouble, then what is the trouble? A quick read of the 1998 *Science* article, The (Political) Science of Salt will answer that question. This details how "three decades of controversy over the putative benefits of salt reduction show how the demands of good science clash with the pressures of public health policy." We too have a public health policy problem in which what we have to offer is perceived as doing insufficient socioeconomic work, an attitude that is accentuated as we rush headlong into the Information Age where shreds of evidence can be found and marshaled to further any agenda. But, in spite of this trouble, our local Society seems to generate some pretty respectable numbers. Our members put the rubber to the road and earn a living comforting the disturbed and disturbing the comfortable by the application not just of reason, but of reason informed by psychoanalytic principles. Furthermore, we pack the place for scientific meetings, continuing education seminars, and the symposium; and where appropriate, we earn money doing it. We have an aggressively intelligent group open to new ideas and passionate about our work. And we are as eager to share it as the larger community seems to be to partake. It is our theory and practice that is at the core of this success. To paraphrase another physicist, our comprehensive psychoanalytic model of the mind hasn't yet won the race, but so far, it is the only horse.



Of course, our success is not just the result of being in a field whose body of knowledge is fascinating and practical, or poetic and artistic. But, rather, those strengths have attracted an extraordinary group of people capable of the sustained hard work and dedication that inevitably pay off over time. For that, I am personally grateful for many reasons, and only one of them is that it

has made my job so easy this year. I thank you all for that. And, I maintain that science is at the core of our work, and now more than ever, that education is at the core of science, and it is at the core of psychoanalysis. Continuing education and educational community outreach have always been our focus, and we will not go wrong keeping it that way.

So, now we shall turn our attention to the Business and Committee reports, and thereby falsify any stray hypotheses that there is any dearth of scientific or socioeconomic work getting done here at the Western New England Psychoanalytic Society. 

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## *Interview with Alice Colonna*

*continued from page 1*

*SM: In addition to embarking on an analysis, you also pursued your interests in early childhood education?*

*AC: In 1949 I went Columbia University to study social foundations of education for two years and received my master's degree. For the next three years, while working in a day-care program for working women in Greenwich Village and then a nursery school in Queens, I attended the evening course in early child education at Bank Street. The course was a wonderful opportunity that complimented my work at the Queens nursery school, a program that had been designed by Jesse Stanton, a Bank Street person.*

The next step on the way to my training at the Hampstead Course and Clinic was a period, beginning in 1956, working in Geneva as a teacher/director of the United Nations nursery school.

*SM: How did the job come up?*

*AC: I saw an advertisement in the New York Times. I had been working in the Queens nursery school for about 8 years and it was time for a change. I had been actively looking and had considered other settings in New York and elsewhere, but there was something very appealing about going abroad, working in Geneva. It also probably helped that even though I had completed my analysis with Dora Hartmann, in returning for a consultation, she agreed that Geneva might be a wonderful opportunity. After sending in my application, it was in April or May that I was told that there were many, many applicants and that it was unlikely that I would get the job.*

Having decided that it was indeed time for a change, I left my job in Queens and went on a trip with my great aunt around Europe. We had been in Paris and Norway and we were in Newcastle when I got word from Geneva that the former director of the nursery school wanted to interview me in London. Following the interview, I was told that they wanted me to take over the direction of nursery school in September. It was a challenge to make the necessary arrangements so quickly and from abroad, but I was very excited about this new challenge.

I was in Geneva for two years working in this international school with children from 15 countries who spoke either English or French; I spoke French. The program was a Bank Street model with a good deal of emphasis on the role of emotional development on early socialization and learning—it was a great chance for me to continue my interests and to live in a very different setting.

*SM: Why were you interested in doing the Hampstead training?*

AC: After a certain number of years of teaching in nursery schools, many people become directors and continue their careers in that role. I had achieved that position but was still eager to expand my professional horizons. I had always been interested in the inner lives of young children and, while in Geneva had an opportunity to explore psychoanalysis from a different angle than from the couch alone. As I was thinking about what might be the next steps in my career, I took a course on the basics of psychoanalysis with Raymond De Saussure who was, at the time, a leader of the psychoanalytic community in Geneva. I also began attending some scientific meetings at the Geneva psychoanalytic society.

Ann-Marie Sandler presented at one of these meetings and I was especially interested in her combining her earlier work with Piaget with her training as an analyst. We got to talking after the meeting and Ann-Marie encouraged me to make inquiries about the training in child and adolescent psychoanalysis at the Hampstead Child Therapy Course and Clinic in London.



I wrote to the course director, Ruth Thomas and to Anna Freud and applied for the Course. After interviews, I was accepted into the training program and into analysis with Anna Freud. I began my training analysis in September, 1958—a year before beginning the part-time course work.

*SM: Given the part-time nature of the course at that time, what else did you do before and after classes began?*

AC: Ruth Thomas and others who were directing the course at the Hampstead Clinic suggested that I take a 2-year post-graduate course in anthropology at University College London as an academic background to the analytic training. Academic psychology at the time at UC was generally very dismissive of psychoanalysis and not thought to be very complimentary to my intended course of study at Hampstead. In many ways, anthropology was a wonderful compliment with its focus on the role of culture in the development of children and in the characteristics of daily life. I had also been interested in anthropology during college so this was an opportunity to continue this area of interest.

I think that Anna Freud really wanted to see how I would do both in my personal analysis and in the context of this academic program at University College, before I was fully approved to move ahead with classes and clinical work in child and adolescent psychoanalysis. I did, by the way, complete the 2-year course in anthropology but did not pursue the masters' thesis because I was so eager to begin the analytic training.

*SM: What stood out about your training at the Hampstead Course and Clinic?*

AC: It was also a wonderful opportunity to combine my experience as an early-childhood educator with a more detailed developmental and clinical training. Also, at the time, Anna Freud attended and participated in meetings with us on an almost daily basis—these were great chances to learn from her directly. I also got very involved in the development of the nursery school that would become part of the Hampstead Clinic. I worked very closely with Age Bene, Anni Hermann from NYC, Manna Friedman on the development of this school. Although the nursery school eventually became a resource for many children who may have been more vulnerable because of their socio-economic circumstances and were often referred by their local GP, it was not a therapeutic nursery school.

*SM: What exactly was the intent of the nursery program?*

AC: Anna Freud always felt that there could be therapeutic by-products of good, early education, but firmly believed that therapy was a separate endeavor. The nursery school that was established was meant for students to have an opportunity to observe in order to learn first-hand about early development. It also provided a service to the community in the same way that the Hampstead Clinic's Well-baby clinic—run by the pediatrician, Dr. Josephine Stross and Ms. Nicky Modell—and the mother-toddler groups that would develop later. The nursery school and these different other settings also provided venues for analytic candidates to learn how to watch and listen—the most central, and not always so easy aspects of conducting psychoanalysis with patients of any age.



I would have liked to have been the teacher in the nursery program as a compliment to my seminar and clinical work in child analysis but Anna Freud, probably wisely, recognized that given her direct and regular involvement in the school that this would have complicated our analytic work.

*SM: Any ways in which your wish to teach was influenced by your knowledge of Anna Freud's background as an early childhood educator?*

AC: Absolutely, in many ways I felt that I had found a kindred spirit in terms of the areas of intellectual curiosity and interests in children.

*SM: You did continue your work as an early childhood educator as you trained in child and adolescent analysis?*

AC: Yes, I worked closely with Dorothy Burlingham who had started a nursery school for blind children during my 2<sup>nd</sup> year of training. I was asked to be the teacher in this program. I worked in this capacity for about 2 years, part-time (the course was part-time back then). We were very interested in learning about ego development in children who were congenitally blind—what would their concept of the world be like with the absence of vision as an integrating function. Our observations and work with these young blind children was also a way of understanding the role of sight in development and the impact on development when absent. One of the things

that we learned was that social development was slower and that other senses such as touch and smell were uppermost—and much of the relating to each other had to occur via the physical contact with teachers who were used almost as tethers and context, or auxiliary, for both checking reality and checking out the world. There was clearly a need in these children to intensify the development of other senses as primary modalities for connecting with the world.

*SM: What do you especially remember about Dorothy Burlingham?*

AC: It was quite wonderful working with Ms. Burlingham. As it turns out, her sister had been very close with my grandmother—so there was perhaps a special, historical connection that we had. She was very kind to me. During my training, I also became very close with her daughter, Katrina or Tinkie who was in her 30's at the time. She was a photographer and film-maker who did some work with us in the nursery school.

Dorothy Burlingham was a very shy person and totally devoted to making a smooth path for Anna Freud. She helped with fund-raising and acted as a screen for all of the many people who wanted to have contact with Ms. Freud. There was, for example, a great deal of continued media interest in the daughter of Sigmund Freud (with which Anna Freud was not very comfortable) which Dorothy Burlingham ran interference on, protecting her from the unwanted attention by fielding and fending off inquiries.



Both Ms. Freud and Ms. Burlingham were steeped in their work—writing about their own areas of study as well as reviewing papers and weekly clinical notes of other Hampstead staff members and students. They spent most weekends at their country house in Sussex, working, riding horses and swimming. They did not have a broad social world in which they chose to engage with many others.

Their's was an unusual relationship that many people speculated about, but was probably best characterized as a

kind of devotion to one another that grew out of years of involvement in deeply shared interests in psychoanalysis, the world of child development, the life of each other's families, and the life they enjoyed together in years of companionship that began in their early work in Vienna.

*SM: How would you describe Anna Freud?*

AC: She was very direct, very down-to-earth. As an analyst was she always remained a real person in the midst of our work. She did not believe that the transference was the only important part of an analytic relationship. Ms. Freud was of the mind that everything is up for analysis and that anything is analyzable. This was an especially important conceptual context for my analysis because, as a student, I had so much opportunity to see and be engaged with her outside of the analysis. I also got to bear the burden of both sides of people's notions that everything said in front of me would get back to Ms. Freud. It was difficult on both counts: being left out of some conversations because of the notion of protecting me and my analytic work or, being specifically told controversial things by people who very much wanted to use me as their messenger to Ms. Freud!

*SM: When did your contact with the Yale Child Study Center begin?*

AC: I had finished my child analytic training in 1961 and was then on the staff at the Hampstead Clinic until 1970. During that time I saw analytic patients, assisted Humberto Nagera in his work on psychoanalytic clinical concepts and worked closely with Clifford Yorke in developing and refining the Hampstead Diagnostic Profile. In addition, I continued working closely with Dorothy Burlingham and Doris Wills in the research we were doing with blind children and conducted psychotherapy with three under-six year olds who were enrolled in the nursery school for blind children. I was also involved in the adolescent research group with Ilse Hellman and Marjorie Sprince in which we followed the analyses of adolescents in treatment at the Clinic. It was in this context that I became increasingly familiar with people who would later become some of my most important colleagues and closest friends at the Yale Child Study Center.

*SM: What do you remember about meeting Al Solnit and others from Yale?*

AC: A lifelong friendship between herself and Marianne and Ernst Kris was one of the most significant early points

of connection between Ms. Freud and Yale. After Anna Freud taught at Yale in mid-60's, Marianne Kris became a frequent visitor to Ms. Freud. At the time, Marianne was deeply involved in research, supervision and teaching at the Child Study Center and was very interested in all of the work at Hampstead. I got to know her around her interests in the nursery school for blind children. She was someone with whom I could talk very easily and our relationship developed from there. Later, when I returned to the States, Marianne was very helpful to me in settling in and finding a place for me at the Child Study Center. We remained friends until her death in 1980, almost exactly one year after the death of Dorothy Burlingham.

At some point I met Al Solnit who first visited the Hampstead Clinic and with Ms Freud in the late '60's on one of Marianne's visits. Al attended a meeting in which I was presenting a profile and as well as meetings of the nursery school for blind children. It was clear from early on that we shared many of the same interests in psychoanalysis and the welfare of children. It was uncanny when I realized, at some point that I had actually run into Al many years earlier when we would pass each in the waiting room shared by Dora and Heinz Hartmann.

Al had a wonderful capacity to help people match up with what they could do best—for me it was engaging my interests in child development, observational research and clinical work and teaching with work that was so much a part of the Child Study Center at the times. Al invited me to the CSC and I presented a Diagnostic Profile of a blind child, sat in on a range of meetings while I was there and got to know the work of the Center.

*SM: When did you actually return to the States?*

I returned to the States in 1970 to look after a very elderly aunt who was living in Fairfield. Al introduced me to Sally Provence, with whom I worked for several years as part of her engagement with disadvantaged mothers and their young children. I increased my involvement at the Center by working with the child psychiatry fellows around the use of the Hampstead Diagnostic Profile and was asked to co-lead their clinical discussions with both Al and Sam (Ritvo). I also began seeing patients in analysis and psychotherapy at the CSC.

Within a year or two of being at the CSC, Al began the 7:30 a.m. child analytic meetings which were meant to be a focal point for child analytic work in the community and

at the Center. Later, this meeting became part of the curriculum of the WNEIP. I also directed nursery school observations for analytic candidates and child psychiatry fellows at the CSC. So, the CSC became the base of my continued analytic work.

*SM: Did you have much involvement with the Institute beyond your work with the child analytic group at the CSC?*

AC: I was made a special member of the Institute. I had thought about undertaking the Institute training but decided not to pursue it. I had already completed a much more intensive psychoanalytic training and my own training analysis in London and, I continued to consult with Al, Sam, and others about my intensive clinical work. While I have continued to enjoy studying psychoanalysis—especially Freud's work—throughout my career, it did not seem like the best use of my time to enter a new round of training with beginning candidates.

*SM: Can you say something about your return to London to look after Anna Freud?*

AC: For the last 18 months of her life, I took a leave from the CSC and in the summer of 1981 went to London to engage in follow-up studies of patients seen during my time in training and on staff and, more important to look after Anna Freud until her death in October, 1982. I began by looking after her dog Yo-Fi and while she was able, taking her on outings in London and to her country home, Walberswick. Her anemia and final stroke in the spring of 1982 left her housebound, in the hospital for a period and then back home. I would keep her up-to-date on goings-on at the Clinic, about the latest on Yo-Fi, in addition to reading detective novels to her—her favorite literature at this point in her life. Up until the stroke, Anna Freud's spirits were quite remarkable—she remained as energetic as she had always been even it without as much available energy. Toward the very end of her life, Anna Freud's physical incapacitation robbed her of all of the pleasures that had been so central to her life—writing, talking, knitting, being out-of-doors and the like. It was as if she died when she realized that she wasn't going to get better. When Ms. Freud died I was ready to come home.



*SM: What are some of the other activities in which you have engaged over the years at the Child Study Center?*

AC: Some of my favorite work involved my supervising analytic candidates with their analytic cases and in their young child observations when Al and Sam ran the child analytic training. The supervision of analytic cases however ended when the American Psychoanalytic Association turned down my formal application to be a supervisor. However, I continued to supervise the candidates' young child observations.

In addition to continuing to see patients across the developmental spectrum I have also continued to be involved the application of psychoanalytic principles in several areas including early child-care and education through my participation on the boards of local day-care centers affiliated with Yale, on the board of Cold Spring School and as a board member of Friends of Legal Aid of Greater New Haven. Until recently when the meetings stopped, I also continued to participate in the weekly 7:30 a.m. child analytic discussions at the Child Study Center.

I have also been involved in a number of regional psychoanalytic study groups including the Study Group on Play with Al, Peter Neubauer, Sam Abrams, Sam Ritvo, Donald and Phyllis Cohen, you and Wendy and Kirsten. This group ran for several years and our work resulted in a book edited by Al, Peter and Donald called *The Many Meanings of Play* to which we all contributed.



Going to Israel for two years was another high point in my career. This was an opportunity to live in such a beautiful city with such an extraordinary history. I spent a good part of my time working with colleagues at the Jerusalem Psychoanalytic Institute and was asked to teach a course on infant development and to supervise analytic candidates in their child analytic work. I also was able to spend time observing, supervising staff therapists participating in clinical discussions of children and adolescents who lived at the Residential Treatment Center in Jerusalem. This program was and is one of the only remaining, truly long-term, truly psychoanalytic residential programs for seriously ill children in the world—then run by Chezzi Cohen and now by Jerard Pulver.

During my time in Israel I also worked very closely with Al, who was the Freud Professor at Hebrew University (1986-87) and helped to organize an international conference based on the work of our American study group on play, entitled, like the book, “The Many Meanings of Play”. This was an exciting, very well-attended conference on the application of psychoanalytic views of play in children’s development to a range of clinical, theoretical and programmatic issues. In addition, during this time I had the opportunity to participate in travels around Israel that were part of Al’s lectures and teaching as well as being able to take advantage of his travels and the longstanding and deep connections that he had developed over decades of his work and collaboration with Israeli colleagues.

*SM: What was it like returning once again, to the United States?*

AC: It was something of an adjustment both to life back in the US and to new leadership of the Child Study Center. However, it soon became clear that Donald Cohen was dedicated to insuring my place and my continued level of engagement at the Center. In addition to all of the other activities I have described, over the years I continued my involvement in the Child Development Unit and later, became involved with the trauma work and collaborative partnership between CSC and police department that you and our colleagues. This work has been the most interesting area of work for me over the past 15 years (and, I would add, I would say that even if you weren’t interviewing me!) It was especially interesting to learn from the police about observing children and families from a very different perspective. The police are often very good/keen observers because so often their lives may depend on what they observe.

The other thing that I have been struck by is that notion that people often say that we all go into becoming psychoanalysts because of our curiosity. In some ways my clinical curiosity was satisfied in a new way by being on-call with the police. Going into people’s homes in response to requests for clinical services following violent events was very different, allowing us to see so much more about their lives. It is almost as though some aspects of our clinical work—of finding our way behind closed doors—is facilitated/invited as we are welcomed into homes and lives at crucial moments of crisis, vulnerability and trauma. The trauma work has often reminded me of what was involved in deciding study with Anna Freud—I often felt like the curious child learning to

look inside, like opening a book. Going into the homes of people exposed to violence was also another way into looking inside in a different way. Also, the fact that I lived in so many different places growing up, I often felt like an outsider in the communities in which I lived. Being invited into the homes of strangers affected by violence was always a memorable contrast.

*SM: Any thoughts about people’s reception of you when you were on-call.*

AC: Often until people knew that you were not from DCF, they could be suspicious—who was this lady arriving with the police after terrible events? So interesting to hear police officers in our weekly meetings talk about their own experiences of the tragedies and often primitive behaviors they confront on a regular basis. It has been quite amazing for me to come to know police officers as friends and colleagues. In my growing up they were often on the wrong side of labor picket lines and represented authority that in those times was often very reactionary. The officers that I have come to know have been interested in learning about development and about the perspectives and experiences of children. Far from being reactionary they have demonstrated compassion and the kind of curiosity and concern about children that drives much of the work that we do as child analysts and mental health professionals. Anna Freud would have very much have enjoyed being involved in the CDCP work—going on ride-alongs, being on-call, seeing traumatized children intensively—she placed so much importance on watching and listening and learning about the experiences of others as way of moving our understanding of human nature forward. She was always so hopeful and optimistic—always able to take the perspectives of others and remain close to the experience of others, always considering the implications of the stresses of everyday life and very carefully considering the differences between “normal” difficulties and ones that reflected neurosis or character pathology. She really always wanted to give the “ego a chance” to cope with external stressors and to find ways of supporting the ego before always automatically rushing into psychoanalytic treatment.

*SM: Any thoughts about where you see psychoanalysis today and its future?*

AC: It is troubling to me that so much of the important work that has formed the basis of psychoanalytic theory and practice has been put to the side. This is especially apparent with Anna Freud’s work and her reminder that

the daily experiences of the child and people in general are very important. She was always fascinated, like Al was, with children's capacity to extract the best of what they needed from the environment even when it seemed to offer so little. Thinking psychoanalytically often means being able to identify what a child needs, what capacities they have to meet those needs and what interferes—either externally or internally—from achieving that aim. Analysis is a way of life and when you finish analysis, you continue doing the work on your own—hopefully having obtained the necessary tools for observing oneself especially when feeling “off-track.” 

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## Teaching in the Continuing Education Division

by Fred Koerner

**THE EDITORS OF ASSOCIATIONS** have asked me to write an article describing the activities of the Continuing Education Division. As Sybil put it, “teaching is our main form of outreach, and one of the activities which Members are most invested in.” From my point of view, the Continuing Education program is one of our most vibrant and important Society structures. It serves as a mechanism which can make the Society and Institute more satisfying for the Membership, as well as a way to increase our visibility within the larger mental health community. Additionally, it serves an important generative function, since it exerts a significant role in promoting psychodynamic thinking and psychoanalysis as a profession. This, as we all know, is especially important in the current climate of clinical thinking and practice.

It seems important to acknowledge with appreciation the generous contribution of the instructors who have been instrumental in the success of the Continuing Education program. Susan Bers (my Co-Chair) and I would like to thank and honor our teachers, and to encourage more members of the Society to consider contributing their knowledge, enthusiasm, and time to teaching.

In thinking about how to best present my ideas I thought that it would be helpful to present a bit of historical context about the Continuing Education Division and to trace its evolution into what it has become. With this in mind, I approached Bob White, who has been critically involved in the Division for many years and instrumental, along with other members, in its growth. Bob explained that in the mid-1990's the

continuing education component was at a disappointing lull. In response to this, Lynn Reiser took over as Chair of the Division, and along with Bob and Nancy Olson, formed a Committee in order to attempt to re-vitalize it. These efforts included an active push to design courses, recruit instructors, and a communication to membership (through business meetings and flyers) that contribution to the Continuing Education Division was integral in promoting psychoanalysis, a potential source of personal and professional satisfaction for our own membership, as well as an important mechanism for outreach functions, i.e., bringing greater visibility of the Society to the clinical and academic communities outside of our own ranks. Some members framed teaching as a possible “alternative” to the Training Analyst track, e.g., by giving Society members the opportunity to play key roles in the training of other mental health professionals, and, in so doing, provide members with a sense of achievement and self-esteem. Clinical teaching was, and continues to be viewed as a three-part arena: courses for Society and community clinicians, psychotherapy seminars, and sections specifically geared to the needs of trainees within the community outside of the Institute and Society.

These early efforts in the 1990's have borne fruit in a dramatic re-vitalization of the Division, and its consistent growth over the years to what it has become now (our most active and lucrative year). According to Bob White, a particularly important early effort, which continues to be successful into the present, was the development of a continuous case conference specifically geared toward trainees. This has involved most prominently Bob White and Elise Snyder, as well as Carolyn Kovel. It set an example of a model for co-teaching, one which continues today, and which can contribute to collegial feelings among co-instructors. The co-teaching model has also demonstrated to students (as well as to co-teachers) that differences in perspective (e.g., Elise's ego psychology point of view “versus” Bob's emerging interest in more relational perspectives) could co-exist and that they could inform each other, and that, in fact, views emanating from different perspectives often culminated in similar therapeutic interventions. The continuous case brought in trainees from different disciplines and different venues within the University and the community. This has been an example of very successful outreach from our organization. As most members know by now, this has expanded into an even more extensive role for the Continuing Education program, as Bruce Wexler asked the Society to fill a gap in

psychiatric residents' training by teaching a psychodynamically-oriented psychotherapy course to PGY-III residents at CMHC as well as social work, psychology and other trainees. This collaboration between the Department of Psychiatry and the Western New England Psychoanalytic Society has been spearheaded largely by Bob White and Marshal Mandelkern. It is an obvious, concrete example of our outreach and in our visibility and respect within the larger community. Our hope is that this will continue to expand and develop. Another significant facet of the CE program's expansion has been the development of the Psychotherapy Seminar Series. Please see Bob White's article about this important development, since it is interesting in itself, and since the Seminar Series has directly resulted in attracting several Candidates to the Institute.



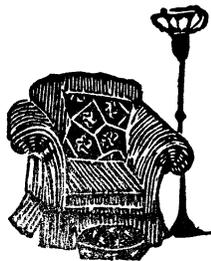
When we were asked to write an article on the Continuing Education programs, Susan Bers and I thought that it would be important not just to convey information, but also to solicit information from members. Of particular interest to us is the ongoing challenge of recruiting instructors to teach courses. What might account for some of the patterns we have noticed? For example, some members volunteer to teach regularly; others occasionally, and still others, rarely or not at all. Why might this be? In an effort to learn more about this, we recently sent out a questionnaire to all society members about teaching in the Continuing Education Division. In the questionnaire we asked respondents to answer questions about what factors have influenced their decision to teach or not to, within the Division. Eight out of the 34 Society members (not including ourselves) who have taught or offered courses in the last four years replied. This is a response rate of about 22% of our faculty, which is not an uncharacteristic response rate for a questionnaire. Interestingly, we received no answers from members who have not taught a course in the last four years—perhaps a sign that they are really not interested in teaching for the Society.

The longest and most expressive answers were in response to the question: "What have you liked about teaching a Continuing Education course?" The theme of these responses was that these members found the teaching "rewarding and often delightful," and the students "responsive," "stimulating," and "highly motivated." Two teachers pointed to co-teaching as especially enjoyable. Some wrote that they learned from preparing interesting material, sometimes new and difficult material that they had not studied before. Learning from the students who brought fresh ideas, and interacting with therapists in the community, were also considered to be rewarding aspects of teaching. Other motivating factors included contributing to the Society, in the form of raising money, strengthening the psychoanalytic community through practice development, and interesting therapists and others in our enterprise. Sam Ritvo liked, "the challenging opportunity they [the courses] offer to convey psychoanalytic observations and theories to mental health professionals with the aim of enriching their psychodynamic approach to their own patients and clients." Finally, Sybil Houlding found it satisfying that "many of our candidates start out in the Continuing Education program—including me!"

Whereas personal development and outreach to the community were prime motivators to teach, still many cited time and energy as the reasons they did not teach more often. Additionally, small class sizes, lack of clerical support, and traveling distance from New Haven were raised as impediments. Small class size is usually correlated with the time of year the course is offered. We often hold classes even though enrollment is as low as three students because the intellectual value and enthusiasm of students and teachers seem to carry through. Sometimes the more intensive attention received by the students in small classes is especially appreciated. Furthermore, it brings more money to the Society.

As for making it more likely that Society members would teach again in the future, respondents pointed to the appeal of short courses and co-teaching—both of which are, of course, options as courses are created and developed. A stipend for teaching, which one teacher suggested, is something we would like to see happen in the future. However, we cannot do much about more free time, called for by almost everyone! Since we received no responses to the questionnaire from people who have not made teaching contributions, we can only assume that the aforementioned "time" and

"energy" are major impediments. Perhaps a course on time management and over-commitment would help?



Several teachers brought up some interesting ideas for the future: Joan Wexler proposed courses for people who are not mental health professionals, for example, a course on psychoanalytic concepts for non-mental health professionals. Nancy Olson and Victoria Morrow taught such a course for academics; it was very well received. Perhaps others could develop courses on the usefulness of psychoanalytic concepts for teachers, parents, attorneys, physicians and others in the medical professions, etc. In a recent communication from David Carlson, he shared several interesting ideas that might expand the range of activities of the Continuing Education program. For example, he noted that there is a mechanism within Yale College whereby students enlist medical faculty to allow a student to "shadow" a practitioner. This can consist of assigning a Yale student a mentor from within the Society for an individual tutorial, or helping a student find something within the Department of Psychiatry or at the Child Study Center which they can observe, such as rounds, or a research project in which they could participate. David has even had the experience of offering a course for medical students; while no medical students came forward, two Yale College students did, and got permission to take the course for credit. Although these are formats which are outside the traditional structure of the Extension Division, it is precisely this kind of creativity which can prove to be quite satisfying, while simultaneously serving the outreach functions that are so important to the Society and the Institute.

Michael Pierce proposed an Institute elective course which would involve designing a course and then teaching it (see the recent issue of the APsaA's FORWARD, spring 2006). He thought this could be in the form of independent study with a mentor or collaboration with peers or current faculty. Furthermore, Michael proposed producing an audio CD or DVD of a course that could be sold or included on the website.

David Carlson wrote, "Years ago a Marxist friend of mine underwent a sea change and became an investment banker in a developing country. He surprised me by saying the shortage in his country wasn't one of capital but of investment ideas, and his most important function had been to formulate proposals to interest capitalists, rather than their approaching him to request financing. I think there may be something analogous in your work: there are, of course, people who will not put themselves forward and need an individual invitation, but beyond that there are some who could do a good job but lack the initial idea. In most groups there are people with ideas who are sometimes not so good on execution, and I wonder if there may be some way of tapping into such ideas or even into the whimsy of our members for topic ideas." David's observations correspond with our experience. There are, in fact, people who have been interested in teaching, and who agreed to do so when specific ideas were presented to them. And it has also been the case that some "whimsical" brainstorming by members have produced very interesting ideas for courses which were eventually taught. We would welcome hearing from Society members who have an idea for a course they themselves might not want to teach, so that we might approach other people who might be quite interested in the proposed topic. We would also like to hear from those who want to teach but need help in formulating an idea for a course.

 OBSERVATIONS	
A.	_____
	_____
B.	_____
	_____
C.	_____
	_____
	_____

I hope that this overview has acquainted our Members with what the Continuing Education Division does, and sparked some thought as to what the possibilities might be for the future. As the Co-Chair of the Division and a regular teacher both in courses for clinicians in the community and for those in the Psychotherapy Seminar Series, I can tell you that my experiences have been very rewarding in many of the ways alluded to above. It is exciting to share one's enthusiasm and knowledge with others who are eager to learn and to expand their point of view. I hope others will consider participating in our exciting program. 

## Psychotherapy Teaching at Western New England: The Seminars in Psychotherapy

by Robert White

### Introduction

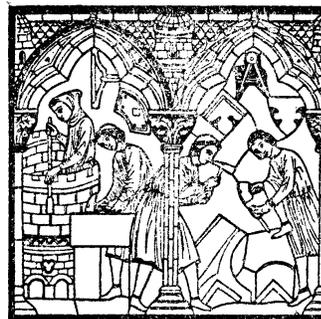
I AM SITTING in the classroom with six eager faces. It is the beginning of my first class with the Seminars group. The class has been together for two previous sections and I hear they are a tight group. I do not know any of them. I am teaching the theoretical section of the series, a new course for me. I have decided to discuss therapeutic action, hoping that studying various ideas about therapeutic action will help integrate ideas about technique. First up is Freud's paper on constructions. While this paper does not talk directly about therapeutic action, Freud does take up the question of validation of interpretations and he highlights the importance of cognitive insight. Soon we are deep into the experience of patient's either agreeing or disagreeing with interpretations. Do we take yes or no at face value? If not, how do we evaluate the truth of our interpretations? The class actively thinks of clinical examples. Everyone is involved. Other questions come up. What exactly are interpretations and how do they differ from other types of interventions? What is the role of insight in therapeutic action? Intellectualization? The role of affect? I know this will be a good class.

I run into a student from our first cycle of classes. He says: "that was the best class I ever took"

### The Start

In the late 1990's, I became interested in starting a more formalized training program in psychotherapy as part of the Continuing Education Division of the Society. I thought that there were clinicians interested in such training and that we were in the best position to offer such training. It would be an effective method to disseminate psychoanalytic ideas to the larger clinical community. At that time, there was a wide mixture of opinion within the Society as to the advisability of running a psychotherapy training program. A previous proposal had been voted down some years before. There were fears that it would compete with training of candidates. There were fears that trainees would set themselves up as analysts. In addition, CSPP had set up an ambitious training program that failed to attract students after several years of operation. What did this

mean about the market? What kind of students would apply? I attended workshops at the national meeting on psychotherapy training. We were one of the few Societies without a psychotherapy training program. I found that the questions we were asking were typical when most programs started out. In fact, most programs tended to increase applications for full training.



To facilitate discussion at the Society, I proposed in 2000 a committee to draft a proposal. Members of the committee were chosen to represent different interests, TA's and non-TA's, liberal and conservative, candidates and older members. We met for most of the year and made regular reports at business meetings. We looked at a variety of existing programs, explored myths and reservations, looked at our resources and what seemed possible. What emerged was a proposal based on a program at San Francisco. We would offer 4 sections of 6 sessions each during one academic year. The sections would include the opening phase of treatment, middle and termination phases, a theoretical section and a continuous case conference. Each section would be taught by a different teacher or co-teachers. We would not offer supervision or a certificate. This seemed doable and a way to test the waters. Teaching a 6-session course would not be an undue burden for the faculty. This proposal was accepted by the Society.

### The Class

Our first class was in 2001-2 and we have now completed three cycles of classes. All of the cycles have been successful. Most of the students felt transformed and find they do therapy in a different way. The classes have ranged from 7 to 9 students. We have run a class every other year. This came about because it was easier to recruit faculty. I do not know if we could attract enough students to run a group every year. One of the questions before we started was what kind of students should we aim for. Most of the students have fit into two groups. The first group is clinicians recently out of a

training program who want to extend their skills. The second group is somewhat older clinicians working in an agency or hospital who want to move more into private practice. Professions are mixed: 46 % social work, 20 % psychiatrist, 17 % PhD psychologist, 8 % MA psychologist, 8 % APRN. The students typically do not have much psychoanalytic sophistication but are eager to learn and use dynamic principles. Two of our students have become candidates and I expect there will be others. We decided at the end of the first cycle to add an optional second year class. Each group has opted for the second year, taught by Fred Koerner and myself. The class selected the topic for study. This year, we read Patrick Casement's case studies, centered on what is a psychoanalytic fact.

All of the groups quickly developed a strong group identity and worked well together. They read the papers and were ready for discussions. We encouraged the use of clinical examples, both from the faculty and the students. There were certainly differing degrees of clinical sophistication but the stronger members would help out the others. Most of the students would easily participate. One of my own enjoyments was seeing a student new to dynamic principles and use of the transference start to get it. I think the primary task of the Seminars is to help the students make a transition from supportive treatments to more interpretive treatments. They learn to use basic concepts, a stable and predictable frame, focusing on transference and countertransference, and making interpretations. Only in our last cycle did several students drop out in the middle. For one reason or another, these students couldn't keep up or lacked the interest that the rest of the group had. How to reach these students remains a teaching problem when they do not fit what the main group wants to do.

### The Future

I think the biggest need at the present is to find a psychoanalytic home for the students who have completed the program. We presently lose all official contact with them, although we hope they will attend our scientific meetings, symposiums and further courses. For the present, we plan to continue the program in its current configuration. I am proposing for next year that we start a reading group in psychotherapy that would meet monthly and be open to all who have completed the Seminars. This would provide a place where the group spirit of the Seminars can continue.

Would we ever want to expand the program? Adding a second year? Adding supervision? It seems to me that we could find students. I think we are limited in available faculty. With all the programs in both the Society and Institute, it would be difficult to find additional teaching time.

### Faculty

Rosemary Balsam • Rebecca Behrends • David Carlson • Fred Koerner • Kay Long • Barbara Marcus • Stan Possick  
Lynn Reiser • Elise Snyder • Robert White

### Epilogue

I ask my students at the end of the course about what they have learned. One student says that she is now more comfortable in not talking and waiting to make a comment or interpretation. Another student says that he is much more succinct in what he will say to patients, that he doesn't go on and on like he used to. Both of these comments indicated a real success for the Program. 

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### Seminar for PGY-III Residents

by Marshal Mandelkern

**THREE YEARS AGO**, Bruce Wexler, a Professor of Psychiatry based at the CMHC, approached me about developing an introductory course on psychotherapy for the PGY-III residents. He was interested in using the knowledge and experience of the members of the Society, and felt that the residents would benefit from a systematic, cohesive yearlong course. He was also eager to have this be a collaboration between the Society and the Department, and particularly hoped that the course could take place in the Institute building.

I joined with Robert White, Rebecca Behrends, and Oscar Hills, and put together a yearlong sequence, which we have now taught for two years. We have aimed at an audience who might have little or no prior experience, or knowledge, of psychoanalytic therapy, but are beginning to treat cases on their own.

The class is a required part of the PGY-III curriculum, and we have offered it as an elective to various other trainees. In addition to the Residents, we have had post-MSW fellows from the Child Study Center, APRN students from the Yale School of Nursing, as well as advanced psychiatry fellows without prior training in analytic therapy.

The challenges we faced were how to teach to students who, while uniformly bright, had varying, and in many cases next to none, backgrounds in therapy or analysis, and varying degrees of motivation and commitment to the modality. We have developed a curriculum which covers a fairly wide range of topics, unified by a general commitment to a psychoanalytic approach, broadly conceived.

The course begins with a sequence aimed at the basics of establishing a therapeutic relationship, with readings and clinical examples focused on transference, working alliance, and the holding environment. Rebecca Behrends then teaches a three month segment on an object relations approach to therapy, with relevant reading and presentation of case material. Robert White offers a section on the treatment of borderline patients, of particular interest to trainees with many such patients in their case load. Oscar Hills finishes the year with a section on treating patients with "impaired ego functioning" - psychotic patients, severe PTSD, including issues related to the use of medication in an analytic psychotherapy.

The reaction seems to have been quite positive, as indicated by the resident's attendance and participation, and their reports to us and to Bruce Wexler. We are excited about the opportunity to teach these bright young clinicians, and also to participate in a formal collaboration with the Department of Psychiatry. This collaboration reflects their feeling that we have something important to offer their trainees, and that we, as an organization, are uniquely well-suited to the task. It is also a chance for the residents to get to know us, as members of the Society, and to become comfortable in our building, and with us as an organization. We plan to continue this work, and perhaps to find ways to build on it. 

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### A New Masters Degree Program in Developmental Neuroscience and Psychoanalysis

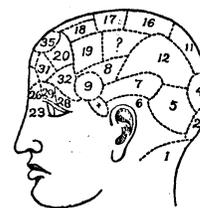
University College London, Anna Freud Centre,  
and Yale Child Study Center

by Linda Mayes

UNIVERSITY COLLEGE LONDON (UCL) in collaboration with the Anna Freud Centre (AFC) and the Yale Child Study Center (YCSC) is offering a new masters degree in developmental neuroscience and psychoanalysis. This new degree emerges from the international clinical research collaboration between the Yale Child Study

Center in New Haven, Connecticut and the Anna Freud Centre. This new masters has developed against the backdrop of a precedent between University College London (UCL) and the Anna Freud Centre. For nearly ten years in the collaboration with the Anna Freud Centre, University College has offered a one-year Masters Degree in Developmental Psychoanalysis. This program has attracted 20 to 25 excellent candidates per year from abroad as well as the UK. The new masters program extends the focus of the present masters in developmental psychoanalysis to include basic and clinical neurosciences, and broadens the academic base through the connection to the Yale Child Study Center. Additionally, this new program is two years and includes an extensive research component.

The program addresses a growing interest among both neuroscientists and developmental scholars in integrating ideas of social-emotional development with contemporary understanding of brain development and brain function.



The program aims to give candidates an introduction to the relation between neuroscientific and psychodynamic approaches to developmental psychopathology. It will equip students with knowledge and understanding of both neuroscientific and psychodynamic concepts. The program also aims to engender an ability to design psychodynamic research approaches using a range of neuroimaging and neurobiological techniques. The overarching educational aims of the program therefore are:

1. To provide a theoretical grounding in psychoanalytic theories of development
2. To provide an introduction to a developmental approach to mental disorder based on both theoretical and empirical contributions
3. To equip students with sufficient knowledge of neuroscience to understand findings from neuroimaging, neurobiology, and molecular genetics as these pertain to a psychodynamic approach to the

development of behavioral and emotional problems in childhood and young adulthood

- To introduce students to qualitative and quantitative research methodologies and to the requirements for conducting reliable, valid and ethical research

Candidates for this new masters degree will be recruited internationally. We anticipate they will come primarily with undergraduate degrees in cognitive neuroscience and psychology though there may be a number of other relevant career paths to this degree program that we will learn from our first group of applicants. Candidates will matriculate at UCL and spend the first year of their program in course work at UCL/Anna Freud Centre. They will spend their second year in the Yale School of Medicine and specifically in the Child Study Center where they will take two seminars and work on the research for their masters thesis. The Western New England will become their "psychoanalytic base" while they are in New Haven and we are hopeful that members of the society might get to know the candidates and introduce them to the world of practicing analysts. To date, we have received many inquiries and have accepted eight candidates thus far into the program who will begin their formal course work in September 2006. We are eager to have the candidates join the educational activities of the Institute and Society so that they will have the opportunity to join the New Haven psychoanalytic community during their year at Yale. 

For information contact Linda Mayes at  
tel 203-785-7211; 785-7205 or [linda.mayes@yale.edu](mailto:linda.mayes@yale.edu)

## NEW CANDIDATES

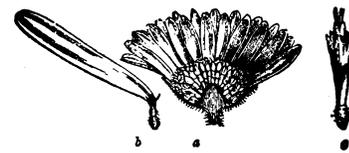


**MATTHEW SHAW, PHD**, is a staff psychologist at Yale's Division of Mental Hygiene and has a private practice in New Haven. He has presented or published roughly twenty papers and is pages away from finishing his first book. Before moving to Short Beach, he lived in San Francisco, Guatemala, Chicago, and the Pacific Northwest. These days, the Connecticut coastline feels like home

**RACHEL BERGERON, PHD, JD**, is delighted to have begun training at Western New England and to be a member of this community. The first year has been a demanding and rich experience for her. She is a psychologist who has been in private practice for adult psychotherapy in New Haven for 25 years. She is also an attorney with an interest in the interface between psychology and the law, most notably criminal law, a consulting forensic psychologist for the Department of Mental Health and Addiction Services, and involved in Yale's Law and Psychiatry program.

**DEBORAH FRIED, MD**, is a psychiatrist practicing in New Haven for the past 19 years. She trained initially in New York and came here to join her husband, Kalman Watsky. For several years she worked at CMHC as Unit Chief for the Crisis Intervention and Individual Psychotherapy Units, leaving when the calls of two young children felt too loud. Currently, most of her time is spent in a private psychotherapy practice; She also works at the Hispanic Clinic of CMHC and teaches psychotherapy to medical students and residents in the department of psychiatry. For many years she wondered if she would ever embark on analytic training, and she is (mostly!) glad to be finally doing so, feeling especially lucky with the enlightening and inspiring classmates in her cohort. She is looking forward to the years ahead.

**EILEEN BECKER-DUNN, MSW**, is currently in full-time private practice in New Haven where she works individually and in groups with adolescents. She also provides adult and couples therapy. Eileen holds a joint faculty appointment with the Yale Child Study Center and the Department of Psychiatry. She teaches and supervises post-MSW Fellows and permanent social work, nursing, and psychology staff. Eileen thus far has enjoyed training, finding classes challenging and invigorating and her classmates a lively source of intellectual stimulation and good company to be with in meeting the challenges of training. When not in class or reading for class, she enjoys bird watching, gardening, and travel. 



SECTION OF COMMON DAISY.  
 a. Section through entire flower head.  
 b. Single floret from margin, showing seed vessel and corolla, with tongue-like prolongation enlarged.  
 c. Single floret from the disc enlarged.

# ASSOCIATIONS

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