

Mandel

MINUTES OF THE JOINT MEETING OF
THE COMMUNITY EDUCATION COMMITTEE AND THE COMMUNITY ACTIVITIES COMMITTEE

November 27, 1967

1 The meeting was held at the Los Angeles Psychoanalytic Institute
2 and was called to order by the Chairman at 8:00 p.m. The members
3 present were Drs. Rosow, Carson, Harrison, and Nemeth, from the
4 Community Activities Committee; and Drs. Edelman, Beckwitt, Mandel,
5 Sarlin, Dorn, Atkins (ex officio), and Grotstein, from the Community
6 Education Committee. Corrections of the Minutes of the previous
7 meeting were as follows:

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10 (a) on page 5, line 15, the word "of" should be stricken
11 and substituted by "or a separate".
12
13 (b) on page 2, line 40, "Beres" should be stricken and
14 replaced by "Berezin".
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17 Dr. Mandel then presented written comments authored by Dr.
18 Sarlin about the Minutes of the previous meeting. Dr. Mandel
19 stated that, rather than introducing these comments for discussion
20 this time, they would be circulated along with the Minutes of this
21 meeting for the committee members to peruse and to discuss at the
22 next meeting.

23
24 Dr. Mandel then asked Dr. Harrison if there were any further
25 developments since the last meeting in reference to Dr. Wallerstein.
26 Dr. Harrison replied that Dr. Wallerstein was scheduled to speak
27 here on April 18, 1968, at a formal Society scientific meeting.
28 He then reminded the committees of the American Psychoanalytic
29 Association's request of our response as to our position on
30 community mental health and emphasized that the American is to
31 take action at the May meeting, so that Dr. Wallerstein's address
32 to our Society, as late as April 18, puts pressure on us.
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34 Dr. Dorn stated that we have been discussing this issue for
35 the last three months and are prepared to go to the membership
36 with a statement without Dr. Wallerstein's lecture, but hopefully
37 Dr. Wallerstein's lecture will serve to emphasize the point even
38 more.
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40 Dr. Mandel, in responding to Dr. Dorn, affirmed that this was
41 possible, but that this would be duplicating our efforts. He
42 stated that it would be better if we could submit our opinion after
43 Dr. Wallerstein's lecture.
44

45 Dr. Dorn stated that his own Committee on Social Problems (of
46 the American) will already have decided on its position by May.
47

1 It was his opinion that we have already been dragging our heels
2 on this issue and that the membership is dependent on our committee
3 to present ideas to them.

4
5 Dr. Mandel, in counter-responding to Dr. Dorn, asked him what
6 ideas he has to present to the Society.

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8 Dr. Dorn, in responding to Dr. Mandel, used the example of his
9 own Social Affairs Committee (of the American) which had set up a
10 "Think" subcommittee, which was to evaluate how best to tackle
11 this problem. For instance, the "Think" committee was to be set
12 up like the "GAP" of the American Psychiatric Association to in-
13 clude child analysts who would get together and discuss the pre-
14 ventation of mental illness. It was the feeling of this subcommittee
15 that this was an area where psychoanalysts could make recommenda-
16 tions as analysts in the field of community mental health.

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18 Dr. Mandel than reminded the committees that analysts are
19 participating considerably in the community but are not repre-
20 sentatives of the Society officially.

21
22 Dr. Dorn, in re-affirming his previous point, stated that the
23 members of his committee asked themselves where could analysts
24 participate within the framework of their body of knowledge and
25 were able to answer this question in terms of the first year of
26 life. The issues they then raised were the priority of importance
27 of issues in community psychiatry. The committee became involved
28 in the reviewing of literature for the first two or three years of
29 life, and a subcommittee was formally set up to try to understand
30 what the differences were between community psychiatry and social
31 psychiatry and to decide on other important issues. They felt
32 that there had been no revolutionary breakthroughs in the mental
33 health field, but that money and the impetus to do something were
34 present. They also discussed the issue of the analyst's anonymity
35 and passivity as it was to be challenged by participation in
36 community activities.

37
38 Dr. Sarlin asked Dr. Dorn to clarify what he meant by activity
39 and passivity and by anonymity in terms of participation in commu-
40 nity activities. For instance, did Dr. Dorn mean anonymity and
41 passivity in therapeutic situations or otherwise.

42
43 Dr. Dorn responded to Dr. Sarlin by stating, "What is the
44 consequence to his technique of analysis?"

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46 Dr. Sarlin counter-responded by, "How is this relevant to this
47 committee and our operation in the community?"

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49 Dr. Mandel then stated that analysts are no longer anonymous
50 by virtue of participating.

51
52 Dr. Rosow, in directing his remarks to Dr. Mandel's statement,
53

1 negating them, and reminded us of the example of Freud and his
2 lectures to the Bnai Brith.

3
4 Dr. Dorn stated then that perhaps we can say that this is no
5 longer an issue. Some analysts feel that any participation is
6 antithetical to the analyst's role, while others feel less stringent
7 about this.

8
9 Dr. Mandel, at this point, reminded the committee that they
10 should prepare a report to the Society.

11
12 Dr. Sarlin, in responding to Dr. Dorn's remarks prior to Dr.
13 Mandel's, stated, "Is this really an issue that should be dis-
14 cussed?"

15
16 Dr. Nemeth then stated that he felt that this whole issue was
17 a waste of time to discuss.

18
19 Dr. Harrison then stated that some analysts do bring this
20 issue up. He also reminded us of the example of Dr. Silverstein,
21 an analyst in New York , who presented evidence of the study of
22 the effect of news of an election in a borough and how a research
23 project of this type can be carried out analytically using analytic
24 procedures.

25
26 Dr. Nemeth then stated that there are differences between
27 psychoanalytic technique and the application of psychoanalytic
28 knowledge.

29
30 Dr. Mandel then stated that he had been put in contact with
31 Dr. Roger Gould at U.C.L.A. by Dr. Grotstein and had had an in-
32 formal meeting with him prior to this meeting. Dr. Gould had
33 apparently spent two weeks at the Community Psychiatry Meeting
34 in San Francisco and had done a lot of thinking and organizing
35 of thoughts as to the effect of psychoanalytic participation in
36 community activities. He feels that analysts will become essen-
37 tial to the program of community psychiatry. Many analysts are
38 already participating, he stated, but there are more who don't,
39 and there are historic training reasons for this. He feels that
40 the community psychiatry authorities are slowly becoming aware of
41 the need for analytic understanding because of their difficulty
42 in applying the results of their studies without analytic under-
43 standing.

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45 Dr. Dorn then stated that the analyst is unique, not by virtue
46 of his being aware of the unconscious, which is now public domain,
47 but really by virtue of his working in depth, a quality of working
48 with the third ear, with a special kind of understanding which
49 gives him a distinction that other disciplines do not have. He
50 talks and thinks differently, states Dr. Dorn. He then reminded
51 us of a paper by Dr. Vida Barnard, who described the swing of the
52 pendulum in terms of analytic participation in community affairs

1 starting with the Vienna Society and stating that analysts were
2 once involved, then were not, and now they are saying, "We are
3 going too far afield."

4
5 Dr. Mandel said that Dr. Gould stated that there had been a
6 shift in the analyst's sense of identity in terms of community
7 activity. It was Dr. Gould's feeling that community activities
8 could also help the analyst in his work.

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10 Dr. Sarlin reminded us of an earlier meeting of our Society
11 where a Dr. Jack Weir had brought up how little analysts do in
12 our community, at which time Dr. Harrison brought up how much
13 activity was going on that wasn't known about but which was being
14 documented. Dr. Sarlin then went on to state that maybe it would
15 be a good idea if all the activity was cleared with our committee
16 because there is more going on than we realize. Otherwise, Freud
17 would not be a household term. He then stated that Henry Brosen
18 had mentioned at the last American Psychiatric Association meeting
19 that some analysts should be trained in socio-political problems
20 so that they can then use both techniques. He then brought up the
21 issue of his own research project of a comparison of six cultures
22 and how it was not sponsored by our Society. These issues, he
23 felt, belong in the framework of community education. He then
24 asked Dr. Harrison what happened to his report.

25
26 Dr. Harrison replied that some of this data gathering has
27 already been done. Dr. Harrison then went on to say that the
28 real issue, as Dr. Dorn had brought up in his Social Problems
29 Committee of the American, are the priorities and how we can
30 correlate these with effective programs.

31
32 Dr. Sarlin then stated, "What about Jack Lomas?"

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34 Dr. Mandel responded by saying that Dr. Lomas was intensely
35 involved in the community as an analyst, but was mainly working
36 in the political area.

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38 Dr. Sarlin then stated that we should know about this.

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40 Dr. Rosow then reminded us that Dr. Simmel had worked with
41 soldiers in the area of aggression and had applied psychoanalytic
42 knowledge in this area. He then reminded us that analysts can use
43 a little humility and get out of their ivory towers. He stated
44 that we should have sent a member of our committee to San Fran-
45 cisco to take part in the social psychiatry meetings. He also
46 reminded that there was a meeting recently at Mt. Sinai where
47 social psychiatrists were speaking to the effect of finding new
48 Gestalten of operating. Dr. Rosow felt that we should find out
49 about new ways of working in our field in terms of community
50 psychiatry.

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52 Dr. Dorn then stated that he brought up the issue of anonymity

1 Dr. Dorn stated, "I am more concerned with the resistances of
2 analysts."

3
4 Dr. Nemeth stated, "Our Clinic is a community service, but
5 only offers formal analysis. Why don't we have consultations with
6 community agencies? We have to take stock of what we are doing
7 and then expand the working of the Clinic."

8
9 Dr. Dorn then made mention of Dr. Frank Williams, a Child
10 Analyst who was the only one he knew of who was talking directly
11 to "hippies."

12
13 Dr. Rosow then reminded the committee that Dr. Brickman had
14 written a paper on "hippies"

15
16 Dr. Harrison then addressed his remarks to Dr. Sarlin's and
17 stated that the issue of resistance is very important, and how can
18 we really bypass it.

19
20 Dr. Beckwitt, in answering Dr. Harrison, stated, "We have to
21 try. Fear of criticism stops people." He then related his exper-
22 iences in talking to the wives of candidates and how, when he
23 asked another member of our Society to address them, was informed
24 by this person of criticism from the Education Committee.

25
26 Dr. Dorn then stated that "this was, indeed, a problem, since
27 many people are awed by eminence. However," he added, "the Society
28 looks to us to inspire it to do this task." He went on to add
29 that those who don't agree should try to work on their own.

30
31 Dr. Mandel then asked the combined committees if they could
32 make a statement at this time for him to present to the Board of
33 Directors. He stated that he has been invited to the next meeting
34 of the Board, and he would like to go there with a statement from
35 the committees. He thinks the statement should be broad but
36 direct and should be one which would enable a shift in the sense
37 of identity of the members of the Society.

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39 Dr. Dorn then stated that he felt that our endeavors should
40 be as a joint venture with a corresponding group in the other
41 Society. He stated that we do not disagree with the other Society
42 in terms of applied psychoanalysis. He then read from a letter
43 which he had sent to the Board of Directors which had to do with
44 "What can we do to enlarge the scope of our community activities?"
45 Among the elements highlighted in his letter were: (a) the train-
46 ing of non-analytic people; (b) updating of community participa-
47 tion; (c) the need for post-graduate work. The gist of his
48 recommendations seems to have been, "What can we do even if
49 limited? What projects can we undertake?"

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51 Dr. Mandel, in answering Dr. Dorn, stated that our Society
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1 should be responsive as a consulting source and cited his conver-
2 sation with Dr. Roger Gould, who had mentioned to him the "upward
3 bound project" at U.C.L.A. He then added, "We need the permission
4 of the Society, however."

5 Dr. Harrison then stated that we need a facility, something
6 like a hospital.

7
8 Dr. Edelman, in answering Dr. Harrison, stated that he is
9 against the hospital model because of its medical orientation,
10 as distinguished from the analytic orientation.

11
12 Dr. Carson then mentioned that psychoanalysis has both the
13 treatment model on the one hand and the educative and consulta-
14 tive model on the other hand. Perhaps, we should start with the
15 latter.

16
17 Dr. Harrison, in answering Dr. Carson, stated that we cannot
18 limit our efforts to education. He then cited the work of
19 Wallerstein, whose opinion it was that we should serve in the
20 function more of a public health officer rather than an indi-
21 vidual physician. The public health concept, he reminded us,
22 was to reach out to the community.

23
24 Dr. Beckwitt then stated that we needed a plan which would
25 include all that we are doing thus far and who are doing it and
26 then to expand our present contacts.

27
28 Dr. Harrison then added that the question was, were we to
29 respond as a Society to present mental health centers?

30
31 Dr. Dorn then asked the Chairman, Dr. Mandel, whether or not
32 he had actually made contact with the other Society to coordinate
33 our efforts with them. He reminded the committees that this was
34 the expressed wish of the Board of Directors.

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36 Dr. Mandel, in answering Dr. Dorn, stated that this had not
37 yet been done and that he was employing discretionary powers to
38 postpone this to another time. Dr. Mandel then again brought up
39 the issue of a statement of our aims to be presented to the
40 Board of Directors at the Thursday meeting. He then delegated
41 Drs. Nemeth and Grotstein to review the trend of our two joint
42 meetings and to present statements privately to him which would
43 reflect, in their opinions, the aims to be proposed to the Board
44 of Directors and thus to the Society membership.

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46 Meeting was adjourned at 10:15 p.m.

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49 Respectfully submitted,

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51 *James S. Grotstein*
52 James S. Grotstein, M.D.