

# SOCIETY FOR THE EXPLORATION OF PSYCHOTHERAPY INTEGRATION

Third Annual Conference  
Orrington Hotel, Evanston, Illinois

## WELCOME

Welcome to SEPI III. We hope that you will find the conference stimulating and useful as well as providing informal opportunities for meeting colleagues with shared interests in theories, research and practice of integrative psychotherapy.

## INFORMATION REGARDING WORKSHOPS

The conference organizers decided that a number of sessions would be called Workshops in order for registrants to be eligible for Continuing Education credits. These are designated with an asterisk (\*). These sessions will include material that attendees can apply to their teaching and clinical work. Not all sessions designated as Workshops will have an "experiential" component, although, like all sessions, they will provide opportunities for audience discussion. If you desire CE credit for a Workshop, please attach a check of \$4.00 made payable to "Adelphi University", to the completed session evaluation form and place them in the box provided at the registration desk.

THURSDAY, APRIL 30

5:00 PM - 8:00 PM                      REGISTRATION

FRIDAY, MAY 1

7:30 AM - 12:30 PM                      REGISTRATION

8:45 AM                                      OPENING REMARKS

GRAND A & B                                      Lee Birk, Harvard University Medical School

9:00 AM - 10:30 AM PLENARY SESSION: SENIOR CLINICAL PRESENTATION

GRAND A & B

Mary FitzPatrick, Cornell University Medical  
College  
John Rhoads, Duke University  
Paul Wachtel, City College

Senior clinical presentations have been organized to illustrate how psychotherapy integration works at both clinical and theoretical levels. Members of the panels will represent psychodynamic, behavioral, and family systems approaches. A case will be presented by one clinician followed by the other clinicians discussing the same case from their perspectives. By focusing on a single case, it will be possible to explore a number of issues including diagnosis, formulation of the presenting problem and the patient's dynamics, evolution of a treatment plan, role of the therapist, choice points in treatment, involvement of others in treatment, use of assignments, techniques, and termination. Time will be allowed for audience participation.

10:30 AM - 11:00 AM BREAK

11:00 AM - 12:30 PM MORNING PROGRAM

JOHN EVANS 2

1. THE FIRST STAGE OF THERAPY: A DISCUSSION  
GROUP

Diane Arnkoff, Catholic University  
Carol Glass, Catholic University

For clients entering private therapy, the median number of sessions is three, and only about 1/3 of clients who receive three or fewer treatment sessions can be considered improved. This suggests that we need to know more about the first stage of therapy, in order to understand why clients stay or leave and ultimately to make specific recommendations to therapists. The session will consist of a discussion of the first stage of therapy, with the audience as the participants. Some of the questions we will pose deal with the choices the eclectic therapist must make in the first few sessions. Others will invite a comparison of the therapist's role in the first stage of therapy across various therapy approaches. We will also consider how the therapeutic relationship (alliance) may contribute to continuation or termination.

DANIEL GARNETT ROOM

2. PSYCHOTHERAPY AND GENDER: INTEGRATIVE ISSUES  
AND FEMINIST THERAPY

Iris Fodor, New York University

For the past decade, one of the fastest growing "new therapies" has been feminist therapy. The interest in women's issues and feminist therapy is evidenced by the appearance of at least a dozen new books, a professional journal, "Women in Therapy", a growing national professional organization of feminist therapists (FTI), and the emergence of women's interest sections or divisions of major professional organizations.

What is most interesting about feminist therapy is that it addresses the interface of societal inequity, socialization and sex roles and its relevance to psychotherapy. Often the work in feminist therapy highlights the tension between changing society vs. changing the individual. In this past decade of changing roles for men and women, and the recognition of sexist bias in psychotherapy, male and female psychotherapists more and more are dealing with the ramifications of these issues in their female and male clients and in couple work.

What is most interesting to members of SEPI is that feminist therapists typically do not represent one therapeutic modality - but tend to work together in conferences, workshops and in their writing, bringing from their very different training and therapy orientations, a focused look at specific issues. There are now major works in feminist therapy written by psychoanalysts, cognitive/behavior therapists, gestalt therapists and marital therapists.

This presentation will focus upon the theoretical underpinnings of feminist therapy: 1) Why gender is a central issues in psychotherapy; 2) Why attention must be paid to socialization experiences and sex role messages, training and expectations for both males and females; and 3) How it is often impossible to separate the personal from the political. Next, a brief overview of the basic approach to therapeutic work common to feminist therapists, regardless of orientation will be presented. Finally, a brief look will be taken at how psychoanalytic feminist therapists and cognitive/behavioral therapists might deal with some of these issues.

3. PERSONALITY DISORDERS AND INTEGRATIVE  
PSYCHOTHERAPIES \*

GRAND A & B

Theodore Millon, University of Miami  
Drew Westen, University of Michigan

Theodore Millon will explore a single theme -- personality disorders for

which integrative psychotherapy is ideally and distinctively suited. The cohesion (or lack thereof) of complexly interwoven psychic structures and functions is what distinguishes the disorders of personality; likewise, the orchestration of diverse, yet synthesized techniques of intervention is what describes integrative psychotherapy. These two, parallel constructs, emerging from different traditions and conceived in different venues, reflect shared philosophical perspectives, one oriented toward the understanding of psychopathology, the other toward effecting its remediation.

Several clinical attributes comprising the multifactorial composition of personality disorders will be illustrated; focused techniques that may be coordinated to facilitate their treatment also will be discussed.

Drew Westen's remarks will focus upon the borderline personality disorder. Two features define much of the pathology of the borderline syndrome: affective dysregulation and pathological object relations. The two are frequently intertwined, as when rage stems from application of malevolently-toned interpersonal schemas, leading to a spiral of faulty attributions, poorly modulated affective responses, and impulsive actions. The integration of cognitive-behavioral techniques, particularly focusing on self-regulation of affect, into transference-oriented psychoanalytic psychotherapy with borderline patients will be described. Also discussed will be the theoretical rationale for such an integration. A case illustration will be offered which will open the way for a discussion of why cognitive-behavioral work is an essential component of, but not a replacement for, psychotherapeutic work in which a primary focus is on the dysfunctional interpersonal scripts, schemas, wishes, conflicts, and patterns of affect regulation the borderline patient brings into the therapeutic relationship.

#### 4. PSYCHOTHERAPY INTEGRATION FROM A PHARMACOLOGICAL PERSPECTIVE \*

JOHN EVANS 1

John Rush, University of Texas Health Science  
Center

A brief overview of the role of biological abnormalities in depression with regard to diagnosis and treatment selection will be provided. Second, pharmacological concepts will be used to illustrate how common features of various psychotherapies can be conceptualized. For instance, most psychotherapists may agree on what targets must be addressed independent of whether the targets are defined from behavioral, cognitive, developmental, motivational, or social system perspectives. An example might what advice is needed ("lose weight", "don't be so self-critical", etc.). Thus, the "active ingredient" in psychotherapy - the key message - is often clear for a particular patient. How to get it to the person in a way that leads to change is often a problem. Presenting the message to the person in an active form so that it produces changes in affective, behavioral, or cognitive patterns is a challenging task for the clinician. By analogy, to be effective, medications must be bioavailable. Differences between therapies may be differences in

packaging, so as to make the message "psychoavailable". Additional analogies will be discussed (e. g., dose response curve, pharmacokinetics, medication metabolism, toxic reactions, side effects, and drug dependency).

12:30 PM - 2:00 PM                    LUNCH TOGETHER  
GRAND C & D

2:00 PM - 4:00 PM                    AFTERNOON PROGRAM

1. GUILT: MULTIPLE PERSPECTIVES ON WHAT IT IS  
AND WHAT TO DO ABOUT IT \*

JOHN EVANS 2

Donald Freedheim, Case Western Reserve  
University

Susan Heitler, Rose Medical Center, Denver  
Ellen Tobey Klass, Hunter College

This workshop explores the premises and strategies that therapists of different schools use in working with patients who have high levels of guilt, along with the potential for integration. A second goal of the workshop is to enrich the repertoire of participants in treating guilt. Practical and conceptual issues are considered, including the basis for distinguishing dysfunctional from appropriate guilt and ways to approach individual, gender, and cultural differences in values. Experiential and clinical presentations are used, with specific consideration of psychoanalytic, family systems, cognitive behavioral, and integrative approaches to guilt, as well as contributions from the participants.

2. HUMAN CHANGE PROCESSES \*

GRAND A & B

Michael Mahoney, University of California,  
Santa Barbara

The purpose of this workshop is to explore personal and collective assumptions about human change and its facilitation. Discussion will focus on ideas and illustrations from the cognitive, developmental, and systems sciences that offer new ways of thinking about and working with personal belief systems, resistance, episodes of emotional intensity and "relapse", and the helping relationship. Particular emphasis will be placed on the importance of active exploration processes and the individual's relationships with self in facilitating significant and enduring personal change. Conceptual discussions are combined with illustrations of people's attempts to

change, stabilize, or cope with change. Deeply-structured "personal realities" are emphasized as experiential and conceptual constraints on experiencing. Exercises in self-exploration are described and demonstrated -- including diary work, stream of consciousness, mirror time, and flotation. Such basic processes as resistance, witnessing, and exploration are discussed and illustrated.

DANIEL GARNETT ROOM

3. INTEGRATING CHILD AND FAMILY THERAPIES \*

William Pinsof, Northwestern University/  
Center for Family Studies  
Lee Combrinck-Graham, Institute for Juvenile  
Research, Chicago  
Larry Feldman, Loyola University  
Ellen Wachtel, New York University

Increasingly clinicians and theorists are struggling to integrate the fields of child and family psychotherapy. The purpose of this workshop is to present various approaches to integrating child and family therapy. Each of the presenters will briefly present key elements of his/her own approach. Examples will be used to illustrate key theoretical components. Developmental issues will be stressed. The presentations will be used as a springboard to stimulate discussion with the audience about the many complex and intriguing issues involved in integrating child and family therapy.

4. CHANGE PROCESS RESEARCH AS A METHOD FOR  
INTEGRATION \*

JOHN EVANS 1

Leslie Greenberg, York University  
Kathy Clarke, St. Paul University  
Robert Elliott, University of Toledo  
Jeremy Safran, Clarke Institute of Psychiatry

Model building and research efforts designed to identify basic client change processes in psychotherapy will be discussed as a means of integrating interventions from different orientations and traditions. This approach suggests that therapeutic interventions are most effective when they are based on "process diagnoses" of client states, which are currently amenable to particular types of interventions. The development of a taxonomy of client states, which are markers for particular types of interventions, will provide us with a basis for knowing when to use what type of intervention.

The participants in this workshop will discuss different client markers and interventions they use in their practice and the models or micro therapy theories that guide their interventions. The workshop will be directed to a discussion of the use of this approach as a means of establishing a rigorous, rational empirical method of investigation to guide the development of



UNIVERSITY CLUB

2. CATHARSIS AND COGNITION

Barry Guinagh, University of Florida

Catharsis and cognition are basic processes in psychotherapeutic approaches that are in contrast to one another. Cathartic therapists encourage emotional expression while cognitive therapists encourage the examination of beliefs and thought processes. How can supporters of such different approaches both claim success? The basic premise of this presentation is that individuals both in and out of psychotherapy use both processes as part of the healing process. These processes cannot be integrated into one psychotherapeutic method, but the two approaches can complement each other. It is important that psychotherapists respect and support both processes as they work with clients.

JOHN EVANS 2

3. INTEGRATING ADOLESCENT AND FAMILY THERAPY:  
A VIDEOTAPE \*

Larry Feldman, Loyola University Medical  
School

Individual and family therapy are complementary and synergistic modes of clinical assessment and psychotherapeutic treatment. Integration of these modalities has the potential to markedly enhance the accuracy, depth, and scope of diagnostic assessment and the range, flexibility, and efficacy of psychotherapeutic intervention.

In this presentation, the process of individual and family therapy integration will be demonstrated via presentation and discussion of videotape excerpts from the initial interview with a depressed 14 year old boy and his parents. The first interview is with the parents, the second with the boy, and the third with the entire family. The videotape segments will be discussed in relation to the therapist's goals for each interview format, his rationale for sequencing the interviews, and his clinical thinking and decision-making during the course of each interview.

NOTE:

THIS MEETING WILL BE  
HELD AT 4:00 PM IN THE  
DANIEL GARNETT ROOM

4. TRUTH AND REALITY: A PSYCHODYNAMIC-BEHAVIORAL  
INTEGRATION

Melvin Weiner, University of California, Davis  
Paul Wachtel, City College

We will discuss how truth (insight into the person's inner world) integrated with reality (the person's behavior in response to "real" slices of reality presented in the sessions) can implement the therapeutic process. We stress that just as it is important to bring therapy into the real world, it



is essential to bring the real world into therapy. Reality Integrative Therapy (RIT), a new therapeutic paradigm developed over the past 30 years, introduces a variety of innovative clinical methods which integrate reality into the sessions. A live demonstration and a videotaped therapy session will illustrate the approach. With the goal of enhancing reciprocity between discovery about reality and discovery about the self, RIT aims to help patients not only to get in touch with the conflicts and anxieties that are crippling them, but increasingly to develop the ego-adaptive mechanisms and reality-effective thought and behavior to overcome them.

#### 5. SUPERVISION IN INTEGRATIVE PSYCHOTHERAPY

UNIVERSITY CLUB

Carol Yoken, Northwestern University  
Marta Lundy, University of Chicago

We propose three principal goals for trainees in supervision in an integrated model: 1) learning a theoretical framework consistent with the model; 2) learning techniques of psychotherapy; and 3) developing a personal style of psychotherapy. The supervision helps a trainee learn how to think about theories and techniques, their integration, their credibility, and their differential explanatory power and utility in a given situation. An important part of the training involves the student's learning when to use a particular component and how to maintain continuity when diversity is inherent. Because of its comprehensiveness and flexibility, an integrated approach can be empowering for client and therapist.

9:00 AM - 10:30 AM  
GRAND A & B

PLENARY SESSION: SENIOR CLINICAL PRESENTATION

Arnold Lazarus, Rutgers University  
Stanley Messer, Rutgers University  
Ellen Wachtel, New York University

A point-counterpoint clinical dialogue between a behavioral and a psychoanalytic practitioner underscores fundamental differences as well as shared points of emphasis. In discussing a case treated by Lazarus, Messer selected "choice points" where he would have intervened differently, while also noting significant commonalities. Lazarus's rejoinders and Messer's rebuttals help to clarify areas of divergence and convergence by focusing on practical rather than philosophical and theoretical issues. Ellen Wachtel will discuss and coordinate audience commentary.

10:30 AM - 11:00 AM           BREAK

11:00 AM - 12:30 PM           MORNING PROGRAM

1. IS THERE INTEGRATIVE PSYCHOTHERAPY WITHIN THE BASIC-I.D.: A DIALOGUE \*

DANIEL GARNETT ROOM

Arnold Lazarus, Rutgers University  
George Stricker, Adelphi University

The multimodal approach of Arnold Lazarus has been described as entirely behavioral. Yet, a close reading of the author's prolific writings suggests that insight oriented therapy is woven into his behavioral treatment. George Stricker and Arnold Lazarus will discuss the evidence suggesting that integrative psychotherapy occurs within the BASIC-I.D. approach. Audience participation is encouraged.

2. INTEGRATIVE INPATIENT TREATMENT OF EATING DISORDERS \*

JOHN EVANS 1

Philip Levendusky, McLean Hospital, Boston

The Therapeutic Contract Program (TCP) is an integrative inpatient milieu model that has shown to be an effective approach to treating both anorexia nervosa and bulimia. Each patient's program reflects both interdisciplinary as well as multiple theoretical inputs. While the model relies heavily on a behavioral philosophy, it attempts to integrate analytic psychotherapy, various forms of group therapy, family systems interventions and physiological components of treatment. There is a clear recognition that the nature of the eating disorders psychopathology is multi-dimensional and hence an integrated multi-factored treatment program is necessary. Data demonstrating the effectiveness of a therapeutic contract program in the treatment of anorexia nervosa will be presented.

3. STRATEGIES FOR INTEGRATING PSYCHOTHERAPIES \*

GRAND A & B

Alvin Mahrer, University of Ottawa  
Nolan Saltzman, Bio Psychotherapy Institute,  
New York City

Al Mahrer proposes that there are six ways of integrating psychotherapies; three are doable and useful, the other three virtually impossible and

essentially useless. So, if you want to integrate psychotherapies, you had better follow the first three good ways and abandon the three bad (although rather popular) ways.

Illustrating these principles, Nolan Saltzman uses case material to explain how he integrates intensely emotional methods with psychodynamic, gestalt, cognitive, and behavioral elements. He discusses when these methods are efficacious and when not, and how to go about intensifying and/or complementing your present therapeutic approach(es) by eliciting and validating specific emotions.

4. DAVANLOO'S INTEGRATIVE TREATMENT APPROACH: A  
VIDEOTAPE ANALYSIS FROM MULTIPLE  
PERSPECTIVES \*

JOHN EVANS 2

Leigh McCullough, Beth Israel Medical Center,  
New York  
Leslie Greenberg, York University  
Don Levis, State University of New York,  
Binghamton

This panel will present Habib Davanloo's methods of short-term dynamic psychotherapy which will be shown to combine elements of learning theory, gestalt and psychodynamic orientations. Leigh McCullough will present two 15-minute segments of her own videotaped therapy sessions which demonstrated some basic techniques of short-term dynamic psychotherapy. She will then analyze each of the interventions from these different theoretical orientations.

Following the presentation, the other discussants will respond. Don Levis will comment from a learning theory perspective and Leslie Greenberg will comment from gestalt and psychodynamic orientations.

12:30 PM - 2:00 PM  
GRAND C & D

LUNCH TOGETHER

2:00 PM - 4:00 PM

1. DEPRESSION IN ITS PROPER CONTEXT: IDENTIFYING  
SUBTYPES AS A FIRST STEP TOWARD PSYCHOTHERAPY  
INTEGRATION \*

GRAND A & B

Leonard Horowitz, Stanford University  
Sidney Blatt, Yale University  
Paul Pilkonis, University of Pittsburgh  
Clive Robins, New York University

Before we can integrate therapeutic approaches, we need an objective

procedure that states a patient's "total problem" in a way that therapists of different theoretical persuasions could agree upon. Once articulated, we can then be clearer about the purpose and likely effect of a proposed intervention (independently of any theory of therapy). The members of this panel are all interested in depression and the various subtypes of depressed patients. Each subtype concerns a different class of problems that require specific treatment strategies. Whereas the intervention prescribed by a particular theory makes sense for one subtype of depression, it may fail to do so for a different subtype.

Leonard Horowitz will report two procedures for describing the broader problem identified in interviews with depressed patients. Paul Pilkonis will discuss personality prototypes among depressives. Themes of excessive dependency, excessive autonomy, or conflicts between the two are prominent in the literature on the relationship between personality and depression. Clive Robins will discuss his work on differentiating between two subtypes of depressed students. Sidney Blatt will discuss his work on subtypes of depression.

## 2. COMPREHENSIVE FAMILY THERAPY \*

DANIEL GARNETT ROOM

Diane Kirschner and Sam Kirschner, Institute  
for Comprehensive Family Therapy, Spring  
House, Pennsylvania

Comprehensive Family Therapy (CFT) offers a dialectical metatheory in which the family is viewed as a whole organism, with intrapsychic and systemic components in dynamic exchange. CFT includes a description of the process by which intrapsychic phenomena define the family system, which, in turn, redefines individual psyches. This interface between system and psyche is depicted in terms of not only the etiology and maintenance of psychopathology, but also psychological health and well-being.

Treatment, therefore, focuses on both interpersonal relationships and intrapsychic functioning. Goals include the remediation of presenting dysfunctions and the elevation of the family toward healthy psychosocial functioning. The clinical approach incorporates psychoanalytic, behavioral, and strategic/structural family therapy techniques, which are organized by a reparental strategy. The reparental strategy permits the therapist to elevate rearing, marital, and vocational transactions, while, at the same time, giving him or her deeper access to the inner world of each family member.

This workshop will provide an overview of CFT theory and examples of clinical applications. Didactic material will be supplemented with videotaped vignettes of actual sessions, and role play with participants in a highly interactive workshop format.

### 3. THE THERAPIST AS A PERSON IN THE THERAPEUTIC PROCESS \*

JOHN EVANS 2

David Orlinsky, University of Chicago  
 Barry Farber, Columbia University  
 Jesse Geller, Yale University  
 Marta Lundy, University of Chicago  
 Renee Rhodes, Columbia University

Although professional therapists participate in treatment primarily in terms of their professional role, they are also present as persons who have thoughts, feelings and reactions to what takes place in sessions with their patients. Their presence as persons has some degree of impact on the treatment they do, and the treatment they do has some degree of impact on them as persons.

This personal presence of the therapist in therapy is a common, indeed inescapable feature in all types of treatment, however variously the professional role of the therapist may be defined. Some therapeutic orientations would regard the person "behind" the therapist role as irrelevant to treatment, while others would view the personal involvement of the therapist as highly consequential. Furthermore, in some theoretical orientations the therapist's personal involvement would be viewed as a prerequisite for effective therapy, while in others it would be regarded as an unwarranted and undesirable intrusion.

The fact that the therapist-qua-person is common to all therapies, yet is a point of theoretical difference among them, makes it an important issue for exploration by clinicians and researchers with an interest in psychotherapy integration. The aspects of this issue that will be examined in this program are: 1) the therapist's personal involvement in the therapeutic process; 2) the personal effects on therapists (i.e., the "outcome" for therapists) of doing therapy; and 3) the impact on therapists of their own experiences as patients, especially as reflected in their professional work. The presenters will speak both as working therapists themselves and as researchers who have studied the experiences of their professional colleagues.

### 4. OPERATIONALIZING DECISION-MAKING IN INTEGRATIVE PSYCHOTHERAPY \*

JOHN EVANS 1

Malcolm Robertson, Western Michigan University  
 Susan Heitler, Rose Medical Center, Denver  
 John Norcross, University of Scranton  
 James Prochaska, University of Rhode Island  
 Robert Sollod, Cleveland State University

In order to fulfill the promises of psychotherapeutic integration,

integrative/eclectic psychotherapists must indicate how therapy is actually conducted, how the overall therapeutic integration can be implemented in specific, "trainable" procedures and strategies. The rationale underlying clinical decision-making as well as specific illustrative examples is presented for four separate examples of integrative/eclectic psychotherapy: individual therapy, marital/family therapy, psychosexual therapy and group therapy. Rules guiding sequencing of area of exploration (e.g., interpersonal, familial, intrapsychic) as well as type of intervention will be explored. Rules underlying the substitution or addition of other therapeutic modalities will also be considered. Commonalities and differences in strategies presented will be discussed.

4:00 PM                      BREAK

5:30 PM                      WINE AND CHEESE PARTY  
HERITAGE BALLROOM

Sponsored by Brunner/Mazel and SEPI

SUNDAY, MAY 3

9:00 AM - 10:30 AM  
GRAND A & B

PLENARY SESSION: SENIOR CLINICAL PRESENTATION

George Stricker, Adelphi University  
Herbert Fensterheim, Cornell University Medical  
College

Marvin Goldfried, State University of New York  
at Stony Brook

George Stricker will present a case that was seen from a largely psychodynamic point of view with some non-dynamic techniques incorporated. Herbert Fensterheim and Marvin Goldfried will discuss this case from a behavioral point of view and will indicate where they would have intervened differently.

10:30 AM - 11:00 AM                      BREAK

11:00 AM - 12:00 PM  
GRAND A & B

PLENARY SESSION:

WHAT'S STOPPING US NOW?

John Norcross, University of Scranton  
Iris Fodor, New York University  
Marvin R. Goldfried, State University of New York  
at Stony Brook

The psychotherapy integration movement has experienced unprecedented growth in the past decade; however, this growth has not been paralleled by serious consideration of its potential obstacles and future needs. This plenary session will delineate central conceptual and practical obstacles confronting integration today and generate some corrective steps to remediate these barriers. The obstacles are based on the presenters' personal experiences as well as the results from a mail survey of SEPI members. The intent is to offer constructive self-criticism and to chart some consensual directions as we approach the 1990s.

12:00 PM  
GRAND A & B

CLOSING REMARKS

George Stricker, Adelphi University

#### SESSION EVALUATIONS

We would appreciate it if you would complete an evaluation form after each session. These are available in the meeting rooms. If you desire CE credit for a Workshop, you must complete a session evaluation form as indicated in the section of this program entitled "INFORMATION REGARDING WORKSHOPS".

In addition, please fill out and return the overall conference evaluation form included in your registration packet.

Thanks to the Program Committee for their substantial efforts in creating SEPI III. They are:

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Washington, DC

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Denver, CO

John Rhoads  
Duke University Medical Center  
Durham, NC

Thanks, also, to the student volunteers who have contributed their time to the preparation for, and the coordination of, numerous conference activities. They are:

Sylvia Canetto  
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Evanston, IL

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