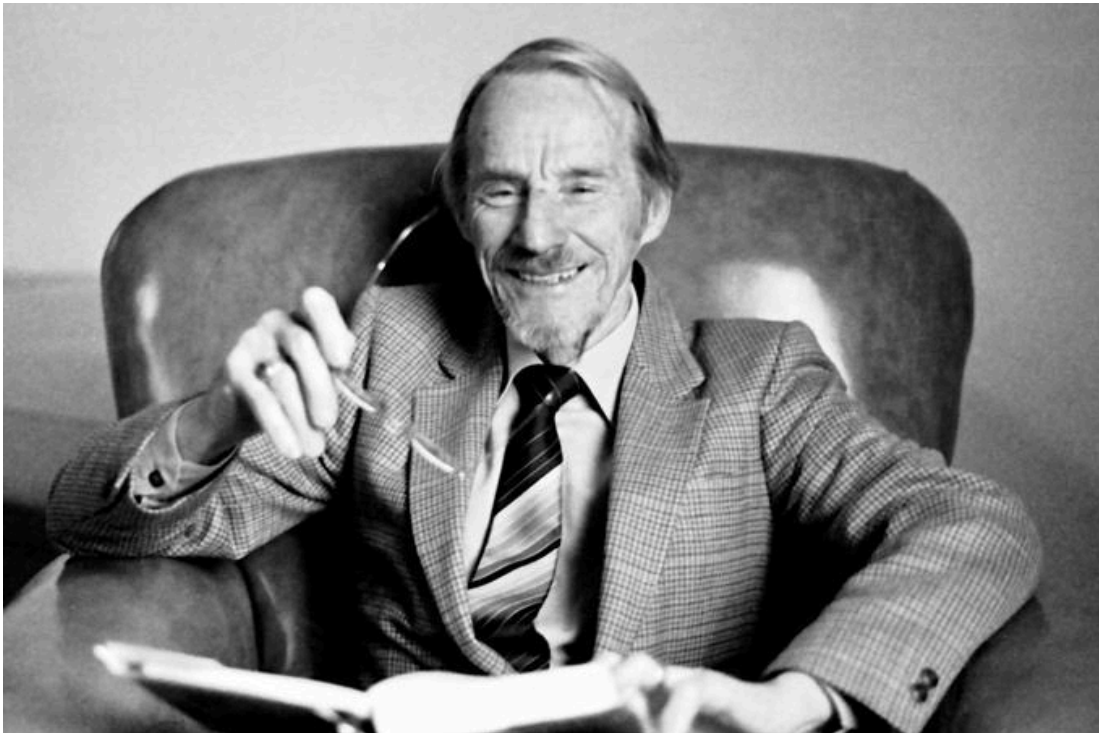


A HISTORY OF PSYCHOANALYSIS IN AUSTRALIA

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Although psychoanalytic practice in Australia did not commence until the early thirties, the effects of the new and controversial discovering of Freud were being felt here twenty years earlier. In his Biography of Freud, Ernest Jones reports a number of events that accord Australia a significant place in the early history of Psychoanalysis. In 1909, Freud reported having received a letter from Sydney telling him there was a group eagerly studying his work. A Dr Donald Cameron had established a little group and had lectured many times before various Societies on Psychoanalysis. Before acquiring a medical qualification in 1907, he had been a minister of the Presbyterian Church but had had to resign his position on account of his "Freudian Views". Jones notes this as "The first instance, but far from the last, of this kind of victimisation".

Two years later, at the request of Dr Andrew Davidson, who was the Secretary of the Neurological Section of the Australian Branch of the British Medical Association, Freud, Jung and Havelock Ellis were invited to read papers on Psychoanalysis before the Australian Medical Congress in Sydney in 1911. Freud's paper "On Psychoanalysis" was read before that Congress and was printed, for the first time, in the October 1989 issue of The Scientific Proceedings of the Australian Psychoanalytical Society.



Dr Roy Winn was the first analyst to practice in Australia. Returning to Australia after the First World War and after having some analysis in London, he worked as an analyst in private practice in Sydney for a period of some thirty years, in isolation, until 1962 when he retired. As early as 1930, Winn, who was Honorary Assistant Physician at Sydney Hospital, published a paper entitled "Psychology in Relation to Medical Practice" in the *Medical Journal of Australia*. This was followed in February 1936, when he was an Associate Member of the British Psychoanalytical Society, by an article in the same journal entitled "Psychoanalysis and General Practice". This paper provoked the most critical and scathing attacks on analysis, from a Professor of Medicine and another from a leading psychiatrist who was later to become the New South Wales Government Psychiatrist. In these attacks, psychoanalysis was described as the work of "quacks", and amongst many other scurrilous remarks it was claimed that "... the theory of Infantile Sexuality is the greatest libel that has ever been published about the human race:" One of the writers asserted that "... a scientific journal is hardly the place for such balderdash".

These remarks are expressive of the prevailing attitude of of the medical establishment of the time and of the alien environment Winn worked in during the early years. It might be added, however, that there was a minority interested and favourably disposed to psychoanalysis, for in the same journal referred to, two other prominent psychiatrists wrote to the Editor, supporting Winn and psychoanalysis. Despite opposition, Winn continued to speak up for psychoanalysis, and in March 1936 published in the *Australian Medical Journal* "Contributions of Psychoanalysis to General Medicine" and in 1940 "Psychoanalysis and Allied Forms of Psychotherapy".

In 1939 Dr Siegfried Fink, an Associate member of the Swiss Society, migrated to Sydney and. After spending some time working in State hospitals, in order to have his medical

qualifications accepted, Fink practiced as an analyst in Sydney until he died in the early sixties.

In the period before the World War Two, keen interest was shown in psychoanalysis, not only in Psychiatry but in the wider intellectual community. Educationists, churchmen, the judiciary, philosophers and psychologists had all been intrigued by the promise and the challenge the new “depth Psychology” offered. In Melbourne an enthusiastic group of supporters, including an Anglican Archbishop and a number of psychiatrists, together with the support of Roy Winn from Sydney, actively worked to support being made by Ernest Jones to enable psychoanalysis to migrate to Australia. As early as 1938, Jones had raised the possibility of six analysts from Europe migrating to Australia and New Zealand. Despite the support given by a number of influential people both in Australia and in Europe, considerable difficulty was encountered in obtaining government support and approval for displaced European analysts to enter the country.



As events transpired, none moved to New Zealand, and it was only possible for one of the six to come to Australia. That was Dr Clara Lazar-Geroe from Budapest. With the strong support of Dr Paul Dane, a psychiatrist, and the generous financial request made by Miss Lorna Traill, the Melbourne institute was established in 1940. Dr Geroe commenced work the following year. At the first, and for many years the only analyst in Melbourne, Dr Geroe was faced with a difficulty and lonely task, for although there were a number of keen and loyal supporters, establishing psychoanalysis and especially psychoanalytic training without the support of other analysts was a lonely pioneering task. The Board of Directors of the Melbourne institute from the beginning was comprised of interested psychiatrists with Roy Winn as the only analyst. This arrangement whereby known psychoanalysts were members of the Institute Board continued until 1964 when Dr Reynolds retired as Chairman.

Dr Geroe, from the outset, saw her major task as that of presenting psychoanalysis to a large and diverse audience with an interest in mental health. She addressed herself with vigour to this task and for many years a great many seminars were conducted for psychiatrists as well as for educationists and parents. Very early on she established a Child Guidance Clinic in which she was assisted by a number of lay people interested in the psychoanalytic approach. This clinic, which provided psychoanalytic services for those who were unable to pay, continued to function up to the early sixties, although its viability was reduced by the existence of a Commonwealth Health Insurance Scheme which provided cover for psychoanalytic treatment. The Clinic was finally closed in 1968 when it decided that analysts in training should take responsibility for the selection and management of their own cases.

Acting as a Training Analyst and being solely responsible for the development of training to the standard of Associate Member was, however, a most difficult task to demand of any analyst working in isolation, and for many years Dr Geroe filled this role despite the serious limitation of resources.

One of the arrangements made by those (notably Ernest Jones) encouraging Dr Geroe's migration, was that she was made a Training Analyst of the British Society. Another, which was in time, to create many difficulties, was an agreement that Melbourne was to function as a branch of the British Society. This arrangement was made so that whoever was trained in Australia, would, subject to certain conditions, become an Associate member of that Society. This arrangement was agreed to by the British Society and was regularly reported in that Society's Annual Report. It continued until it was challenged by the IPA in 1965. The conditions laid down by the British Society were that those candidates trained by Dr Geroe would, on her recommendation, and subject to their submitting a written clinical-theoretical paper on one of their analysed cases, be admitted to Associate Membership of the Society. This meant that for those analyst training in Australia, until the arrangements were rescinded in 1968, the only analyst, Dr Geroe, was responsible for their selection, analysis, teaching, supervision, assessment and, finally, for recommending them for election to Associate Membership. Such an arrangement would not, of course, be acceptable today in component Society of the IPA. However, it should be remembered that it was the only possible arrangement if training was to proceed in Australia. It should also be remembered that analytic training 50 years ago was far less sophisticated than it is today and that coming from Hungary, where the tradition of the personal analyst also being the supervisor, was standard practice, meant that this mixture of roles was not as alien to Geroe's way of working as would be to contemporary analysts. The continuation of these arrangements which became the acceptable mode of training in Australia was, in time to prove a great difficulty for Geroe and a source of considerable conflict in the Australian Society.

In the twenty years from 1941 when she first commenced training, Dr Geroe analysed many people, including a number of analytic trainees, but by 1961 however, only three had qualified as Associate Members. They were Drs Graham in 1952, Southwood in 1953 and Rothfield in 1956. Many others who had been in analysis with her for lengthy periods had to wait longer before they were approved by her for qualification. Dr Graham who had been initially been in analysis with Winn in Sydney and later moved to Melbourne, and Southwood, who had moved to Adelaide and commuted to Melbourne for part of his training, had both become Members, and in the late fifties, were both involved in the training scheme.

In 1957 Vera Roboz, who had trained in Budapest, moved to Melbourne. Her acceptance as an Associate Member of the British Society was delayed for 5 years until 1962, although she was active in analytic practice and the affairs of the Melbourne Institute all that time. Six years later she was admitted to full membership. She continued to make important contributions to the practice and teaching of analysis in this country until the time of her death in 1989. In 1949 Dr Andrew Peto, also

a Hungarian who was a member of the British Society, moved to Sydney. Although Peto was a respected Training Analyst, his medical qualifications were not accepted in New South Wales and despite representations from many quarters he could not gain acceptance. This was, ultimately, the reason for his departure from Australia in 1955 to take up an appointment in Albert Einstein University in New York, where he continued to practice until his death in 1986.

When Peto arrived, the Sydney Institute was established by a generous bequest by Roy Winn. The management of this Institute, unlike the one in Melbourne, was solely in the hands of psychoanalysts. The intention was to enable training to take place in Sydney, as the problem of distance between the capital cities was then, as is now, a serious handicap to training. Distances of 600 miles or more make it very difficult for the regular or frequent contact between analysts which is so important if the work of each other is to be understood and appreciated. It also creates serious difficulties for regular supervision. Peto's departure resulted in a lengthy delay before training on any scale could be undertaken in Sydney. During his stay, Peto did analyse a number of psychiatrists and medical practitioner but one of these, Dr Maida Hall, proceeded to full training as an analyst. Dr Hall, who subsequent to her training in Sydney spent some time in London where she gained her membership of that Society, was the first Australian analyst to practice Kleinian-oriented analysis. She unfortunately died in 1962.

In 1952 the analysts in Melbourne, Sydney and Adelaide who together totalled four, established themselves a group which they named "The Australian Society of Psychoanalysts" (a name that was retained until 1968), and which they described as sub-branch of the British Psychoanalytical Society. This organisation of course had no validity either the British Society or the IPA. Its members were simply Associate Member and Members of the British Society living in Australia without any corporate existence. That Society acted as the body of psychoanalysts in Australia and served as the organisation for conferences and scientific meetings, which from the early forties to 1967 were attended by analysts, students and interested psychiatrists. From 1965 until 1968 this Society of Australian Psychoanalysts was involved in working for the establishment of the Australian Study Group.

From the time Peto left Australia in 1955 to the early sixties there was little development in analysis, though regular meeting of the Australian Society of Psychoanalysts was held at which both analysts and students-in-training presented papers. After what had been hoped would be the start of psychoanalytical growth in Australia, Melbourne once again became the centre, as there alone was training available.

In Sydney, Institute meetings continued to be held which a group of interested psychiatrists attended. Janet Nield, who had been involved as trainee for a long period, initially in Melbourne, and whose qualifications as an Associate Member were not accorded until 1962, played an important role representing analysis through her teaching and supervision of psychiatrists and other therapists at the Children's Hospital in Sydney.

From 1963 onwards there was a progressive increase in the number of analysts. Prof Martin had returned from London, Dr Brookes, who had gained in Associate membership of the British Society, commenced practice in Sydney and there was an increase in the number of candidates qualifying from Melbourne. Prior to this happening, there were in Australia but 8 analysts, five in Melbourne, two in Sydney and one in Adelaide. As the members increased from 1973 onwards, ferment developed concerning the nature and hegemony of training that centred about Melbourne. There was a growing interest in broadening the base of training. This was linked with growing awareness in London that the authority that had earlier been accorded to Dr Geroe to train in the name of the British Society, was no longer defensible. In 1965 Southwood, who was at that time the President of

the Australian Society of Psychoanalysts, had discussions with the British Society on the matter. This was the beginning of the British Society's move to disentangle itself and to involve the IPA in the problem of training in Australia.

While there existed a considerable amount of friction in Australia about the role of a number of individuals and their involvement in the various discussions, the British Society arranged with the IPA to assume responsibility for training in Australia. This it did at the Copenhagen Congress in 1967, when it appointed a Sponsoring Committee to organise and establish the Australian Study Group. The members of this Committee were Dr F Wride, Chairman, Dr A Limentani, Secretary, and Drs Montessori, M Mitscherlich-Nielson, L Munro, L Rangell and Ilse Hellman.

In August 1968, Drs Limentani (London) and L Rangell (Los Angeles) representing the Sponsoring Committee, visited Australia. Agreement was reached between them and the members of the Australian group about future developments towards Provisional Society status, about broadening the training arrangements, the formation of a Curriculum Committee, and the need for a new constitution. The Sponsoring Committee revoked the earlier training arrangement and appointed a new body, The Training Committee in Australia (TCIA), which became responsible for training in Australia and answerable to the IPA through the Sponsoring Committee. The members appointed to that Committee were Drs Geroe, Southwood, Graham and Rothfield, Vera Roboz and Prof R Martin. Some months later Dr Brookes was invited by the Committee to become a member. The two representatives of the Sponsoring Committee not only appointed four new Training Analysts, Dr Rothfield, Vera Roboz, Janet Nield and Prof Martin, but they also heard presentations from a number of the Australian analysts, two seeking Associate Membership and four Membership. It should be noted that prior to this time it was necessary for an Associate Member wishing to gain full Membership to present himself, in person, before the Membership Committee of the British Society in London.

In 1970 Dr L Munro, another member of the Sponsoring Committee, visited all three States and gave valuable assistance to the newly formed Study Group. In that same year Dr Southwood resigned as President of the Australian Society of Psychoanalysts and was replaced by Professor Martin, who continued the organisational work required in preparation for the Australian Study Group's acceptance as a Provisional Society at the 1971 Congress in Vienna. He went on to serve as the Foundation President of the newly created Australian Psychoanalytical Society.

In the early years of the new Society's life, a great deal of time and effort was devoted to the task of reforming the Society's training procedures. There was still a great deal of opposition to the reforms that were being urged by the newer group. Much of the difficulty was, of course, linked with personal differences of outlook and theoretical orientation, which the difficulties of communication the long distances between centres heightened, and to the beliefs that the entrenched authority of the earlier group was being threatened and that there a deliberate attempt to prevent training taking place other than in Melbourne and Sydney.

The organisation of the new Society and the important role that training was to occupy meant that for a long time almost all of the attention and time of the Society was devoted to the issues of training and the establishment of standards. This, combined with the relatively few analysts available, meant that a great deal of authority was given to the Education Committee, which now took over, on behalf of the Society, the functions that had hitherto been carried out by the TCIA on behalf of the Sponsoring Committee. This Committee, which was elected by the Society, was responsible for all aspects of training. It thus had the difficult task of replacing the other methods with new ones, for designing and monitoring programmes in all three centres, for selecting candidates and for authorising their progress to Associate Membership. It also had the responsibility

for assessing and recommending Associate Members who sought to become Members and finally, for assessing and recommending for or against members wishing to undertake the analysis and supervision of candidates.

The work of the Education Committee was first of all to replace the previous system that had worked well enough in the past, but which lent itself to the charge of nepotism and which was so widely at variance with contemporary psychoanalytic training, with more democratic procedures. Its other task was to ensure that the standards of the Australian Psychoanalytic Society were firmly established and accepted. This inevitably resulted in some conflict of interest, for the understandable desire to increase numbers did, in one centre, post the threat that expediency would influence the standard of training in that centre. The Education Committee's action in asserting its right, on behalf of the Society, to decide on the competence of those who could train and on the viability of a centre's resources was strongly contested and led to a long-standing controversy concerning the autonomy of individual centres.

The Education Committee was faced with the invidious task of having to dismantle the earlier system, where the analyst had almost exclusive way in determining the candidate's future and of replacing it with a more appropriate one. In addition, it also had to struggle to preserve the right of the Society, rather than the separate centres, to determine training standards. Inevitably there arose many difficulties and very often feelings of discrimination when its decisions were unfavourable to the hopes of some individuals or groups. Some of these difficulties continued, and in later years resulted in one centre (Adelaide) in desperation seeking direct intervention by the IPA. This eventually appointed a Site Visiting Committee to investigate the problem. The work of this SVC and a second one which made its final visit in 1987, resulted in the restructuring of the Australian Society which is described below.

The first Site Visiting Committee, comprising Drs E Joseph, J McLaughlan and Prof R Moses was in 1983. Theirs was a difficult task for none of them was familiar with the history and culture in which the Australian Society had developed, the distances between the cities were considerable and the Society itself was divided. There were very few members at that time who did not hold very intense feelings about the nature and origin of the problem that had led to the visit of the SVC. Despite their very serious efforts to reconcile the differences, the Committee's efforts were not very effective. The majority of members of the Society were left with the feeling that the SVC had too readily reached its conclusion that the plaintiff centre had been badly treated, and that the Committee had failed to appreciate the efforts that had been made by the majority of the Society to find solutions to the problems. In the face of continued pressure, the Committee was unable to consistently maintain a point of view acceptable to the majority of members of the Australian Society. The problem, especially as it revolved around training and the claim for autonomy by one of the centres, continued, and in 1986 the IPA appointed a second SVC to further investigate the problem.

The Australian Society expressed its dissatisfaction with the composition of the first SVC and insisted that as the Australian Society had a long and continuous association with the British Society, the new visiting committee should include at least one representative from that Society. The IPA agreed with this demand and the second committee comprised Prof J Sandler (Britain) and Dr A Cooper (USA).

The task of the new committee was in many ways, easier than that of their predecessor. The membership of the Society was larger, and a substantial number of the new graduates and recent arrivals were unfamiliar with the past history, and consequently felt less interested and involved in the issue. Over the intervening years the older members had grown weary of the persistent divisiveness and conflicts in the Society and were eager for a solution to be found.

The new SVC approached the problem from a rather different standpoint from the previous one. They were intent on widening the issues from the initial problems of standards and the role of Adelaide in the Australian Society. They were concerned with a formula for power sharing, of increasing the membership and also the number of training analysts and of developing the scientific life of the Society. After lengthy discussions about the implementation of these proposals, the membership accepted the SVC's new style of organisation and proceeded to adopt a new constitution. A number of decisions which the SVC believed would resolve the immediate problem were taken. Analysts of the age of seventy were excluded from all standing committees of the Society and from training rights. A number of new training analysts were appointed and greater autonomy was accorded to local centres.

Under the new constitution which emerged from the work of the second SVC the Australian Society today operates largely as a federation of three branches to which responsibility for training has been devolved by the Society. Each branch has a considerable degree of autonomy although they are required to work within the training guidelines laid down by the Society and to coordinate their activities through a committee of the Society in which they have equal representation. In each of the three centres there is an Institute which is free to undertake any psychoanalytic activities it chooses other than training, provided these do not contravene the constitution of the IPA and that they don't conflict with the work of the Australian Society. This arrangement has meant that a great deal of psychoanalytic work, other than training, is now taking place in each city. This includes lectures, workshops, seminars and the provision of services such as supervision and clinical discussions for members of associated professions. Psychoanalysis today is well regarded by the psychiatric and psychotherapeutic communities. It is also increasingly being appreciated by the Universities. Much of this interest has been due to the work of the local Institutes, which, over the past few years, have introduced important public relations programmes.

The Society, which is governed by an elected executive, alone has authority to train and qualify analysts. It is responsible for all national decisions concerning analysis, for regular Scientific meetings of the Society and for publication of the Scientific Proceedings. Currently the existing organisation functions satisfactorily. Whether, in time, and with the inevitable growth in the membership, there will be a demand for the Branches to become separate Societies remains to be seen. Certainly, in a continent as large as Australia, where the distances between cities are comparable with distances between London, Rome and Copenhagen, the presence of a large number of analysts in any one city would create a demand for a separate Society that would be hard to argue against. At present, however, the degree of autonomy allowed each branch, and the relatively small membership has temporarily quelled separatist feelings. Although psychoanalysis in Australia has a long history, the growth of the Society was for many years slow. A combination of circumstances may be invoked to explain this but is certainly the case that isolation has been a very important one. The attraction for established analysts to migrate or for students to seek training is severely reduced if there is no established community of analysts present. There is now a large enough number of analysts in each of the three cities to attract new members.

Australia has one important feature that distinguishes it from other countries, and which is playing an important role in the growth and use of psychoanalysis. That is the existence of a generous Commonwealth Health Insurance Scheme. This scheme, unlike that in most other countries, covers the cost of analysis for the patients of medically qualified analysts except those who are in training, regardless of the frequency or duration of their treatment. Thus, apart from a nominal annual sum a patient with a medical analyst charging the scheduled fee is able to have an analysis of five times a weekly over a number of years and to have it covered by the scheme. This has undoubtedly made it possible for many patients who might not have been able to afford analysis to have one and has, in an important way, facilitated the growth of the Society.

The provision of Health Insurance cover for patients in analysis has not, however, been an unmixed blessing. A number of other difficulties have inevitably arisen. The most obvious one being the complications that develop in the relation between the analyst and the patient when a third party is involved. This is one that creates some difficulties for every medical analyst but in general has not been insuperable.

The fee charged by medical analysts, which is linked with that of other medical specialists, has however created a somewhat different problem for the non-medical analysts who make up 30% of the membership. These analysts, particularly junior ones, and non-medical trainees, sometimes experience difficulty in obtaining patients who can afford to pay a fee that approximates the medical fee. The scheduled fee charged by medical analysts for five times a week analysis amounts to a sum that is approximately the average adult weekly wage, hence few patients are able to or willing to pay that amount of an analysis with a non-medical analyst. Most non-medical analyses therefore negotiate a lower fee for their analytic patients and supplement their practices by providing briefer analytically oriented psychotherapy, where necessary.

There is, however, another side to this problem. Because medical analysts are able to treat a range of patients who, without insurance benefits could not afford analysis, they rarely have vacancies for new patients. As a result of this process the patients who are able to afford to pay for their own treatments are the very ones who seek analysis with non-medical analysts. In recent time there has been a marked increase in the number of non-medical persons, particularly women, applying for analytic training. If this trend continues and the proportion non-medical analyst in the Society continues to increase, it will be interesting to discover whether the number of patients who can afford treatment in their own right will be large enough for the present situation to continue. If it does not that could result in a change in the nature of non-medical analysts' practice which could, in turn change the nature of the Society.

As early as 1971 the Society was involved in a variety of discussions both internally and with psychiatric organisation and with Government instrumentalities about the issue of medical benefits. Initially there was considerable conflict between members concerning the proposal that the Government should be approached with the request that benefits for analysis should be paid to patients of all analysts, medical or not. Some anxiety was expressed at the time that such an application would not simply not succeed but would draw attention to the fact that psychoanalytic treatment is not exclusively a treatment provided by medical practitioners. There has been, however, in recent years an acceptance by the Society that benefits under a Medical Insurance Scheme will not be paid for non-medical practitioners and that it would be fruitless to pursue that matter further. While this view has been accepted by the membership there is still some underlying resentment felt by some of the more junior non-medical analysts and some students. Who, while doing precisely the same work as their medical colleagues, feel that they are disadvantaged financially because their patients are not eligible for health insurance benefits. However, this feeling is, in generally, mitigated by the knowledge that a government subsidised scheme does enable a range of patients from a wide socio-economic background to be analysed and that this greatly strengthens the demand for and the future of analysis in Australia.

Psychoanalysis in Australia today is now well established. Although the origins of analysis were very much in a particular Hungarian tradition, that orientation is now nowhere to be encountered. While there is on one clear style or theory of analysis being practised in the country, the influence of the British Society is clearly evident. Most of the analysts in the Society have either been analysed and trained by Members of the British Society resident in Australia or have themselves been trained in London. Just as in the British Society there is no single theoretical orientation, so too is that the case

in the Australian Society. Most of the members subscribe to a theoretical position based on object relations and are influenced in their clinical work by such British writers as Balint, Fairbairn and Winnicott while a smaller number are Kleinian in their orientation.

Psychoanalytic training which is available to medical graduates and to others with appropriate University degrees and relevant clinical experience, is spread over a period, on average, of five years. Candidates are required to analyse a minimum of two patients, five times a weekly, and to receive supervision on each case from an approved senior analyst other than their personal analyst. On the recommendation of their local branch, they are elected as Associate Members by the Australian Society. Training in child analysis, which has recently been introduced, is available to those who have already satisfied the requirements for Associate membership of the Australian Society.

Members and Associate Members of the Australian Psychoanalytical Society have equal rights within the Society, except that Associate Members are not eligible for election to the governing body of the Society (the Executive Committee) nor to be training analysts. Membership of the Society may be attained two years after qualification as an Associate Member and after providing satisfactory evidence to a small committee of senior analysts representing the Society of one's competence and that one is engaged to a substantial degree in genuine analytic work. Approximately seventy percent of the of the membership of the Society are full members. To be appointed as a training analyst, one has to be an experienced Member and to demonstrate one's analytic competence to an ad hoc committee of training analysts, whose findings are the basis on which the Training Appointments Committee recommends to the Executive of the Society, which makes the final decision.

The total membership of the Australian Society at the time of writing is 62. Of these, 26 belong to the Melbourne Branch, 26 to the Sydney Branch and 9 to the Adelaide Branch. The remainder reside outside the cities where there are branches of the Society.

Journals

The Australian Psychoanalytical Society has published since March 1962 a journal with limited readership entitled *Scientific Proceedings*. It is intended in the near future that this will appear as *The Journal of the Australian Psychoanalytical Society* and that the restricted readership will be abandoned. There is also the Journal of the Australian Psychotherapy Association entitled *Journal of Psychotherapy*. It is published by that Association and has appeared twice annually since it first appeared in 1982.