FROM THE PRESIDENT: COWBOY HATS, COUCHES, AND THE PERSISTENCE OF DIVISION 39

David Ramirez, PhD

On January 1, 2005, I began a two-year term as president of the division. This is a long stint, coming as it did on the heels of a year being president-elect and five years as treasurer. Somewhat daunted by the prospect of the position, I decided that my organizing principle for these years would be to have fun while trying to be effective. This talk is part of that resolution, prepared with the goal of being pleasurable for me, and hopefully for you, too.

This year is a very big deal; we’re 25 years old as an organization. The conference theme invites us to reflect on what we are and what we’re becoming. As this complex organization celebrates its 25th birthday, let’s consider our strengths and the challenges that lay ahead. But before doing that, I want to tell two stories.

Story number one: The Hat. You can see that I’m wearing a hat. I grew up in San Antonio, Texas, where cowboy hats were ubiquitous. From my childish perspective, certain kinds of people wore them: hicks. They typically grew up on farms, they were laborers, and in some cases, as in my extended family, they were migrant workers. For me, those who wore these hats were in every sense “other.” In my view, educated people didn’t wear cowboy hats. Given the emphasis on education as salvation in our family and that my fate, if my parents could make it happen, was to be an educated person, cowboy hats were not to be part of my sartorial repertoire. Besides, everyone agreed that the era of the cowboy was past, dead. I was no more likely to wear a cowboy hat back then than a behaviorist was likely to get psychoanalytic training.

Story number 2: Graduate School. About the time Division 39 was born, I began grad school in Texas. While I am deeply appreciative of the education and training I received, it is also the case that psychoanalysis and psychoanalytic psychology were presented as interesting ideas whose time had come and gone. Like the cowboy hat, the couch was a relic of that past, something even laughable. Several of my professors were apparently intent on helping us understand that the zeitgeist of clinical psychology did not include psychoanalysis. By the time I left for my internship at Temple University School of Medicine in Philadelphia in 1983, I was well schooled in the arguments that claimed to logically eviscerate a concept like the dynamic unconscious. Transference and resistance had been reframed and bore different names. As it happened, if I’d started two years later I would have been taught by a psychoanalytic interloper to my graduate program, Ricardo Ainslie, an active member of this division who went on to become director of the program. I left Texas for the East Coast with a certain mindset: No cowboy hats; no couches.

And then everything changed. In my internship year I was supervised by a psychologist, Tom MacDonnell, who’d been trained in something I’d never heard of: Modern Psychoanalysis. He got my attention with his highly interactive, experiential approach to supervision and therapy, his deep interest in emotions, particularly aggression, and his often
paradoxical approach to symptoms. He would talk about appreciating resistance, thinking of anger as a gift from the patient, mirroring, joining. What was all this? At the very least, this was a very different way of working; the work with him felt alive. My training took a radical turn at that point. An entirely new intellectual world unfolded; one that has carried me to this point.

Around this same time, I had the occasion to join my two younger brothers in the emotional project of cleaning out our parents’ home following their deaths. As we sorted through a lifetime of memorabilia and debris, we came upon our father’s cowboy hat. Like Goldilocks in her visit to the three bears, the hat visited each of our heads. Of the three, mine turned out to be “just right.” My brothers’ view was that since it fit me, I should take it. Especially since they didn’t want it. Do you agree this is getting interesting? Can the boy wear his father’s cowboy hat?

So I brought the hat home to Philadelphia. Every now and then I’d put it on and stare at my incongruous image, jarred by the sight, by how odd the whole thing looked. Eventually, I admitted that there was some pleasure in seeing myself in this hat. The hat reminded me of the social and cultural textures of my childhood, the dances, the food, conversations in Spanish, the wild abandon of kids playing while their parents busied themselves. Of times spent on my grandfather’s farm. Of picnics where most of the men were wearing cowboy hats. Of the poignant sadness of my divergent path.

I had rejected cowboy hats and all that they stood for; most of my graduate school professors had rejected psychoanalysis for me ahead of time, but when each of these things came to me and I tried them on, they fit.

So now back to Division 39. This organization exists because many, many people have put lots and lots of time into making it happen. It’s stayed vibrant and alive over these 25 years. We have an internationally recognized journal, and a newsletter so sophisticated it belies its signification as such. A few interesting facts: the division has over 3500 members, including psychologists, social workers, psychiatrists, international affiliates and students of all stripes. Our nine sections, each itself a sophisticated organization, encompass a broad range of clinical, philosophical and intellectual interests. Section IV, with 28 local chapters in the U.S. and Canada itself has some 4000 members. Many institutes, study groups and education centers have developed from the efforts of local chapter members. Within APA, the division has considerable clout. Not only do we have five council representatives, they are recognized as “go to” people by other council reps for leadership on many issues. Clearly, Division 39 is a professional home base at a grass roots as well as national level. Impressive results for a quarter century effort.

What next? Lots of things. Here’s another story: The Seekers. At Swarthmore College, we train five interns a year who come to us on the strength of our reputation as providing psychoanalytically-based supervision. They come to us in many cases with no formal coursework in psychoanalytic psychology. They are looking for something they cannot get (or cannot get much of) in their graduate training. They’ve heard about us from students ahead of them in their programs. They’re part of a kind of underground; they are seekers. We have something they need that they’re not getting. We are not unique in this; there are sites all over the country that are doing what we do.

The local chapters are also attracting those who are seeking to reflect on the nature of psychotherapeutic work and who are interested in being around like-minded people, other clinicians who want to talk about and think about their work in psychoanalytic psychology. Those with an intellectual interest as well as a practical interest. These seekers are on the outside looking in.

Our challenge is to provide an opportunity for those on the outside to be able to come in. We already do this to a great extent; and are working to become more effective in this regard. We have a vibrant and active Graduate Student Committee, an effective Membership Committee, an Education and Training Committee that’s actively involved in identifying resources such as internship sites and postgraduate training. Our Outreach Committee’s recent website launch provides a window on the world of initiatives taken by psychoanalytically oriented practitioners.

To the “Becoming” piece of the Spring Meeting’s theme is the work of the Task Force on Early Career Psychologist/Psychoanalysts. The charge to this task force is to see how the division can promote the careers of those younger psychologists, particularly those who are interested in academic careers, as well as identifying organizational barriers to membership and participation in the division.

All of us have a stake in the continued vitality of our organization. Add your voice to those who have come before. Think about the possibility of a 50th anniversary party!

Did You Know...

The last paper edition of the Division Directory was compiled several years ago. Since then, the Division has developed a website directory, which has the advantage of being brought up to date easily and cheaply. At the same time, the directory can only remain up to date if members continue to put their information into the database. It is very easy. Please go to the website, www.division39.org and check out your directory listing and make any corrections or additions needed to keep us all in better contact.
DIVISION PROGRAM AT APA CONVENTION AUGUST 18-21, 2005

THURSDAY, AUGUST 18

Relational Psychoanalysis: The Clinical and Theoretical Worlds of Relational Psychoanalysts
Bruce Ellman, MBA

Danger and Safety in Graduate Students’ Experience of Supervision
Claudia Pimentel, Linda Rudy, PhD, and Jonathan Slavin, PhD, ABPP

Fear and Loathing on the Couch: The Intersection of Managed Care and Masochism
Michael Krass, PhD

Conversation Hour: Neuropsychanalytic Perspectives in Rehabilitation for Individuals with Brain Injury
Michael Harvey, PsyD

Filling the Gap—Creating Volunteer Psychological Services for Military Families
Jaine Darwin, PsyD, Ken Reich, EdD, and Gerald Stechler, PhD

Finding Joy
Sandra Buechler, PhD

Poster: Attachment Style and Coping Strategies in Late Adolescence
Sylvie Marque, and Joanne Callan, PhD
Poster: An Object Relations Perspective of Later-Life Parental Divorce
Theresa Gagos, and Joanne Callan, PhD
Poster: The Embodiment of Absence and Presence in Adolescent Pregnancy Fantasies
Andrea Kornhauser
Poster: Narcissism, Self-Complexity, and Depression in Actors and Non-Actors
Cherry Morrier, Rebecca Curtis, PhD, and Oren Shefet

Conversation Hour: Committee on Sexuality and Gender Issues

FRIDAY, AUGUST 19

Implications of Learning Disabilities and Attention Disorders
Jay Einhorn, PhD

Gay People Who Have Children, Straight People Who Don’t: Psychoanalysis and the Improvised Life
Deborah Anna Luepnitz, PhD

Psychoanalytic Work in an Urban Psychiatric Emergency Room and Crisis Clinic
Belinda Bellet, PhD

Trauma and Change: Psychoanalysis and “Real Life”
Marilyn Charles, Judith Harris, PhD, Marilyn Charles, PhD, and Ruth Neubauer, MSW

Identity and the Celebrity Phenomenon
Sue Erikson Bloland, MSW

Integrating the Human-Animal Relationship into Psychoanalytic Practice
Mary Lou Randour, PhD and Lana Lehr, MSW

Effects of Global Conflict and War on Individuals, Families, and Societies
Robert Geffner, PhD

Minyan of Women—Family Dynamics, Jewish Identity, and Psychotherapy
Beverly Greene, PhD, Louise Silverstein, PhD, Andrea Weiss, PhD, Judith Glassgold, PhD, Sari Dworkin, PhD and Karen Wyche, PhD

SATURDAY, AUGUST 20

[Re]Turning to Freud in Contemporary Contexts
David Downing, PsyD

After Our Bodies Ourselves
Batya Monder, MSW, Nancy McWilliam, PhD, Judith Logue, PhD, Devon Charles, PhD, Deborah Blessing, Lynne Harkless, PhD and Kimberlyn Leary, PhD

Psychoanalysis When and Where You Least Expect It - Successes on the Local Scene
David Downing, PsyD, Tracy Nix, PsyD, Keziah Kallarakal, PsyD, Allen Oliver, MDiv, and Kathleen Colebank, MSW

SUNDAY, AUGUST 21

What Makes a Group Psychoanalytic?
Emanuel Shapiro, PhD, Albert Brok, PhD, Martin Livingston, PhD, Gladys Foxe, PhD, Andrew Eig, PhD, and Christine Kieffer, PhD

Applying Psychoanalytic Ideas: Society and Politics
Siamak Movahedi, PhD, Gohar Homayounpour, MA, Diana Semmelhack, PhD, and Larry Ende, PhD

Social Dramas, Private Realities—Intersections of the Individual and the Cultural in Adolescent Development
Ricardo Ainslie, PhD, Margaret Whilde, Emily Hall Ray, Elisabeth Morray and Jeb Fowler

Psychoanalysis in the Legislature—Licensing and Accreditation
Mary Beth Cresci, PhD, Laura Baranel, EdD, Fredric Perlman, PhD, and Laurel Bass Wagner, PhD

1CE Credits available for this meeting.
LETTERS TO THE EDITOR

This letter is in response to an abbreviated article published in the Spring 2005 edition of the Psychologist-Psychoanalyst by Norman Latov called, “Evidence-Based Guidelines: Not Recommended.” I found some of the issues this author raised troubling and misleading and I address them here.

In response to the position of psychologists from Division 12 of APA who maintained the view that only manualized treatments (sometimes labeled as evidence supported treatments) should be recognized and accepted as legitimate therapeutic interventions, Ron Levant, President of APA, established a Task Force on evidence based practice. This group (in which I am a participant) wishes to broaden the definition of evidence based practice. The Task Force’s idea is to recognize the relevance and usefulness of three streams of information—research, clinical expertise, and the unique characteristics and values of the patient. I am not sure that Latov is addressing the Task Force position because he does not mention it specifically. However, I am assuming he is aware of it because the issue of evidence-based practice has been prominently discussed in a number of recent issues of the Psychologist-Psychoanalyst. I fear that reading Latov’s article, people will conflate his personal reading with the Task Force view about evidence-based practice.

I say this because there is confusion in his article. He reports, “According to EBGs the only evidence that can be considered in recommending a test, procedure, or treatment is that from blinded control trials.” This is clearly wrong and misguides the reader. The Task Force is specific in valuing what he insists is not considered, “case series, case studies, expert opinion, etc.” In addition, when the Task Force addresses research evidence, it includes, process—outcome studies, effectiveness and efficacy research, individual clinical case studies, aggregation of case studies with patients having similar characteristics, etc., all of which Latov says is not acknowledged.

A misreading of the issues can readily occur. When people are seriously engaged with this topic, such a conflation does exist and many people believe that when “evidence” is mention they think only of quantitative data obtained in randomized control trials.

The Task Force position is in support of what Latov says when addressing clinical practice, although no one would understand that that from his statement, “In clinical practice, physicians need to make specific recommendations, based on the best available evidence, and their own clinical experience and judgment” (p. 21). Of course we need clinical expertise. We are not debating that. However, I also don’t think he is accurate about randomized control trials (RCT’s) either. Here such trials in medicine have lead to medicines that are reasonably safe and reduce the particular symptom under study. Would he eschew randomized clinical trials in medicine? I certainly would not as a consumer. (I have written an article in Psychoanalytic Psychology about evidence-based medicine and in it I spell out the limitations of randomized controlled studies. I am aware that the problems with extrapolating from RCT’s to the clinical situation are very problematic and this issue needs to be addressed as well. However, randomized clinical trials are not useless, rather RCT’s provide one source of information.)

His view of the history of medicine also leaves a lot to be desired. Although this is not my field, I am aware that until there were controlled trials in medicine, anecdotal experience carried the day. This produced hundreds of years of bad treatment that killed people, for example, bloodletting, cupping, and leeches. It is only experimental work that has raised questions about hormone replacement use for women. Based on this research, even if women continue to use HRT, they do so typically using reduced dosages or do not use it at all. How else do we know about the dangers of depressive medication for children and adolescents? If not for empirical research, anecdotally, many physicians would say they have found it useful. The fact that empirical work has demonstrated that in the long run talking therapy is more effective than medication is also important. I think “anecdotal” evidence is not what has advanced science. It is the testing of good hunches and finding them valid that made for progress in medicine. Latov mixes up the context of discovery with the context of justification.

Long ago, the well-known psychologist Paul Meehl (who was also a clinician, engaged in psychotherapy and had been analyzed and was sympathetic to dynamically oriented treatment), conducted a number of studies addressing the issue of statistical versus clinical prediction. He found that it was only in rare cases that clinical judgment was more effective than criteria established in a valid and reliable way for addressing the same issue under consideration. Thirty years of research after his 1954 book, he felt he could essentially maintain the same position. Here is a summary of his position, from an abstract of one of his more recent papers.

The vast experimental literature on human error agrees with history of medicine, folklore, and superstition in discrediting knowledge claims based solely on anecdotal impressions. Since clinical experience consists of anecdotal impressions by practitioners, it is unavoidably a mixture of truths, half-truths, and falsehoods. The scientific method is the only known way to distinguish these, and it is both unscholarly and unethical for psychologists who deal with other persons’ health, careers, money, freedom, and even life itself to pretend that clinical experience suffices and that quantitative research on diagnostic and therapeutic procedures is not needed. Disputes about philosophy of science (e.g., logical positivism) are irrelevant to this issue, [although this issue is typically raised by those clinicians who are opposed to the idea]
of experimental research] which is simply one of distinguishing knowledge claims that bring reliable credentials and others that do not. (Clinical Psychology: Science & Practice. 4, 1997, 91-98.)

I worry that Latov’s article might obscure and confuse, rather than clarify and illuminate the evidence based practice movement that the APA Task Force is trying to advance. For a more complete explication of my thoughts concerning evidence-based practice, please see my recent article, What Works in Psychotherapy and How Do We Know? What Evidence-based Practice Has to Offer. (Psychoanalytic Psychology, 22, 306-312.)

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A n article in a recent issue of The Psychologist-Psychanalyst claimed that the first psychoanalytic course to be sponsored by the APA Continuing Education Committee was offered at last year’s Honolulu APA Convention. This is simply not true. Others and I have been teaching daylong psychoanalytically-based courses regularly for at least 15 years! I will again be teaching two such courses at the upcoming Washington, DC Convention.

On Thursday, August 18, 2005 I will be teaching a 7-hour psychoanalytically-based course designed to meet the law and ethics requirements of most states, Facing the Challenge of Liability: Practicing Defensively. Most readers will be aware that the book by the same title (Aronson 2000, 2005) on which this course is based won NAAP’s Gradiva award for the “best psychoanalytic book of the year.” The central features of this practice and risk management course relate to the psychoanalytic conception of “regression to dependence.” The course addresses how clinicians can effectively and safely respond to fragmentations and false accusations that occur in the course of analytic therapy and demonstrates ways of conceptualizing, engaging and working through narcissistic, borderline, and psychotic transference–countertransference regressions.

On Sunday, August 21, I will teach an updated version of my signature course, Listening Perspectives and Relational Psychotherapy, based on my book Listening Perspectives in Psychotherapy that integrates the leading psychoanalytic approaches over the past century (Aronson 1983, 2003). My work is radically perspectival in that I demonstrate how crucial it is for a psychoanalytically-oriented practitioners to simultaneously hold a series of different developmental and theoretical perspectives in mind while listening to and engaging in the relational developments of the transference–countertransference matrix.

See you in Washington!

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Recently, in rereading my review, in the Summer 2004, Vol. 24 (3), issue of Psychologist-Psychoanalyst, of Jaffe, et al.’s (2002) book, Rhythms of Dialogues in Infancy, I discovered two significant errors that require correction. On p. 58, the review states, “Instead, all that is assumed is that mother’s vocalizations can be predicted from mother’s, and mother’s from infant’s.” This sentence should have read as follows: “Instead, all that is assumed is that infant’s vocalizations can be predicted from mother’s, and mother’s from infant’s.” Additionally, on p. 59, the review states,

They used their computer system to code the vocal interactions into four possible states (both parties silent, adult vocalizing with infant silent, infant silent with adult vocalizing, and both parties vocalizing), and from this coding, they were able to determine the duration of the sounds and silences—of the vocalizations, pauses (i.e., where the same person resumed speaking), and switching pauses (i.e., where the turnholder pauses and the other partner begins)—of each partner.

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Thank you for calling these corrections to the attention of readers.

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I was surprised to read Stephen J. Miller’s review of my Oedipal Paradigms in Collision (1998) in Psychologist-Psychoanalyst (Spring 2005) for at least three reasons; I appreciate the opportunity afforded me by the editors to present these thoughts qua response. First, I need to apologize to the memory of Hans Loewald—if one can, indeed, apologize to the memory of one so admired who is no longer with us. Dr. Miller notes:

Borrowing a term from Loewald, Covitz describes a five sub-phases development of object relations comprising the Oedipal period, which he describes as ‘an elemental view of the Oedipus complex’ (p xvi). By elemental Covitz/Loewald are referring to phenomenon that are a byproduct of individuation and identity formation; as opposed to ‘symbolic,’ which they see as a consequence of conflict over sexual and aggressive impulses. (p.51)
Loewald is, in any case, innocent of all charges! The term “elemental” was one that I chose to describe a certain current in Loewald’s view of the Oedipal, one that privileged interest in the structure of relationships over their symbolic meanings of whatever ilk—sexual, aggressive, attachment-related, etc. The assemblage of the five subphases was mine and not Loewald’s, though I feel uncomfortable that, at the time of writing, I was unaware of, and failed therefore to cite, Jessica Benjamin’s many parallel works (my only excuse is that I live, as this response to Miller might suggest, in a schismatic psychoanalytic world where members of different “churches” often profer no regard for each other). And finally, neither Loewald nor I offered up a view that these subphases “are byproduct of individuation and identity formation.” I did, indeed, relate them to problems with object—object differentiation and with what I considered a related matter, that of intersubjectivity. These are misrepresentations in Miller’s review that require correction.

Second, the essence of Miller’s argument reduces to: you disagree with me and therefore you are wrong. Briefly, as I present Miller’s apologia, I need restate a skeletal view of my own thinking in the volume, thinking which is well within accepted models for scientific presentation. I expend considerable efforts (Chapters 1-4) demonstrating Bennett Simon’s contention that he who shoots at the Oedipus Complex is shooting at a moving target, one that changes and is, at best, fuzzy about the boundaries. Scientific method begins with observation and mine was about a certain bit of theory. Miller (p. 51) calls this “a red herring,” as he cites Freud’s recognition of the complexity of the matter: 1) as if this settles the matter, and 2) as if I had not cited that passage from the Ego and the Id. Indeed, Freud’s recognition of the complexity of the Oedipus complex does not, and of itself, put the matter to rest and, indeed, I had quoted the relevant passages from not only the Ego paper which Miller cites but also from Freud’s later Dissolution of the Oedipus Complex as well as from works by a broad spectrum of psychoanalytic thinkers. And while I plead nolo contendere to Miller’s charge that my usage in English is “overly dense,” Miller presents something that I cited as if it were found anew in his review—an unacceptable scholarship, even if the result of a semantic slip.

On a related issue, Miller faults the volume three times for the paucity of verbatim clinical material. I don’t argue with this, though I was quite direct about the unacceptability of such an assemblage of the five subphases was mine and not Loewald’s, though I feel uncomfortable that, at the time of writing, I was unaware of, and failed therefore to cite, Jessica Benjamin’s many parallel works (my only excuse is that I live, as this response to Miller might suggest, in a schismatic psychoanalytic world where members of different “churches” often profer no regard for each other). And finally, neither Loewald nor I offered up a view that these subphases “are byproduct of individuation and identity formation.” I did, indeed, relate them to problems with object—object differentiation and with what I considered a related matter, that of intersubjectivity. These are misrepresentations in Miller’s review that require correction.

What seems to trouble Dr. Miller most strenuously, however, is captured in the following (p. 51): “Covitz’s model, from a Freudian point of view, guts the elucidating aspect of theory. It is precisely the sexual and aggressive impulses that result in the greatest anxiety, depressive affect, resistance and conflict. Covitz’s model serves to obscure … such motives.” (These are Miller’s italics; I feel like loudly querying: wait just one minute, Dr. Miller … my hypothesis, the one I chose to test, is that you might be incorrect! Is that inconceivable?) In any case, after mentioning Freud’s comments on the pervasive resistance to recognition of infantile sexuality (this introduction of my possible blindness to infantile sexuality, I would claim, is a red herring that is large enough, indeed, to swallow many a Jonah (and at least one Covitz)), Miller moves to closing: “…from my point of view, a contemporary Freudian point of view, Covitz’s premise limits and obscures the active mastery of intrapsychic conflict … with derivatives.”

But let me return to Oedipal Paradigms and its workings. After presenting a hypothesis that went against my training but was nonetheless thinkable (one needn’t have membership in what Eissler called the FBI, the Freud Bashers International, to believe in falsifiability and, therefore, to posit a sine sexualis Oedipus), I developed a method for conducting an informal meta-analysis of extant researches and carried one out (Chapters 7-9). At the close of my work (Chapter 10), I did indeed suggest that my hypothesis was more robustly supported than Freud’s but admitted that more work was needed and that my labors, which began in doubt would have to end in doubt. Dubito ergo cogito, Descartes offered: That I can doubt informs my sense that I can think.

This brings me to my third criticism about Miller’s review and some comments about reviews, in general. Miller writes as if he has a hold on “the Freudian point of view” and “the contemporary Freudian point of view.” As one who directed a Freudian training institution for twelve years and was a faculty member considerably longer than that, I consider myself something of a contemporary Freudian, as well—presuming, that is, that my offering and testing of hypotheses does not render me excommunicable under some indictment claiming apostasy against the Curae of some church. In my defense, by the way, were I so tried, I would offer nothing more than the volume, itself, which deferentially looks at Freud and his model and tests it against my own. My goal was to avoid deification, reification and crucifixion of a man whom I greatly admire and whose thinking, if different than my own on certain specifics, I continue to embrace. It was Freud, I like to remember, who on a Ringstrasse walk, commented to one of his loyal students: “Moi? Je ne suis pas une Freudiste!” (Reik, 1942). If the last Christian died on the cross, as Nietzsche complained, let’s hope that Freud was the beginning and not the end of a line of folk who can freely think about psychic functioning.
For these reasons, I claim that the center of Miller’s argument reduces to a very classical one that, in the end, is no more than: you disagree with me or my teacher and, therefore, you are wrong. This is, indeed, all the more surprising as I failed, in the volume, to univocally accept my own hypothesis—apparently even doubt can muster up a charge of heterodoxy in Miller’s contemporary Freudian world.

To move toward closing, I would offer up still another hypothesis: Kohelleth, the author of Ecclesiastes, was right in my mind: there is nothing new under the sun. Roger Williams was expelled from the Massachusetts Bay Colony for some kind of heresy, founded Providence Plantations and, within weeks, expelled folk from his own colony for sundry perfidies. One orthodoxy replaces another. Maybe the story of Oedipus, in the end, is in part about how each rebellious child joins the next generation of rebelled-against parents in a never-ending cycle of bellicosity. (As an aside, while Jones and certain others believed that the Oedipus is never quite resolved, Freud wrote about its untergang, about the possibility of its destruction and I, too, believe that the Oedipus, as I see it, can be transcended.)

If in the broadening of psychoanalysis—I say this as a grandfather hoping against hope for his four granddaughters and one grandson that less adversarial times are coming—we are to transcend partisanship, the manner in which we consider the works of others need be examined. I would hope that reviewers would adhere inter alia to the following general guidelines: 1) determine what it is that the work seeks to accomplish; 2) evaluate whether, within a general scientific model of observation-hypothesis-demonstration and further observation or whatever novel method the volume adopts, the work accomplishes what it set out to do; 3) make no claims to being a member of the sole singular group of Freudian heirs (the world of Islam is still shaking from blood-feuds over who should rightfully follow the Prophet); and 4) certainly articulate differences, if they are prominent, but separate out what the reviewer might have preferred from whether or not the work did, indeed, accomplish its own articulated task. Book reviewing is part of the scientific peer review process and not a sport!

I close with thanks to the editors for permitting me this opportunity to review the review and by citing the curious manner in which the Old Testament closes, outlining as it does the (Oedipal resolving) task of Elijah, the traditional harbinger of better days: “And behold I send to you Elijah the Prophet before the great and awesome day of God. And he shall return the hearts of the parents onto the children and the hearts of the children onto their parents.” Or else, Malachi finishes with a bang, “thorough devastation will follow.” Psychoanalysis would be well advised to so modulate its own partisan adversarialness and to embrace the richness of the multi-textured fabric that represents its present state of theoretical diversity.

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26TH ANNUAL SPRING MEETING

LOVE, DESIRE & PASSIONS: VARIETY, ENIGMA, AND THE DISRUPTION OF PSYCHOANALYSIS

APRIL 19 - 23, 2006 - LOEWE PHILADELPHIA HOTEL - PHILADELPHIA, PENNSYLVANIA

Love, desire, and passion are among some of the most enigmatic experiences for psychoanalysts to address theoretically, and some of the most disruptive in our clinical work. Various theories have attempted to make sense of these complex aspects of our lives. Due to this complexity, psychoanalysis has often either avoided such subjects or, in attempting to theorize them, has tended to oversimplify, resulting in a loss of the richness and multiple meanings of these experiences.

The advent of postmodernism has brought about the disruption of our sense of certainty across all aspects of theory and clinical intervention. During this fertile time in our history, some theoreticians have sought to highlight their differences from more established psychoanalytic orientations, while others have attempted to mute these differences, instead seeing a growing consensus between older and newer ways of thinking and working. Therapists of all psychoanalytic persuasions often feel passionately committed to their particular perspective.

We invite proposals on a broad range of topics, including but not limited to erotic life, desire and its deviations, attachment, gender identity, intimacy, sexual development, obsessions and compulsions, addictions, creativity, object choice, ideation, ideological and religious as well as sexual and romantic. We are also interested in the passionate exchanges and debates within psychoanalysis, particularly regarding revisions of psychoanalytic theory and practice.

FOR EACH SUBMISSION:

- Send four (4) copies of the proposal with a TITLE ONLY (omitting names). NO FAX SUBMISSIONS WILL BE ACCEPTED.

- Create a cover page containing: Your name(s), address, fax and/or e-mail, title of submission, and, for each author, his/her primary affiliation and a ONE-PAGE Curriculum Vitae.

- FOR PANELS ONLY: Submit four (4) copies of the following:
  a) A 150-word overview of the panel;
  b) A 350-word abstract for each paper.
In order to facilitate discussions between presenters and the audience, we strongly recommend that panels be limited to two (2) papers and a MODERATOR (versus DISCUSSANT).

- MEET THE AUTHOR has a delivery time of 50 minutes and requires a 150-word overview WITH name(s) INCLUDED.

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<td>150 words</td>
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<tr>
<td>Poster Session**</td>
<td>2 hours</td>
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* Please specify issues to be addressed in this informal format.
** The Core Planning Committee encourages graduate and undergraduate students to present their psychoanalytically relevant research.

NOTE:

1. All presenters must register and pay for the Conference. NO EXCEPTIONS. Please consider this when putting together your program.
2. Only three (3) proposals will be accepted per person. Scheduling decisions are non-negotiable.
3. Psychoanalytic Psychology has the right of *first consideration* for all papers and panels under the aegis of the Division of Psychoanalysis (39).
4. Please direct all questions regarding submissions to Conference Co-Chairs: Dennis Debiak, Psy.D., Ph.D. 610-690-2442 Email: ddebiak@comcast.net, Noelle Burton, Psy.D., Ph.D. 604-597-7708 Email: burtonnnm@yahoo.com

DEADLINE FOR SUBMISSION: POSTMARKED BY SEPTEMBER 9, 2005

SEND ALL SUBMISSIONS TO:
Division 39 Spring Meeting
c/o Natalie P. Shear Associates
1730 M Street, NW, Suite 801
Washington, DC 20036
Many Division 42 members may be familiar with this appeal recently sent around by Isaac Marks asking psychotherapists in this country to become involved in the project described below. Information contained here is only the first part of the document that is being circulated. The rest is given over to current work-in-progress, specifically nine examples of completed dictionary entries, with contribution from psychotherapists and psychotherapy researchers in Australia, England, Germany, Japan, Israel, Italy, Turkey, USA: Assertiveness training, Cognitive restructuring, Danger ideation reduction therapy, Experiment, Imago relationship therapy, Morita therapy, Motivational interviewing, Narrative exposure, Token economy. It also includes a list of terms that will likely become the core of such a dictionary. If anyone wants to view the entire document, please contact me at drmacg@bellsouth.net. The editor.

The Common Language For Psychotherapy Procedures (CLP) Project is the product of a Joint Task Force of European Association for Behavioural and Cognitive Therapy (EABCT) and the Association for the Advancement of Behavioural Cognitive Therapy (AABT), although other psychotherapy organizations and representatives are welcome. Task force members include EABCT members Stefania Borgo, Isaac Marks, Lucio Sibilia, and Mehmet Sungur; AABT members Michelle Newman and George Stricker (although see below); and Kate Moore. The principals and goals of the CLP Project are:

i) The absence of a common language for psychotherapy procedures leads different therapists to use different terms to describe the same procedure and/or the same term to describe different procedures. This often confuses professionals and clients. The EABCT and AABT therefore set up a joint Task Force to work towards a common language that is internationally accepted.

ii) The Task Force aims to develop a dictionary of psychotherapy procedures which can serve as a reference guide to encourage therapists from different schools to use the same terminology to describe the procedures they employ in their clinical practice.

iii) A common language would reduce confusion and facilitate the progress of psychotherapy towards becoming a science. It will focus on terms for procedures, not theory, while recognising that procedure and theory can be hard to unravel. It will briefly describe terms for a broad range of psychotherapy procedures in plain language. Each entry will describe WHAT therapists do, not why they do it.

All therapists are invited to contribute to the dictionary of psychotherapy procedures. Your contributions can take two forms: 1. You can suggest terms for procedures to add to the list on this poster. You can ask if you can submit a 1st-draft entry for your chosen term/s from the list below (or other terms) by emailing aileen@deakin.edu.au (Task Force secretary) and i.marks@iop.kcl.ac.uk (co-ordinator). If your submission, after editing, is agreed by the Task Force as a dictionary entry, your name will appear in the dictionary as its originator. Your request should include: a) your name; b) affiliation; c) email and d) postal addresses; e) phone number; f) procedural term/s you wish to define.

To give the dictionary a standard format, your 1st-draft-submissions to the Task Force should use the template in this poster’s 9 examples below, giving: a) your term for the procedure being defined; b) your name/s for publication, c) definition of the procedure, d) elements of the procedure, e) related procedures, f) how the procedure is applied, g) 1st known use of the procedure, h) up to 4 references including 1st-known use, and i) a brief case illustration (up to 450 words). Inquiries should be directed to Prof. Isaac Marks by email: i.marks@iop.kcl.ac.uk or post: 43 Dulwich Common, London SE217EU, UK

George Stricker has kindly offered his comments on this project:

Although I am a member of the task force, I am not in AABT, as listed. I did suggest that Isaac send the material to David Ramirez. My fear is the same as Karen Shore’s but with a different solution. If the project goes forward without our input, it will seem as though there is a common language, and psychodynamic terms are not listed. That’s why I wanted to be sure that our language is also included. I haven’t seen this as connected to any attempt to restrict practice, but merely to develop some more clarity about what is done by different groups, but the members are international, there never has been a meeting of the entire group, and I can’t be sure where it is heading. I just would hate to be left out of another effort.

This project deserves the careful consideration of our members and Dr. Stricker’s cautious endorsement is an important perspective. In his comment, he refers to Karen Shore’s expressed concerns and, in the following article, Dr. Shore expresses her objections, concluding that the CLP Project may pose a serious challenge to clinicians, especially psychoanalytic clinicians.
**Dream of a Common Language, Part II**

Karen Shore, PhD, CGP

One of my interests is in how authoritarian groups tend to limit freedom of thought and action. That is how I knew managed care was going to go bad in the early years, when people were telling me I was wrong and APA was telling us managed care was an opportunity for psychologists. The National Coalition of Mental Health Professionals and Consumers was founded in 1992 because none of the professional associations in any of the disciplines was willing to take a public stand against managed care. A few of us knew what was ahead and knew we needed to speak out against this industry and expose its intentions and actions. We did. We achieved some legislative gains and achieved influence on the professional associations so that they began to speak out against the industry. We did not succeed in replacing managed care with a better system, but we are still working on this. I wrote a little bit about the National Coalition here for the benefit of those who do not know why I have the perspective I have on the CLP Project.

The definitions and examples written in the document explaining the CLP Project serve to show some of the benefits of this project. To have one place to look up the vast variety of terms and phrases, many of which have very slight and subtle differences between them, would be helpful.

But that is not the only intention of the groups organizing this Project. My concern is that this “Common Language Project” is related to the Evidence Based Treatment (EBT) movement. Some of those involved in the CLP Project were also involved in the efforts of APA’s Division 12 Task Force to define acceptable psychotherapy research guidelines. Their original guidelines would have left psychoanalytic, feminist, and humanistic work outside the range of “evidence based treatments.” In the current economic and political environment in the U.S., this could be a very dangerous thing, indeed. Intervention by the National Coalition and the practice-oriented Divisions of APA (29, 42, and 39) liberalized Division 12’s guidelines.

The two groups forming the Task Force spearheading the CLP Project are the European Association for Behavioural and Cognitive Therapy (EABCT) and the Association for the Advancement of Behavior Therapy (AABT). EABCT’s website (www.eabct.com) states: “Our 36 member associations are committed to the empirically based principles and practice of behavioural and cognitive approaches in health, education and related fields both at an individual and a community level. They also share a common goal of developing the highest standard of clinical practice through the development of training, continuing professional development and evidence based practice.”

The goals of the CLP Project include: a) to find a common language for psychotherapy procedures that is internationally accepted, b) to encourage therapists from different schools to use the same terminology to describe the procedures they employ in their clinical practice, and c) to use the common language to “facilitate the progress of psychotherapy towards becoming a science.”

The aim of making psychotherapy a better “science” could bring a very restricted view of science and research, resulting in the marginalizing of psychoanalytic, feminist, and humanistic work. Restrictive definitions can become straightjackets. Strengthening the “science” of psychotherapy too much can remove the “art” from psychotherapy.

The aim of “encouraging therapists from different schools to use the same terminology to describe the procedures they employ” is not possible if you include psychoanalytic work. I do not think we can assume that some of the most important psychoanalytic “procedures” will be in the dictionary, as so many are so idiosyncratically individualized based on the therapist-patient pair at any particular moment in time, often so spontaneous. I know that I don’t “procedures” in my work, so I guess my work, helpful as it is to many (some of whom did not find what they needed from good quality cognitive-behavioral treatment) would end up outside the dictionary, outside of the more “scientific” research, and outside of “evidence-based treatments.” In fact, the work of most non-cognitive behavioral therapists could end up outside the limits of “best practices” and reimbursable treatments. It could, if some hard-line cognitive behaviorists have their way, end up outside of ethical guidelines, if ethical practice becomes defined as treatment that has been shown to be “empirically validated” or “evidence-based.”

George Orwell, in 1984, warned us that one of the things authoritarian organizations try to do is narrow the range of thought through the use of language. Recall Newspeak and the Newspeak Dictionary being written by Winston’s friend. Those in power worked to create a new dictionary, eliminating words they said were extraneous, which translated into eliminating words that meant “freedom.” In doing so, people would eventually not know of the concept of freedom, as there would be no language for it. It would be devastating if this “Common Language Dictionary” ended up narrowing the range of thought in such a way that psychoanalytic work can no longer be defined, described, or judged acceptable based on the words that remain to describe psychotherapeutic “procedures.”

This major effort could be a re-run of the Division 12 effort to define empirical research in psychotherapy, which would be devastating for psychoanalytic, feminist, humanistic etc., work. It seems like vigilance and protection of the less “procedural” therapies may again be needed to prevent any possible straightjackets on thinking and research. Beware, folks.

Dr. Shore is a Co-Founder and Past-President of the National Coalition of Mental Health Professionals and Consumers. She is also President-Elect of the Los Angeles Psychological Association. You may contact her at www.drkarensshore.com
The Art of the Ordinary

Henry M. Seiden, PhD, ABPP

Recently, I met an old friend and colleague. We were out walking with our wives on a Sunday afternoon. The talk turned (as it often does these days) to retirement. “Nah,” he said, “Not for me. I read where the average retired guy spends 46 hours a week watching television!”

We all laughed and I thought afterwards, that’s just how clinicians learn to speak: concretely, with an image, hopefully with a fresh image that bears an emotional freight—in this case a rueful joke. No elaborate explanation needed; no theory of the good life, of aging, of self-actualization. No need to sound like a book—in fact, we know it’s much better not to.

Early in my career I had a supervisor who would say much the same thing: “The art of the clinical,” he’d say, puffing on his cigar (which people still did in closed rooms in those days), “is the art of the ordinary.” Our patients don’t want theories, they want their experience addressed—and in ordinary language. What’s interesting to me as a sometime poet is that that’s what we want from poetry too. The great American poet William Carlos Williams famously recommended against abstraction in modern poetry: “No ideas but in things,” he insisted.

Philip Levine is a contemporary poet after Williams’s heart—and after my colleague’s and my cigar smoking supervisor’s and my own. I love the plain voice of his poems and the direct address and the location in salt-of-the-earth experience, and how, while grounded in ordinary things, his poems lift off into another dimension of emotional experience. Levine comes by his working class settings honestly. He was born in 1928 and raised in Detroit and worked in the auto plants and factories there before going on to poetry and professorship and acclaim. “What Work Is” is the title poem of his signature volume of the same name, which won a National Book Award in 1991.

What Work Is

We stand in the rain in a long line waiting at Ford Highland Park. For work. You know what work is—if you’re old enough to read this you know what work is, although you may not do it. Forget you. This is about waiting, shifting from one foot to another. Feeling the light rain falling like mist into your hair, blurring your vision until you think you see your own brother ahead of you, maybe ten places. You rub your glasses with your fingers, and of course it’s someone else’s brother, narrower across the shoulders than yours but with the same sad slouch, the grin that does not hide the stubbornness, the sad refusal to give in to

rain, to the hours wasted waiting, to the knowledge that somewhere ahead a man is waiting who will say, “No, we’re not hiring today,” for any reason he wants. You love your brother, now suddenly you can hardly stand the love flooding you for your brother, who’s not beside you or behind or ahead because he’s home trying to sleep off a miserable night shift at Cadillac so he can get up before noon to study his German.

Works eight hours a night so he can sing Wagner, the opera you hate most, the worst music ever invented. How long has it been since you told him you loved him, held his wide shoulders, opened your eyes wide and said those words, and maybe kissed his cheek? You’ve never done something so simple, so obvious, not because you’re too young or too dumb, not because you’re jealous or even mean or incapable of crying in the presence of another man, no, just because you don’t know what work is.

Poetry may start in the ordinary—but, of course, (like our own work) it wants to point to and to evoke more. “What Work Is” starts in the shape-up line on a rainy morning in Detroit but it goes on to evoke much more: big brothers and brotherhood and hard work and hopelessness and dreams and love and the embarrassment at tenderness in men who want to be men, and innocence and experience. Oh, that one of our own psychoanalytic interventions should be so fresh, so compressed, so powerful—and so beautiful!

Levine’s technique is interesting too, and not unlike our own. Note the “you” which shifts from a direct you who is other, as in “if you’re old enough to read this, you know what work is,” to a you which is inner, the I of the poem addressing himself. And in addressing himself he addresses the “we,” the outer, in a larger way and addresses all of us. As psychoanalysts our art too is to work back and forth from the interpersonal exchange to the inner dialogue to the outer again. And we work, as poets do, with the multiple implications of these parallels and transformations.

While the setting may seem simple, the emotionality of Levine’s poem is complex; the bitterness is mixed with rueful humor, the toughness is leavened by tenderness. Ambivalence prevails. His is a complexity and an unsentimental honesty to admire; this is the way life is—the way our lives and our patients’ lives are.

Continued on page 64
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Judith Alpert is this year’s recipient of the Division of Psychoanalysis Award for Psychoanalytic Scholarship. Dr. Alpert has written extensively in the area of trauma and the treatment of adults who were sexually abused as children and has been active in both the Division and APA. She currently is spearheading efforts to establish a Division of Trauma Psychology within APA. The editor.

Stephen King, for example: some of his childhood play and adulthood writing concern devastating death, train metaphors, and mechanical monsters. While King does not remember his childhood trauma, Terr explains that it sets the theme of his work. The childhood trauma: as a four-year-old child, King was playing on train tracks with a friend who was killed by a freight train. The mystery writer, James Ellroy, provides another example. His mother died a horrifying death when he was a young boy. He writes story after story playing with the details of his mother’s death and is unaware that he is doing so. It is only when Terr tells him and works with him on this that he is freed to write about other material.

A trauma story may be told from childhood play and from adulthood work. However, the stories do not tell exactly what happened. Rather, they tell us that there was trauma. They tell us that there is a need to rework and to understand. They tell us that the narrator feels culpable. And they tell us much more. They are stories of what they think may have happened. They are the stories they don’t want to know. They are both stories and obsessions.

In “Something Terrible Happened,” Dr. Alpert illustrates that “forgetting” begins early and that some children try hard to forget. Many, in part, succeed. Many forget and then remember. They do this simultaneously and consecutively, and they may do this consecutively—decades apart. Retention of verbal memories may be hazy, fragmentary, or nonexistent. Amnesia may even result. Even when there is verbal memory, it does not follow that the traumatic memory for repeated abuse is fully accurate or the abusive events are completely known. It is much more complicated than that. When the fragments are embroidered into a story, there may be some discrepancies. Forgetting and technical inaccuracies may begin in childhood and may have resulted from efforts to not know, efforts to protect, and honest errors in perception. There is a danger: the discounting of whole stories based on a technical inaccuracy. And while all of the abuse details may not be accurate, they are all telling. The story of abuse is a rather simple story. It is a story of betrayal, fear, misuse of power, and evil, and the dark and wrenching story almost always ends with fury, confusion, and psychic deadening on the part of the victims.

Sudden, fast, one-shot traumatic events can hold blemishes and omissions as well. Consider the adult who said that his mother was decapitated before his very eyes when he was a child. This traumatic memory tormented him. It occupied many of his nightmares as well as his waking hours. He remembered the rape and murder of his mother in tremendous detail despite the years that had transpired and his young age at the time. At some point, he was encouraged to ask his older brother what had actually occurred when his mother was raped and killed many years before. What he learned was that his memory was validated on most of the details. However, his mother was not decapitated. In fact, although she was raped and killed, she did not bleed. His older brother remembers that the rapist threw the young boy against a sideboard when he attempted to protect his mother. The boy bled from his forehead, and blood fell over his eyes. Apparently, from his bloody view, it appeared to him that his mother was decapitated. In this case, he received great relief to learn what had actually happened. I mention this story here to illustrate the altering of perception. Here perception was influenced by the boy’s sensory experience.

While this error occurred in input, there can also be error in memory storage or memory retrieval. Once the memory enters storage, it, too, can be altered by new information or by an alteration in emphasis. As an example: the boy above reads a comic book. From his reading, he learns that decapitation is painful. Overtime he may remember the comic book and confabulate the memory of his mother with that of the comic book victim. He may believe that his mother was decapitated by a chain saw, like the cartoon character. The memory can be influenced in the retrieval state as well. If he were told that his memory was false, he could relinquish the memory. However, while he might reject the memory, in all likelihood he would continue to know that something terrible happened.

An expanded version of the award paper will be published in Psychoanalytic Reflections on a Gender-free Case: Into the Void (Routledge, 2005, E. Toronto, G. Ainslie, M. Donovan, M. Kelly, C. Kieffer, and N. McWiliams, Eds.).
Adam Phillips, our closing Keynote speaker, is a real disappointment. Sure, he has written *On Tickling, Kissing and Being Bored, Terrors and Experts, The Beast in the Nursery* and *Houdini’s Box*. But here in America he has failed on many counts to be what we would have him be.

He blasphemously writes of psychoanalysis as if it were just a way of thinking and talking, not as a science. I would sooner describe him as a pastry chef than as a scientist-practitioner. Indeed, I am under the impression that he has failed to participate in one iota of empirical research. And he neglected to request a PowerPoint set up for this Keynote presentation. Never in his multiple books and other publications does he provide a clarifying chart or numerical table. The sum-total of Adam Phillips’ contribution is most certainly not empirically validated. You would think that a smart guy like this could have taken the time. Does he even use email? No. I think we’re just about done here.

But there’s more: Mr. Phillips doesn’t have the doctorate we wish someone making such interesting and important contributions to our literature to have. (This singularly American wish was apparently so strong that remarkably, he was automatically granted multiple PhDs in the program whether he likes it or not. If you don’t believe me you can try this at home: type the name Adam Phillips on your computer and your word processor will automatically add a PhD at the end.) Don’t you think Mr. Phillips could have had the common courtesy of stopping in at an APA accredited graduate program to do a semester of statistics and toss off a dissertation? Why does he have this intractable fixation with his own idiom?

Adding insult to injury, this rather young man has the nerve to preside over the re-translation of Freud. Then he fails to abide by the common practice of having a single translator, instead dividing things up amongst a bunch of literary scholars interfering with our pursuit of one true Freud. And to make things worse, the translators that he has used are probably not Division 39 members or even psychologists. Hubris, I say.

His writing, while admittedly interesting and engaging, almost completely fails to make things simply clear; he persistently undermines our understandings as he creates them. Very clever. I, personally, can only manage to read about five pages at a sitting (but I admit to many such sittings). My American mind seems to get tired.

Regarding the matter of analytic technique, Adam Phillips doesn’t take a singular position on what to do with the patient, doesn’t tell us how or what to interpret, doesn’t tell us how much of our countertransference we should expressively engage or internally metabolize. He seems to have systemically made it difficult to call oneself a Phillipsian. (But we shall have to wait and see what becomes of this evasive effort since, at an earlier time, there wrote another profound, psychoanalytic author who wished not to acquire a school of followers—his name was D. W. Winnicott—and we can see what became of that.) Speaking of Winnicott—who has, undoubtedly been an influence for our speaker—many have observed that one of the special things about reading Winnicott is that through his writing he was able to create in the reader a kind of dreamlike state where fantasy and paradox are brought experientially into the foreground. I think that reading Adam Phillips is dreamlike, but it’s rather like having a lucid dream; fantasy and paradox are perceptively foregrounded, but there is an added dimension of an actively aware and engaged mind which is trying to think about it all, trying to understand it and trying to be aware that this is all but a dream.

In any case, one of my dreams was to bring this brilliant thinker to the conference that the Steering Committee and I planned. I am very pleased that, despite all limitations, Division 39 proudly presents Adam Phillips at our 25th Anniversary Spring Meeting. His talk is entitled, “What’s New?: Freud’s Modernism.” Please join me in welcoming him.
Section IX Award: Robert Jay Lifton

It is, indeed, a pleasure and a privilege on behalf of the Board and Membership of Section IX to present our Psychoanalysis for Social Responsibility award to Dr. Robert Jay Lifton for his many years of dedication to research, writing and activism, much of which has centered on life and death issues emanating from the extreme social situations of our era. Our section’s interest in a socially engaged psychoanalysis is embodied in Dr. Lifton’s life and work.

Currently a lecturer in psychiatry at Harvard Medical School and Professor Emeritus at City University, New York, Dr. Lifton was previously the director of the Center on Violence and Human Survival at John Jay College of Criminal Justice at City University of New York. Before that, he held the Research Professorship of Psychiatry at Yale University for more than two decades. A native New Yorker, Dr. Lifton attended Cornell University and received his medical degree from New York Medical College in 1948. After finishing his psychiatry residency, he served as an Air Force psychiatrist in the U.S., Japan and Korea from 1951-55. His military assignment gave him a welcome opportunity to know Japanese culture first hand and to develop his first research study on the effects of thought reform, among whom were GI’s returning from North Korea after having been in Chinese communist custody. This study represented his initial exposure to what would become a thematic interest over the course of his career in the psychological impact of adverse historical events. His subsequent research would include not only those who have been victim–survivors but also perpetrators, such as the Nazi doctors, of war or crimes against humanity.

Dr. Lifton’s book, Death in Life: Survivors of Hiroshima, which received the national Book Award in the Sciences, emerged from his deep concerns in the early 1960s about nuclear weapons. His interdisciplinary approach was influenced by Eric Erickson’s work in psychoanalysis and Margaret Mead and Ruth Benedict’s work, among others, in anthropology. Dr. Lifton’s groundbreaking study of the survivors of the first atomic attack in world history saw him develop the idea of “psychic numbing” as a defense he would come to recognize as having both pathogenic and adaptive functions. The study of Hiroshima survivors, based on lengthy interviews, was informed by what he calls a tripartite idea: “They were creatures of the immediate historical process that had brought me to them; at the same time, of a cultural tradition and a long cultural history which made them the kind of people that they were in many ways; and they were human beings, and in that sense had universal psycho-biological struggles.”

This understanding of the complex constituents of human experience has informed all of Dr. Lifton’s wide-ranging research and writing. It led to important scholarly and activist developments as well: Dr. Lifton was a founder of the important new field of psychohistory and has held pivotal leadership positions in organizations such as Physicians for Social Responsibility, an organization that has worked against the threat of nuclear war and on behalf of peaceful resolution of international conflict.

Robert Jay Lifton has given us many studies that explore the historical, psychological and social factors underlying the human propensity toward destructiveness on the one hand and the capacity for connectedness and resilience on the other. Through his investigations of individuals who have experienced different kinds of “encounters with death” provoked by social events, he has concluded that survivors can close down and remain numbed and incapacitated by what they have experienced or can confront it and derive insight and even wisdom that can inform the rest of their lives. Having made the study of the survivor a leitmotif throughout his work, his pioneering research and publications have been invaluable to scholars and the general public as well. The reach of his interests is staggering, and his more than 20 books include: The Nazi Doctors: Medical Killing and the Psychology of Genocide, in which he developed the psychological concept of doubling, and which won the Los Angeles Times Book Prize for history in 1987; Home from the War: Vietnam Veterans – Neither Victims nor Executioners, whose 1992 edition contains an epilogue on the Gulf War; The Protean Self: Human Resilience in an Age of Fragmentation; and most recently, Superpower Syndrome: America’s Apocalyptic Confrontation with the World, in which he explores the contemporary manifestations of apocalyptic destructiveness in cults and political movements, but most especially in the ideology and policies of the U.S. government.

Over the past three decades, Dr. Lifton has received a number of honorary degrees as Doctor of Humane Letters or Doctor of Science from universities throughout the country. He has been the recipient of more honorary awards than we have time to mention here—suffice it to say that from 1970 through the mid-1990s, his research and books have been honored by the American Academy of psychoanalysis and the Society of Medical Psychoanalysts. His work on themes related to the Holocaust and the nuclear threat has been formally recognized by a variety of medical and scholarly societies and institutions worldwide.

Section IX enthusiastically recognizes Robert Jay Lifton as a model for our own commitment to a socially engaged psychanalysis, reflected not only in his work but in the sensibility and perspective that he brings to it. When recently asked how he might summarize lessons drawn from his extraordinary contributions to our understanding of the human ability to survive as well as our capacity to do evil, Dr. Lifton responded:

[Evil] seems to be all too frequent, all too readily called forth, and people all too readily socialize to it or are able to adapt to evil. At the same time, I’ve also seen the other side of it, survivors able to bring knowledge from their ordeal, recreate themselves with the help of others and with the help of love around...
them...so I would say for me, and I consider myself neither an optimist nor a pessimist, but to simply confront and make my way through these dreadful events is an act of hope...and I think all of us have to work to combat these events and take steps to prevent their recurrence in some kind of spirit of hope... [And commenting on his approach to his work, Dr. Lifton continued, ]You look into the abyss, but you don’t want to be stuck there. Otherwise your imagination is deadened and defeated by the very event you’re studying. So you want to look into it in order to see beyond it. If you don’t look into it, you are ostrich-like. If you get stuck there, you’re incapacitated. So you want to look beyond it to other human possibilities.

In light of the challenges that face us in this ever more dangerous world, Dr. Lifton’s courageous attitude serves us all as a model for living our lives, continuing to maintain an ethical attitude toward our work and assuming an activist stance as citizens committed to making a better world possible. On behalf of Section IX, I am delighted to present this award to Dr. Lifton for his inspiring wisdom and resilience.

SECTION V: AWARD FOR CONTRIBUTIONS TO PSYCHOANALYSIS:

DONNEL B. STERN

At the Section V Reception during the meetings at the Waldorf Astoria, President Elgan Baker announced the creation of a biennial award for Contributions to Psychoanalysis. The award, an inscribed brass plaque and check for $1,000, was presented to Donnel B. Stern. In her presentation to Dr. Stern, Ghislaine Boulanger read from the inscription on the plaque: The Section V Award for Contributions to Psychoanalysis is given to the psychologist-psychoanalyst who has advanced psychoanalytic discourse among psychoanalysts of different orientations. In 2005 the award goes to Donnel Stern whose exploration of unformulated experience as it is manifest in dissociated self states offers psychoanalytic clinicians new ways to understand and to access their own and their patients’ subjective experience in the course of their clinical work.

Dr. Boulanger continued, “Our Section V Mission Statement in part reads, ‘We think that psychoanalysis should be a discipline of inquiry not an orthodoxy of belief. That is, that our work, on both the theoretical and the clinical level, is distinguished by the questions being asked and not by the answers which may seem to have been found.’ We believe that Donnel Stern’s written work, his work as an editor and as a psychoanalytic commentator, his work as a teacher with students and with supervisees, and, I am confident, his work with patients embodies this spirit and that is why we are giving our first biennial award for Contributions to Psychoanalysis to him. Congratulations, Don.”

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reflecting on the future of psychoanalysis:
mentalization, internalization and representation

Anthony Bateman | Sidney Blatt | Philip M. Bromberg | Susan Coates | Diana Diamond
Peter Fonagy | Glen Gabbard | Gyorgy Gergely | Karen Gilmore | Elliot Jurist
Otto Kernberg | Kimberly Leary | Linda Mayes | Stephen Seligman | Arietta Slade
Miriam Steele | Donnel Stern | Mary Target | Steve Tuber | Paul Wachtel | Lissa Weinstein

The psychoanalytic world is changing. One of the most exciting new developments has been the introduction of the terms “mentalization” and “reflective functioning” by Peter Fonagy, Mary Target, and their colleagues. The purpose of the conference is to consider the degree to which these new terms have changed the way psychoanalysts think about internalization, representation, and other central contemporary psychoanalytic ideas. How are the concepts of mentalization and reflective functioning related to psychoanalytic constructs? How are they distinct? What do these constructs add to questions of theory and technique? How do they change the way we work with patients? Have these constructs changed the landscape of psychoanalysis in meaningful ways?

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SECTION I PANEL: WORKING WITH SELF-DEFEATING AND SELF-PUNITIVE MANIFEST CONTENT

PRESENTERS: Stephen J. Miller, PhD, ABPP  
Ruth Imber, PhD  
Nasir Ilahi  

DISCUSSANT: Arnold Rothstein, MD  
MODERATOR: G. Michael Kampfcsaefer, PsyD, ABPP

This Spring’s Section I Invited Panel looked at the ubiquitously encountered phenomena of self-defeating and self-punitive behavior from three major psychoanalytic points of view. Dr. Miller’s paper, “Reality, Conflict and Self-Punitive Trends,” presented from a contemporary Freudian perspective, highlighted the interaction between the actual characteristics of the Oedipal father’s personality and the son’s need to emphasize his qualities of sternness and exactitude in order to satisfy hostile–competitive wishes and defend against negative Oedipal ones. He emphasized the importance of taking into account the shaping role of parental features, without neglecting the crucial contribution of the Oedipal child’s unconscious motivations. In this successful analysis of a success inhibition, the patient was able to increasingly appreciate his need to emphasize negative features of his father’s personality in order to defend against Oedipal wishes unconsciously gratified by experiences of success and inhibition of success. Working through in the transference diminished the analysand’s punishment anxiety and consequent castration depressive affect, enabling him to enjoy his aggressive-competitive feelings in his more successful professional work.

In “Relational Treatment of Self-Punitive Trends,” Dr. Imber, presenting from an American relational perspective, explained that while she sees Freud’s concept of unconscious guilt as a formidable motivation in self-defeating behavior, masochism itself is not a useful concept from a relational perspective. Nor is guilt necessarily tied to the Oedipal ones. He emphasized the importance of taking into account the shaping role of parental features, without neglecting the crucial contribution of the Oedipal child’s unconscious motivations. In this successful analysis of a success inhibition, the patient was able to increasingly appreciate his need to emphasize negative features of his father’s personality in order to defend against Oedipal wishes unconsciously gratified by experiences of success and inhibition of success. Working through in the transference diminished the analysand’s punishment anxiety and consequent castration depressive affect, enabling him to enjoy his aggressive-competitive feelings in his more successful professional work.

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In his discussion, Dr. Rothstein observed that practitioners’ attributions regarding the outcome of treatment are invariably influenced by their idealization of a point of view, such that if the treatment is successful, responsibility is attributed to correct understanding, interpretation or action by the analyst. If the treatment is difficult or fails, the analyst shifts from a psychoanalytic orientation to a “psychiatric” one, which results in labeling the patient as “primitive,” “borderline,” etc., Instead, the analyst should take more responsibility for the outcome and remain analytic. He also advocated a return to a more practical psychoanalytic classification of patients similar to that of Freud’s in his paper “Some Character Types Met With in the Course of Psychoanalytic Work,” and mentioned that he had offered his own schema in his latest book.

Dr. Rothstein began his discussion of Dr. Imber’s paper by identifying it as clearly relational in orientation while attempting to integrate aspects of classical theory. For example, she retained a Freudian view of unconscious guilt as one important factor involved in self-defeat, but tied it to the patient’s fantasies of the consequences of separation rather than an unconscious wish for punishment. He observed that critics of Freud often address the “experience distant” aspects of his theory while ignoring the value of those more “experience near.” Further, they tend to address aspects of his first two models rather than the final model of 1923 and 1926, in which he shifted his emphasis from mere drive satisfaction to include the “relational” dimension of unconscious guilt, tied to the wish to preserve the ego’s “tender relations.”

Dr. Imber responded by noting that the “experience near/experience distant” dimension only came into psychoanalytic parlance with the work of Heinz Kohut. Relational ideas are
more incorporated into mainstream psychoanalysis now. However, historically, they were treated as heretical. In her opinion, we need to give up the idealization of Freud, without devaluing his contributions. Dr. Rothstein responded by saying that not only do we need to de-idealize Freud, but also the “new and different.” Only by learning from each other, rather than emphasizing differences, can our work really evolve.

In responding to Mr. Ilahi’s paper, Dr. Rothstein asked if his view of his patient as “primitive” could have reflected a countertransference response to the frustration of working with such a difficult patient. Second, he wondered whether Mr. Ilahi thought the patient’s pervasive masochistic organization could have included a narcissistic component, consistent with the contributions of Bergler and Eidelberg (i.e., a fantasy of controlling the object). In his response, Mr. Ilahi commented that to refer to more primitive kinds of mental functioning was not necessarily to “label” the patient, but rather to understand what is going on. He also stated that he was using the term “fantasy” in the sense of “phantasy,” meaning something more somatic and basic in terms of an attack on the linking of thought with affect. He finds it useful to think of patient’s as having healthier and sicker sides, and views classical theory as pertaining more to the neurotic rather than psychotic levels of disturbance.

Dr. Miller ended the panel discussion by expanding on the subject of the idealization of points of view that Dr.’s Imber and Rothstein had brought up. He observed that idealization of a point of view or theoretical bias is hardly ever expressly acknowledged as a motivation in theoretical debates, although it is ubiquitous.

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Michael Kampschaefer

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**SECTION IV PANEL: PSYCHOANALYTICAL MANAGEMENT OF THE INDUSTRIALIZED HEALTHCARE MATRIX**

**PRESENTERS:** Patrick B Kavanaugh, PhD  
Ivan Miller, PhD  
Gary Walls, PhD

**CHAIR:** David L Downing, PsyD

In the commemorative spirit of the spring meetings, Patrick Kavanaugh, in “A Fly in the (An)-Ointment of Psychoanalytic Education: Genuflection or Reflection?” looked backward in time to consider our traditions and philosophy in education, and looked forward in time to propose an alternative vision for psychoanalytic education. Looking back in time began with the actions of the training committee of the Berlin Society in the winter of 1923-24, which, at once, imposed standards and regulations on the learning activities and experiences of the candidates, and introduced a religious dimension into psychoanalytic education that required the candidate’s faith-based trust in the Institute’s oversight and wisdom and in the science and pathology-driven values of its learning community.

Given the Psychoanalytic Consortium’s adoption of national healthcare accreditation standards in the summer of 2001, psychoanalytic education continues into the 21st century as a quasi-religious process of anointment which, at the same time, seems to be the fly in the ointment in the Institute model of education. Continuing psychoanalytic education in the faculty-centered tradition for the next quarter century, it is advanced, serves to perpetuate the current crisis in psychoanalysis and to actively participate in its continuing decline. Is this the time for genuflection or reflection?

Looking forward in time focused on preserving a space for education outside of a healthcare matrix. The creative rethinking of psychoanalysis during the past quarter century has yet to take up the question of education and training in ways that match our institutional structures and forms of education with the particular concept and meaning of psychoanalysis for which one seeks training. Philosophical and political differences in contemporary psychoanalysis place the question of psychoanalytic education back into question. As psychoanalysis is rethought, rewritten, and reinterpreted in the cultural context of the 21st century, its theoretical pluralism deserves, if not requires, communal support and respect for a plurality of educational philosophies, models, and strategies. The diversity of training programs in the European community serves as such an example; their acceptance of a plurality of training programs more fully preserves the diverse and interdisciplinary quality of psychoanalysis.

Gary Walls’s paper, “Meaning or Medicine: The Future of Psychoanalysis in the Professional Schools of Psychology,” addresses his concern that the dominant sectors of contemporary society promote commodification, standardization, technical rationalism, and a business management model for the organization and delivery of all services, including psychotherapy. Inclusion of psychoanalysis under the auspices of health care is part of this process. Many of the assumptions underlying these processes contradict the intellectual principles and values of psychoanalysis. However, the quest for legitimatization and inclusion in the market is driving psychoanalytic training institutes and schools of psychology to attempt to conform to these prevailing trends in service delivery.

Professional schools of psychology may be one arena where there is support for the intellectual pluralism necessary to preserve the integrity and the future of the discipline even as the mainstream of psychoanalysis transforms itself into a simulacrum of a living discipline. Even there the struggle between the commodification of knowledge and intellectual
freedom is being fought in the name of accreditation standards and behaviorist models of “student learning assessment.” The possibilities and risks of these developments are discussed from within the educational philosophy of the professional schools of psychology, in which the values of pluralism, multiculturalism, and reflective practice vie for dominance with technical rationalism and standardization.

In “Maintaining Integrity and Ethics by Treating Self-Paying Clients and How These Clients Will Influence the Future of Psychoanalytically Informed Psychotherapy,” Ivan Miller discussed the need to develop a culture of self-pay for psychotherapy as a way to influence the overall need to support the value and integrity of psychotherapy. Managed care organizations foster the illusion that artificial limits on length and type of therapy produce valuable and valid results. In contrast, Dr. Miller notes that limits in ability to pay for therapy can be usefully integrated as part of the collaboration between therapist and patient. In this paper, he describes his experience as a clinician in Boulder, Colorado, where he has been active in fighting managed care and addressing the need for both patients and therapists to develop an ethic of self-pay. He founded the Boulder Psychotherapist’s Guild as a way to foster this vision and support therapist’s efforts to move away from reliance on managed care.

In 1996, Dr. Miller wrote a series of articles that described how 1) Managed care uses invisible rationing to short-circuit effective psychotherapy; 2) Time-limited therapy is based on absolutely phony research. In fact, a review of the research showed that when therapy continues as long as the professional and client believes it is necessary, it is superior to time-limited therapy; 3) Managed care’s so-called “short-term values” are phony rationalizations for why it is okay to ration treatment by prematurely pushing patients out of treatment; and 4) It is unethical to tell patients that they have received all necessary treatment when they have been treated in time-limited therapy.

Although informed by a psychoanalytic perspective, he describes his approach as eclectic and adapting to the needs of clients. Working under a self-pay model means that both the therapist and client may need to be more flexible in developing therapy relationship. Most clients value a long-term relationship and do not want short-term therapy. However, self-pay clients want to meet less frequently than once a week more commonly than insurance clients. After an initial period of weekly sessions, they often want to continue on an every other week basis or even once a month. The less frequent meetings are not necessarily a by-product of a client being ready to leave therapy, but a decision about how to manage financial resources. They may continue for many years on the less frequent schedule before they achieve their goals.

Most therapists are experiencing the same trends described here, but perhaps have not thought about it. For the sake of our patients we should be looking for how to be flexible in the frequency and shape of therapy. We should talk more about the changing shape of psychotherapy. Because these trends are inevitable, as a profession, we will be more comfortable if we accept them and find ways to work with them. As we adapt to these trends, we will find also that our practices will be more prosperous.

David Downing

Section V Panel: Swimming Against the Paradigm Tide

Presenters: Robert Prince, PhD, ABPP
David Anderegg, PhD.
Marylou Lionells, PhD

Chair: Robert Prince, PhD, ABPP

This panel is a continuation of the theme of previous Section V invited panels investigating the location of psychoanalysis in contemporary psychoanalysis, which formed the core of a collected volume of essays titled, The Death of Psychoanalysis: Murder, Suicide or Rumor Greatly Exaggerated, (Prince, 1999). The current panel focuses on the impact of a rejecting or hostile culture on the personal experience of the psychoanalyst and on their psychoanalytic practices.

Robert Prince’s paper, “After the Tide Goes Out,” uses Kuhn’s concept of “paradigm” as a framework for structuring inquiry into the relationship of psychoanalysis to its context. The salient characteristic of a paradigm is the “interest” of a community. The marginalization of psychoanalysis in American culture is taken as a fait accompli; and the shift in “interest” to other paradigms have profound implications for the personal experience of the psychoanalyst, for the conduct of psychoanalysis and development of psychoanalytic theory.

Current psychoanalytic writing does not explicitly acknowledge the cultural context but can be seen as enacting it.

For example, writing on psychoanalytic authority is embedded in the loss of the psychoanalyst authority and the emphasis on culture in psychoanalytic meetings, while having intrinsic merit, also reflects an unacknowledged identification with marginalization and loss of status. The paradigm shift also profoundly affects the psychoanalysts security and self esteem and particularly increases the analysts dependence on the patient for self esteem and livelihood. Contemporary theory, including the essential insights of “two person” and “self psychology” can be seen as developing in the context of the analyst’s predicament. The analyst’s procedures, from the everyday technical to the fundamental frame and boundaries of treatment, of necessity have to accommodate to the loss of the standing of psychoanalysis in society. The initial interview, the optimal level of activity and responsiveness, anonymity and self disclosure, recommend frequency of visits, use of couch, policies about missed visits, telephone sessions, educational activity, direction and advice, utilization of adjunctive therapies, the ethics of symptom tolerance and confidentiality, to say nothing of the larger issues, such as approaches to
transference, resistance and regression no longer proceed from received wisdom but contingency. Psychoanalytic institutions have thus endured a loss of authority, and are challenged in their ability to provide essential support for the practicing analyst. Correspondingly, generational relations between analysts are effected by the rapidity of change. The paper argues that it is essential for the reversal of the “paradigm tide” for analysts to be explicitly aware of the impact of the cultural surround on how they think, feel and practice.

David Anderegg’s paper “You’re Not a Freudian, Are You? Secret Identities in the Lives of Working Clinicians,” observes that in our own professional circles, we have our own vocabularies of understanding: contemporary psychoanalytic psychotherapists understand theoretical orientations and how they translate into clinical work. But contemporary patients often do not know who we are and what we do, and they often come to therapy bringing prevailing negative cultural stereotypes about Freud and psychoanalysis. It is up to us to explain the process we are asking them to undertake, but these explanations are far from simple.

This paper describes the clinical encounter that ensues when the patient brings the stigmatized identity of “the psychoanalyst” into the room. What do we do when the patient asks, in our first meeting, “You’re not a Freudian, are you?” Stigmatizing questions like these may activate conscious or unconscious fantasies or roles in the therapist organized around personal narratives of martyrdom—making sure we embrace every negative cultural stereotype about Freud and psychoanalysis; or desertion—denying who we are and what we do in an effort to avoid stigmatization; or seduction—sidestepping the question until the work is well underway. The therapist’s response to the stigmatizing question, like the question itself, prefigures the development of the clinical work.

In “Who We Are Today: The Identity of the Analyst,” Marylou Lionells reflects that psychoanalysis has changed dramatically from its Freudian roots. Every assumption, every conceptual and technical prescription has been challenged and modified. But as the field remains in a state of flux, potential patients and analysts themselves have difficulty in defining what will happen in the contemporary consulting room. At the same time that analytic ideas have permeated popular culture there is serious confusion about the methods, meanings and goals of analytic clinical works. And certain theoretical positions such as postmodern constructivism and the emphasis on countertransference analysis raise complex questions about what the patient will experience in treatment. And it is unclear how much of current theory actually is employed by practitioners. If the field is to revive its reputation and regenerate its patient base it must come to terms with internal controversies and confusion and present a coherent responsible image to the wider community. 

Bob Prince
SECTION VI: THE USE AND MISUSE OF PSYCHOTHERAPY RESEARCH

PRESENTERS: Drew Westen, PhD
Kenneth N. Levy, PhD

DISCUSSANT: Fonya Lord Helm, PhD, ABPP

CHAIR: E. Lisa Pomeroy, PhD

In “When Empirically Supported Therapies are Empirically Contraindicated,” Drew Westen pointed out that short-term therapy has achieved the best results in simple phobias, social phobias, some panic symptoms, some obsessive-compulsive symptoms and post-traumatic stress syndrome (PTSD) following a single traumatic experience. In most cases, however, he noted that the good results do not hold up, and people often seek other therapy within a year or two. Naturalistic studies have found that long-term therapy of one or two years gets better results than very short-term work. In fact, he noted that when patients did respond to the short-term work within four or five sessions, becoming much more hopeful and feeling much better, this effect was not necessarily due to the interventions that the therapist made, since the treatment effect occurred so early in the work. Nonetheless, the reports of the research attributed the changes to the therapist’s interventions that continued for the next 5 to 11 sessions.

Moreover, Dr. Westen noted that the positive findings in the majority of cases agreed with the researcher’s initial hypothesis. Somehow, the biases are being communicated, in spite of everyone’s efforts not to do so. Dr. Westen took the position that overall, short-term psychotherapy was inadequate for dealing with the characterological issues that patients bring to us. He emphasized that there are no data anywhere to suggest that any treatment is likely to change lifelong patterns ingrained in neural networks in a brief span of treatment, particularly when these patterns regulate affect.

In spite of this overall situation though, Dr. Westen noted that exposure therapy, consisting of exposure to stimuli and situations that the patient feared, was very effective; and he recommended strongly that long-term therapists incorporate exposure to the feared stimuli and situations in their psychotherapeutic work.

Dr. Westen recommended focusing on studying specific interventions instead of treatment packages. He advocated using clinical practice as a natural laboratory, getting clinicians and their patients to agree to audiotape two sessions at regular intervals during ongoing psychotherapy, and then have the sessions coded for process–intervention variables. He would use an instrument like the Psychotherapy Process Q–Set, created by Enrico Jones. For each of the next five years, investigators would look at patients in the upper and lower 25th percentiles, using various outcome measures, to see which items are predictive of success or failure.

The primary focus of Dr. Levy’s presentation, “Empirical Evidence for the Psychodynamic Treatment of Borderline Personality Disorder: Better Than Others Think; But Not as Good as We Think,” was on Transference-Focused Psychotherapy (TFP), a modified psychoanalytic psychotherapy developed by Otto Kernberg and his colleagues specifically for borderline personality disorder. Dr. Levy’s has carried this research out at the Personality Disorders Institute, Joan and Sanford I. Weill Medical College of Cornell University, which is directed by Otto Kernberg and John F. Clarkin. TFP is a structured twice-weekly outpatient treatment. The primary goal in TFP is to reduce symptomatology and self-destructive behavior through integration of representations of both self and other. Previously dissociated affect states at the same time become integrated. The main techniques used are clarification, confrontation, and transference interpretation.

Dr. Levy’s noted that most major psychopharmacologists contend that although pharmacotherapy may be effective for targeted symptoms, such treatment does not result in dramatic changes in underlying character organization or maladaptive schemata and is best used as an adjunct to psychotherapy.

He discussed several studies. In one study, the group compared 26 patients who completed TFP with 17 patients who received treatment other than TFP. Only 26.9% of the patients treated with TFP had emergency room visits, as opposed to 82.4% of those who were being treated with other therapy. 34.6% of the TFP patients were hospitalized during the year, as opposed to 68.8 of those treated with other therapy. The number of days hospitalized for TFP patients was 7.08, as opposed to 52.42. The GAF score (Axis V, DSM IV) of TFP patients changed from 46 to 63.09 during the treatment year, and the GAF score of the other patients went from 44.8 to 44.

Dr. Levy presented efficacy data from a recently completed randomized clinical trial (RCT) comparing the TFP and a psychodynamically based supportive psychotherapy with Dialectical Behavior Therapy, an empirically supported and popular cognitive behavioral therapy. These findings are very exciting for psychoanalytically based treatments as it was exceptionally clear that DBT is not ahead of TFP in any meaningful way. Importantly, both TFP and DBT showed significant change in suicidality, but only TFP showed structural change. Dr. Levy and colleagues used Fonagy’s Reflective Function Scale to assess structural change and found it to differentiate TFP from other therapies. Dr. Levy ended by discussing the implications of change in reflective function for maintaining the positive effects of treatment. He predicted that in follow-up studies, those patients with higher Reflective Function will maintain their treatment gains and show continued improvement; whereas, those who do not show such change will be more likely to show declines in improvement.

Fonya Lord Helm’s comments: Both Dr. Westen and Dr. Levy have given us excellent presentations, and both are strong forces in research on dynamic and psychoanalytically oriented psychotherapy. Dr. Westen pointed out that psychopathology is not highly malleable, even though the short-term...
Therapies of 6 to 16 sessions implicitly assume that it is. More intensive work achieves better results overall, and Dr. Westen, in one of his articles, described a study in which therapy was combined with a twelve-step program, making it possible for the patients to be seen a number of times during the week.

Even in studying psychoanalysis, Sheila Hafter Gray and Lee Bauer found that the patients seen five times weekly got better results than patients seen three or four times weekly. Moreover, seeing the patient five times weekly did not shorten the analysis—what it did was make the results more stable over time. I wonder if the reason for this result is that it is easier for the analyst to make high quality interventions if she can see the patient more often. I would hypothesize that long-term psychotherapy and psychoanalysis affect a person’s resilience, making it possible for patients to persist in a skillfully assertive manner toward a goal even if, for example, he or she still struggles with managing depression or other symptoms after the treatment ends.

Dr. Levy’s presentation on TFP, Transference-Focused Psychotherapy is an example of excellent results in terms of outcome, especially on behavioral measures. I wonder if an important part of the success of this treatment might be due to the very high activity level of the therapist. There is a lot of talking; and in the tapes of this work that I have seen the therapist is very active. The therapist is fully present and active. Dr. Levy also mentioned the importance of a contract and treatment frame, another kind activity. All these kinds of activity may create a particular kind of relationship that contains these borderline patients very well, providing the kind of holding environment they need. Too much silence and other kinds of passivity are not good for them. At the time of the Menninger study of analysis and expressive psychotherapy, analysts and therapists were relatively quiet. The borderline patients did not do well in analysis and expressive therapy, but did better in the supportive work in which the therapist was more active. TFP seems to me to be more active than supportive psychotherapy as it is practiced today.

In terms of research, both Dr. Levy and Dr. Westen advocated outcome research on therapeutic action using random controlled trials (RCT), whenever possible. Dr. Westen’s idea of using the Psychotherapy Process Q-Set in a five year study, looking at patients in the upper and lower 25th percentiles, to discover which items are predictive of success or failure, is very interested. Perhaps more than two sessions may be needed, however, to orient the rater. In my experience as a member of the Analytic Process Scales Group, a research group led by Sherwood Waldron, we found that raters needed at least two sessions to get a feel for the treatment. Without hearing these introductory sessions, the raters did not get good reliability.

Fonya Lord Helm

AFFECT AND CREATIVITY IN PSYCHOANALYTIC CHILD THERAPY

Presenters: Kenneth Barish, PhD
Steven Spitz, PhD
Chair: Larry M. Rosenberg, PhD

Dr. Rosenberg introduced the panel with a brief essay that began with an encounter between two women speaking about the role of religion in their lives. One woman hoped that religion would help her feel better; the other preferred that religion would help her feel more deeply. This contrast was discussed in the context of trends, over the past 25 years, toward an increased interest in measurable, inexpensive, and behaviorally-focused treatments to help children feel better quickly. These trends raise questions about the viability of creative, affect-oriented, in-depth work with child patients, questions that were addressed by the papers that followed.

In his paper, “The Reparative Transference in Child Therapy,” Ken Barish presented a revised psychoanalytic perspective on the development of psychopathology in childhood and discussed the implications of this perspective for our understanding of the therapeutic process. Dr. Barish proposed that, while always giving due consideration to undeniable biological influences, at the core of most child and adolescent psychopathology is an emotional injury that has not been repaired.

Every emotional injury, whether suffered in the family, in the classroom, or on the playground, evokes both painful affects as well as an intensification of the child’s instinctive self-protective responses, some form of withdrawal and/or retaliatory response. These self-protective responses, Dr. Barish observed, are accompanied, to some degree in every instance, by a restriction in the child’s expression of affect, especially the child’s willingness to risk the expression of positive affect. In normal development, as in healthy biological systems, reparative processes function to limit the extent of the child’s injuries. In Dr. Barish’s view, the ability of the child and his or her supportive environment to repair injuries—to restore some positive sense of him or herself and others—is the critical variable in the emotional life of the child and underlies what we observe clinically as the capacity for affect regulation and affect tolerance.

In this model, psychopathology in childhood reflects a failure of normal reparative processes. Instead of healing, there is malignancy: painful affects and associated fantasies are elaborated in the mind of the child and the child’s natural exuberant energies become locked in some form of withdrawal or defiant anger. The core pathogenic process proceeds, Dr. Barish suggested, along two basic pathways: a pathway of demoralization, characterized particularly by affects of sadness, shame, and increasingly, futility; and a defiant pathway, characterized by anger and increasingly, by grievance.

The therapeutic process intervenes at some point to arrest this malignant development and promote repair, including...
repair of the parent–child relationship. In our work as child therapists, we facilitate repair principally through the communication of empathic understanding—when we speak to children, for example, about their sadness and disappointment; through the establishment of responsive affective engagement between therapist and child; and, whenever possible, through the re-establishment of some form of affirming responsiveness between parent and child. In the therapeutic setting, the child’s mode of engagement with us reflects, at every moment, a compromise between simultaneously present forces: a reparative transference wish for understanding and responsiveness and defensive efforts to avoid further injury.

Dr. Barish presented a clinical example from the psychotherapy of a lonely and defiant and 8 year old boy to illustrate the potential for child psychotherapy to set in motion a process of repair. This child, at the beginning of treatment, was unable to speak of any affect. The therapist’s participation was marked by long periods of non-interpretive engagement, as the child’s play, at first anxious and inhibited, became increasingly imaginative, gleeful, and exuberant. Even more gradually, this boy was able to risk the expression of painful feelings, leading, as we hope for all children, not only to increased self-awareness, but also to a more confident and joyful participation in life.

Dr. Spitz’s paper, “The Creative Use of Self and the Therapeutic Relationship in Psychoanalytic Child Psychotherapy,” explored the creative aspects of psychoanalytic child psychotherapy with a particular focus on the therapist’s creative use of self and the therapeutic relationship to move treatment forward. The therapeutic relationship has recently taken center stage in a more relationally oriented child psychotherapy that does not rely primarily on the interpretation of conflict and defense.

Dr. Spitz’s paper considered the common ground between artists’ and psychotherapists’ creative processes. Both processes involve formulating previously unformulated experience and maintaining discrete and often contradictory ideas in mind at the same time. Creative aspects of the psychotherapy process, especially with regard to formulating experience, were examined via a clinical vignette with a narcissistic 10-year-old boy who had trouble tolerating affect.

Formulating unconscious experience is not so much an act of discovering a repressed, organized idea or affect but an act of construction and sometimes co-construction. A clinical exchange was described in which much of what had been relatively unformulated about the patient’s character style and an important interpersonal dynamic between patient and therapist was captured in a playful moment. An unplanned, and seemingly unbidden, spontaneous gesture on the part of the therapist created this moment. It provided a non-threatening opportunity that opened up the treatment and allowed both patient and therapist to appreciate aspects of the patient’s personality and the highly charged, interaction between them. It was also full of disavowed affect that had been part of their transference/countertransference reenactment. It allowed a type of conversa-
The Nature of Interpersonal Representations in Children

Joseph Reynoso began the two-hour presentation by introducing the collaborative research of the panel members on a study investigating the object representations and cognitive-affective resources of ADHD children. An overview of research on ADHD was given, pointing out that the field has largely failed to investigate aspects of unconscious processes, personality development, object relations and ego resources in the diagnostic group. He went on to argue for the potential benefit of a psychoanalytic approach to investigating ADHD, adding that the Rorschach Inkblot Method could provide a valuable paradigm for accessing and understanding the self and object representations of children carrying the diagnosis.

Kevin Meehan then described the study's population, which consisted of 36 subjects from a larger NIDCD funded project at the City College of New York examining attention and language in children. After describing the difficulties with diagnosis and establishing a clinical group for the project, he asserted the purpose of the research to examine the relationship between ADHD symptomatology and social problems, and to explore how the Rorschach variables, as indicators of internal resources, relate to this relationship.

Jasmine Ueng-McHale followed with some findings. The data indicate that children with attentional difficulties have less access to indicators of internal resources on the Rorschach, give more constricted protocols, and have more difficulty accessing and engaging color. Also, children struggling with impulsivity may have difficulty marshaling inner resources to buffer against stimuli. She hypothesized that such resources may partially mediate the relationship between attentional difficulties and social problems.

Benjamin Harris gave two case illustrations to illuminate the data presented. He made the point that research findings are often nicely complimented by clinical material and that if we think of ourselves as clinician-scholars it is crucial to learn from our work with real live children. First, he described an ADHD girl who had a very constricted protocol, positing that she was so overwhelmed by the stimuli that she deadened her responses as a defense. Next, he presented an ADHD boy whose responses were not constricted but rather revealed a bimodal way of handling the blots. On achromatic cards, his answers were extremely deadened, as if he did not have the inner vitality readily available enough to “bring something” to the cards. But on the color cards, he showed high levels of inanimate movement and poor form quality, indicating the extent to which the color enlivened him, but in an unmodulated, anxiety-driven way. Benjamin Harris went on to argue that this is ultimately positive indicator, suggesting that the boy had access to resources that could be worked with and modulated through therapy.

Steve Tuber then went on to link the findings more broadly to the clinical presentations of such children and their impact on their family, friends and the therapeutic relationship. He spoke of the importance of establishing a depiction of the actual experience of a child with ADHD as opposed to a more generic depiction of the disorder. The two types of patients described by Benjamin Harris were then addressed as examples of a need to simplify, if not deaden one’s inner life in the face of overpowering external and internal stimuli (Case 1) and/or to bimodally split one’s inner experience into arenas where liveliness can have full play and other arenas where an absolute stillness intrudes. As with any child, the degree to which parental warmth can be internalized by a child with ADHD is of utmost importance in the determination of the nature of his/her object representations. The barriers created by ADHD symptomatology against internalizing parental warmth are particularly important to understand and treat. Dr. Tuber also discussed the importance of integrating nomothetic and idiopathic data to enhance our understanding of these children’s phenomenology.

Joseph Reynoso
TRANSFORMING DISSOCIATION AND ENACTMENT: EXPANDING THE EXPERIENTIAL BASE OF CLINICAL PSYCHOANALYSIS

Presenters: Ionas Sapountzis, PhD  
Warren Wilner, PhD  
Moderator: Karen Lombardi, PhD  
Chair: Warren Wilner, PhD

In his paper “Revisiting Searle’s Paper ‘The Patient as a Therapist to the Therapist’: Experiencing the Unknown and Novel in the Evoked and Unexpected,” Sapountzis argued that the unavoidable impasses that are experienced in the course of a treatment are not merely the outcome of an unconscious participation of analyst and patient but also a reflection of what each participant has not addressed or explored. In the unavoidable impasses experienced in the course of a treatment, patients and analysts have an opportunity to come face to face with the limitations of each other and of their own selves. To claim that patients and analysts participate in a mutual process does not convey the personal journeys such exchanges often stimulate. Despite the attention on the therapist acting as a container and interpreter of the patient’s projections, associations and enactments, and despite the recent emphasis in the literature on the mutual role of patients and analysts in co-constructing meaning, little attention has been devoted on what the therapist understands about his or her own involvement and participation. In working with patients, Sapountzis argues, therapists have an opportunity to discover aspects about themselves that they were unaware before, realizations that change the flow of what emerges and what else is experienced in the analytic process. The personal and interpersonal discontinuities therapists experience in the course of the treatment, can become, if attended, an integral part of the continuities that are created in the session, and how analysts’ experience themselves and their patients. Through the use of a case vignette with a suicidal adolescent boy, Sapountzis gave an example of how, by moving from thinking from the outside-in to thinking from the inside-out, in other words, by attending to the discontinuities and impasses the patient evoked in him, he began to realize aspects about himself he was previously unaware of and in the process, he began to perceive and respond to the patient differently.

In his paper “Dissociation as the Dis-Associating From One’s Associations: An Experiential Perspective on the Issues of Dissociation and Enactment in psychoanalytic Therapy,” Wilner proposes that dissociation, rather than being the result of the absence of experienced internal conflict, is actually the consequence of one’s “dis-sing” his or her own associations. Postulating a more deliberate and voluntary stance than customary in contemporary psychoanalysis, Wilner argues that one’s associations arise as part of the movement of emergent and unbidden experience, and if one does not follow or attend to them, they become not readily available to one’s awareness. To use the colloquial term, they become “dis-sed.” In contrast to a stance that emphasizes formulation at the expense of psychic and selfic generativity, and treats conscious experience as separate and different from unconscious experience, Wilner proposes an inevitable and therefore, ubiquitous connectivity at the unconscious level which manifests itself through the therapist’s (and patient’s) emergent and unbidden experience. Paradoxically, argues Wilner, by seeking to grasp this experience and to transform it into some formulation, the therapists run the risk of removing the flow of unconscious experience from their direct awareness. In other words, their deliberate efforts to consciously connect with their patients may leave therapists and patients experientially disconnected from the other and from their selves.

The unconscious experience simply appears, claims Wilner, without one having a clear sense of it; it often appears unpredictably and incoherently, without one knowing what to make of it. Such an experience, argues Wilner, does not need to be constructed, as it is already unconsciously present; one simply has to undergo it, to allow it to trace its own experiential path until it alights itself wherever it will. For Wilner this experience does not necessarily reflect “reality” but instead it reflects one’s experience as one undergoes it, and should be allowed to have whatever impact it does and then, to go its own way.

In a deeply engaged treatment, analyst and patient undergo similar psychic issues, a situation which often means that the analyst may have to change first. How can this be done, one might ask, without imposing again the analyst’s perspective or without creating an exchange that feels random and even, chaotic? The issue, notes Wilner, is to avoid seeking to render such experiences conscious at all costs; instead, one should allow such experiences to emerge in the immediate clinical context and to generate and undergo whatever experiences and associations it evokes.

In her discussion, Lombardi observed that in contemporary psychoanalysis, the division between conscious and unconscious, symmetrical and asymmetrical experiences, and subject and object is less and less possible. Even though we still privilege an “atomistic position” which facilitates cause and effect thinking and perpetuates illusions as to our ability to organize, categorize and rationalize everything, it is in the convergence of subject and object that creating meaning is generated and the I can begin to see. “Can the I-eye see itself in the act of seeing?” wonders Lombardi. The answer, of course, is no, but if for a moment we are willing not to disavow the negative attributes and projections of our patients and locate them in the patients and their dynamics, we can perhaps notice for a moment the not-me in the I, and then we can begin to allow the negative to be transformed into the

CONTINUED ON PAGE 50
**Psychoanalysis and Poetry: Psychoanalysis as a Transformative Art**

**Presenters:** Gemma M. Ainslie, PhD  
Henry Seiden, Ph.D.

**Chair:** Gemma M. Ainslie, PhD

Among the things that psychoanalysis and poetry have in common is the act of transforming by finding a new way of saying things. This panel explored some intriguing parallels between the art of poetry and the art of psychoanalysis: the essential dependency on metaphor—including transference as a central, organizing metaphor, and the co-constructedness of the exchange.

Dr. Gemma Ainslie’s paper, “Uttering the Extraordinary: Metaphor and Transformation in Poetry and Psychoanalysis,” defined the psychoanalytic space as one in which the analysand has the opportunity both to say things to the analyst that he has not dared to say even to himself, and also to find, with his particular analyst’s help, new ways of saying things and new things to say. From this perspective, the analyst’s contribution to the process is to participate in a transformative dialogue via the engagement and application of his skilled and idiosyncratic translation of the analysand’s communications. Similarly, poets call readers’ attention to new ways of saying and experiencing. Dr. Ainslie considered ways in which both psychoanalysis and poetry use metaphors in the service of transformation. In poetry, poets offer idiosyncratic metaphors, reflective of their autobiographical experience, but with sufficient “give” and flexibility to allow the reader entrée from the reader’s life, as well as—in the words of former US Poet Laureate Robert Pinsky—the experience of both “recognition and strangeness.” In psychoanalysis, via interpretation, analysts offer analysands metaphors that become more richly textured and reflective of an intimate appreciation of the patient’s internal life as communicated within the analytic space. As analyst and analysand work in dialogic exchange, they build upon moments of insight in which something strange is recognized in the familiar. Thus, in both psychoanalysis and poetry, what seems to be a static given is transformed, that is, it becomes something more and else and hopefully truer because closer to individual experience. Using poets’ commentaries on their art as a comparative framework, Dr. Ainslie highlighted: the breakdown of boundaries in poet/reader as well as in analyst/analysand dyads during the creation and use of metaphor; the more-than-enoughness of metaphor; the inevitably “suggestive” quality of metaphor; and the transference–countertransference as metaphorical text. These points were illustrated with clinical vignettes, including a poem given to the analyst as a termination gift, a concretely organized woman’s use of what seemed at first to be an overused metaphor—“a perfect storm”—to engage her eroticized transference in an earlier failed psychotherapy, an unconscious reading of a patient’s metaphor that was both uncannily correct and anxiety-arousing to both therapist and patient.

Dr. Henry Seiden’s “Using Collaborative Poetry in Child Psychotherapy: The Tale of the Terrible Rabbit,” was a presentation of a child therapy case in which collaborative poetry was used as an alternative means to a psychoanalytic end. The effect of working, apparently divergently, through collaborative poetry was to facilitate better articulated self-understanding and clearer communication with important others in this young patient’s life. Like many, if not most, children Athena, a mixed-race child of dysfunctional bi-racial adoptive parents, was not willing or able, especially at first, to talk directly about her life and her problems. Dr. Seiden had used Kenneth Koch’s (1970) method of teaching poetry to children to engage the patient’s experience. He presented a series of 47 slides of poems and drawings made collaboratively over a two and a half year period (from the time Athena was seven and a half years old until she was ten) in the therapy sessions. Taken together, the poems (and letters, drawings and stories) make a compelling record of her progress. Among the important accomplishments of the work were her growing capacity for the frank expression of concern, and shame, about body issues (i.e., her skin color, her weight); a capacity to express her anxiety about being liked (and, of course, loved); and most impressively, a capacity to acknowledge and make connections between difficult feelings and to tolerate them within herself (“scaredness” and “meanness,” and self-hatred in the absence of reassuring love.) And there were changes in the way she interacted with her mother and father. She was able to find a way through writing and, of course, through the agency of her therapist, to express to her mother and father the effect on her of the fraught family dynamics.

Seiden pointed to several “lessons” in this case for psychoanalysts. First, perhaps interpretation is less important than we’ve been taught to think. Creating experience collaboratively can allow for a working through with very little interpretation. A second lesson: joy in the process is an important part of the artistic experience. It is for the psychoanalytic experience too. It’s well to remember that psychoanalysis offers something more than symptom relief. When our work is at its best we communicate a curiosity, a kind of playfulness, and a zest for imaginative understanding. Finally, for our patients in every clinical exchange there is the expectation (which we are at pains to nurture) of being heard. So for Athena’s poems, drawings and letters delivered to, by, and through her therapist. In treatment she had come to expect and to believe that those who should hear her could hear her.

*Gemma M. Ainslie*
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The title of this presentation “My Grandfather’s Hatchet: Continuity and Change in Freudian Psychoanalysis,” derives from the story of the boy who proudly showed off his shiny new hatchet to a visitor to the family farm. “This is my grandfather’s hatchet,” he declared. “My father changed the handle, and I changed the head.” This homily was used to characterize contemporary Freudian psychoanalysis: like the boy’s hatchet, it is both the same, yet completed different from, its original model.

The paper identified three periods—classical (c.1895-1945), modern (c. 1945-1980), and contemporary (c. 1980-2005)—to demarcate these changes in theory and practice. Emphasizing allegiance to an idealized “classical” past, the contemporary Freudian is disinclined to declare that departures from customary technique and theory represent a radical paradigm shift. The contemporary Freudian position also seems to have disavowed many of its former iconic figures, canonical texts, and standard practices, especially as they emerged during the “modern” era of American ego psychology. These conflicting loyalties, it was argued, have contributed to the difficulty in defining a contemporary Freudian perspective.

To illustrate these themes, two issues—the therapeutic action of psychoanalysis and the treatment of the “difficult patient”—were traced across classical, modern, and contemporary eras. The relative role of relationship factors and insight has been a controversy in all discussions of therapeutic action. Freud endeavored to reduce the role that suggestion, or positive transference, played in the curative process, because he did not want his treatment method to rely on personal persuasion and influence. The modern era reduced the role of the therapeutic relationship even further, and the technical precepts of abstinence, neutrality, and anonymity became foundational guidelines, resulting in the austere model of treatment that critics of “classical” psychoanalysis often identify as essentially Freudian. Contemporary models of therapeutic action have developed nascent ideas of the analyst as a new, real, and reparative object who facilitates change through interpretation within a therapeutic relationship, but stop short of granting that interaction has mutative power per se; rather, it is considered a source of data—like dreams, fantasies, and free association—for interpretation and insight.

The contrast between the “classical” patient and “difficult” patient mirrors this larger debate about therapeutic action. Recognizing that traditional technical approaches did not work with many patients, contemporary Freidians have used concepts of mutual regulation, mirroring, mentalization, affect regulation, and the expression of psychic states in somatic and action languages to devise technical approaches to patients within the borderline and narcissistic spectrum. Even these progressive Freudian analysts, however, were shown to rein in their excursions from classical and modern technique by holding out the hope that the difficult patient will be ultimately transformed into a classical one, capable of analytic work in the traditional vein.

Kuhn has argued that science progresses “funeral by funeral.” Freud’s death created a mythical classical past and permitted modifications in his theory and practice during the modern era. Contemporary Freudian psychoanalysts, too, must bear the guilt of the parricidal act needed to gain mature autonomy, the waning of the Oedipus complex described by Loewald. The allegiance to the “grandfather’s hatchet” of classical theory and technique may inhibit the emergence of a truly contemporary Freudian psychoanalysis, one that maintains continuity with the past while assimilating new knowledge.

In 1900 (or 1899) Dora began treatment with Freud at the behest of her father when she was an 18- (or 16-) year-old woman. Freud hoped to make her treatment an exemplary analysis to illustrate the effectiveness of his new method. Instead, it became the source of endless polemics and apologia about almost every aspect of analytic treatment. In “A Century of Learning from Dora: Opening the Playground Through the Lens of Attachment, Neurobiology and Clinical Research,” I used Dora for my own purposes (as so many of us have), to develop a discussion about the paradox of interpretation in analysis: If the ability to live creatively requires a relatively open access to one’s own creation of meaning from one’s own unconscious, then providing meaning or the “suggestion” of meaning rather than the opportunity or context to create meaning would seem to fly in the face of a central goal the analytic endeavor.

In another context, Freud described the working transference as a “playground.” He also noted that he requires patients “to learn by personal experience.” Decades of analytic experience reveal that for many patients (like Dora), this playground has been closed; for them, the experience remained “real,” not “play.” No amount of experience in “reparenting,” regression and/or reparation succeeded in finding the combination of interventions and containers to foster transition to this necessary illusion. However, two relatively new arenas of investigation have opened conceptual/heuristic avenues for developing more finely tuned interventions: Neurobiology, illuminating the characteristics and consequences of the vagaries of early development, and attachment theory, which provides a basis for thinking about the creation of meaning between minds.

Analysts might appropriately be wary of developing such a strong allegiance to a particular theory that they cannot be open to the uniqueness of a patient’s emerging sense
of his or her own internal guide—a guide which cannot be conceptualized as an entity, but as process of mind—of creating meaning called out in the analytic process. In the analytic encounter, I am less concerned with whether the self is unitary or plural than I am with the emergence of mind as process. Perhaps it is the mind’s process that is “truth” (as much as one exists). Perhaps truth is knowing how to know, which emerges in discovery; it is more a process than a product. The creating mind does not produce truth, rather, it engages in an ever-evolving establishment of being, selfness or subjectivity, objectively, and contextual verity. In analysis, the process of discovery of one’s own being by both analyst and analysand produces the ability to hold an awareness of shared meanings while simultaneously preserving one’s unique meanings regarding self, other and context. Perhaps meaning cannot be provided or suggested; rather, it must be created.

Analysis in the playground fosters the transformation of core meanings about the self through an illusory, fantasy relationship with an analyst. This is the play of the playground, and the analyst’s challenge is to call out the nascent mind held in the silence of unknowing.

Seymour Moscovitz and Barbara L. Short

**BOUNDARY VIOLATIONS? WHERE AND HOW?**

**Presenters:** Andrea Celenza, PhD
Karen Maroda, PhD

**Chair:** Arnold Schneider, PhD, ABPP

Boundary Violations during the practice of psychoanalysis and psychotherapy has been an important topic for clinicians over the years. However, issues regarding the location of psychoanalytic/psychotherapy sessions (home office or building office), who may be sharing the office, and whether the couch is used have been given insufficient thought. Dr. Andrea Celenza, whose paper was titled “Sexual Boundary Violations in the Office: When is a Couch Just a Couch,” and Dr. Karen Maroda, whose paper was titled “Ethical Considerations of the Home Office,” attempted to shed some light on these issues.

Dr. Celenza began the panel with a central question of the analyst which all analysands experience in all analyses: “Why can’t we be lovers?” She pointed out that boundary violations reflect perversions in which action takes the place of exploration of this question. In this case, the couch loses its role as “potential space and play between analyst and patient” and becomes concretized, collapsing the symbol and the symbolized meanings. Not only is the couch used as a direct “degradation” of the patient, but this use also degrades the profession. She went on to differentiate the analyst who is the psychopathic predator from the narcissistic needy one, the former displaces the degradation onto the profession while the latter’s degradation is more direct between the analyst and the patient with the couch serving a less important role.

Dr. Celenza pointed out that many contradictions exist in the treatment setting, especially regarding the axis of “equality and mutuality” on the one hand, and the axis of a “contradictory and imbalanced focus on the analyst” on the other. The office is where these two axes meet. In the end, the tension results in the “recapitulation of the analysand’s relationship to authority and power.” It is this conflict that results in a great risk for boundary violations because of the analyst’s potential risk to “level the hierarchy,” especially when in a personal crisis.

Dr. Celenza concluded her presentation by pointing out that the boundaries are internal phenomena and that meanings exist in the mind and intersubjective space between players. In this way she explains that those who trespass boundaries use the props (e.g., office and couch) in concordance with unconscious dynamics.

Dr. Karen Maroda’s presentation began with an explication of the development of the home office, pointing out that in Freud’s time there were no office buildings in which an office could be placed. She indicated the need for an “optimal environment” in which analysis takes place—one that is “constant, private, quiet, and emphasizing the professional nature of the relationship.” The major point she makes as she objects to the use of a home office is the importance for the patient not to be in control of learning about information regarding her analyst, an experience not controllable in the home office.

Dr. Maroda conducted a poll of analysts who indicated that the home office was most often conceived of as one of convenience and concern with finances while it helped to reduce the patient’s stress, this latter factor being one whose value she questioned. At a less conscious level, she referred to the possibility of the analyst’s wish “to be known by the patient” and questioned the analyst’s control over this factor. Of course, other variables exist which make the home office less ethically responsible, such as the hardship on the analyst’s family, the possibility of vulnerability to risks of complaints and lawsuits, and the possible diminution of the distinction between fantasy and reality.

The papers completed, a rather healthy discussion ensued from the audience, including comments from a self-designated patient whose earlier involvement with a possible boundary violation helped to initiate this panel. Both presenters were acknowledged for their thought provoking presentations and both agreed to conduct further research in the area. This panel was the first to offer Continuing Education credits for participation at a Division 39 Spring Conference and was arranged by Dr. Maroda.

Arnold Schneider
Organized and imagined by Carol Pepper, this panel was invited by her to take the unusual and even daring step of being paperless. In a room and on a stage designed for reading prepared presentations to a passive audience, Carol framed this as a different kind of event, borne of a yearning she felt for a more free and deep conversation about our personal struggles in treating very troubled people. She set a tone of invitation, sensitivity and honesty. Jerry Fromm, Adrienne Harris and Paul Lippmann then spoke informally and extemporaneously about their work with these patients. Their method centered on telling stories, generally involving vignettes from treatments and highlighting some bit of experience that had been particularly powerful in the impression it made on them or the unknown territory it opened.

The first round of their comments centered on the treatment of a psychotic patient, the “hurricane” of her madness and the “eye” of clear, unbearable communication within it. It also illustrated how the patient’s trouble can get into the body of the therapist, constituting one of many kinds of threats to the well-being of a therapist who attempts to stay with a patient through these and other sorts of hurricanes. This led to a discussion of the forms of care that become necessary for the therapist as well as the roots of our therapeutic commitment in the attachments that matter most in our lives. Indeed, reference to these personal attachments opened up a consideration of the intergenerational transmission of traumatic experience and of therapeutic mission in both patients and their treaters.

In a second round of comments, the panelists responded to each other’s initial stories, developing the issues embedded in them in some depth. The role of humor in helping get to this depth was also striking.

The audience was then invited to join the discussion with their own experiences, and they did so with amazing range and candor. Stories were told about a therapist’s paranoia about letting a paranoid patient use the couch and about the unconscious knowledge therapists and patients have of each other. These and other issues were convincingly illustrated with clinical material and tied into the themes developing in the panelists’ conversation.

The discussion returned often to the question of what takes care of a therapist in doing this work. A link developed between that question and the experience of the panel discussion itself. The atmosphere was one of not knowing in advance, of learning as we talked, of trusting the process, of play in the system and of authenticity. An emergent and disturbing sub-theme was that of the “psychoanalytic police” and the way that apparently established knowledge may function to keep a therapist securely within some fold and to actually inhibit learning.

Working with madness certainly requires a frame, but one that recognizes that the usual frames may function more to keep madness at bay than to actually meet it. It also requires a “ferocity” of commitment to the unformed personal meaning, the lost signification and the tenaciously relational within the chaotic experience of severe disturbance. The format for this event itself provided a different kind of frame, and the experience of the audience, reported by many afterwards, was that it made for very personal and deep exploration of the ideas and dilemmas within these treatments, explorations that stirred up the panelists and audience alike, leading to a feeling of our having created something in the moment that all of us went through together.

Gerard Fromm

Attachment Theory and Intimate Relationships

Dr. Mary-Joan Gerson introduced the panel with the overview perspective that though attachment theory began as a focus on the mother-child dyad, it is now enriching psychoanalytic, couples and health prevention theory and research. Dr. Gerson referred to her own research on attachment theory and the experience of illness.

The panel began with Monica Petith’s paper, “A Psychoanalyst’s Exploration of Emotionally Focused Therapy for Couples,” in which Dr. Petith described the model of Dr. Susan Johnson, Emotionally Focused Therapy, based on adult attachment theory, connecting Johnson’s approach to Ehrenberg’s “intimate edge,” Stern’s “present moment” and Fonagy’s “moments of meeting.” Dr. Petith pointed out that Sue Johnson has systematically researched her own model and reports impressive efficacy with troubled couples in from eight to fifteen sessions. Emotionally focused therapy is centered on affect and addresses “hidden traumas” and repetitive “negative cycles.”

Dr. Barbara Gangi, presented a paper titled “Disorganized Attachment and Couple Dynamics: ‘If Love is the Answer, Could You Please Rephrase the Question?’” She outlined three patterns of organized dyadic attachment and introduced the notion of disorganized attachment dynamics in adult

Panels:
M. Gerard Fromm, PhD
Adrienne Harris, PhD
Paul Lippmann, PhD
Carol Pepper, PhD

Moderator:
Susan Nagin Thau, PhD
Sondra Goldstein, PhD
Barbara Kuerer Gangi, PhD

Presenters:
Monica Petith, PhD
Barbara Kuerer Gangi, PhD
Sondra Goldstein, PhD
Susan Nagin Thau, PhD

Chair:
Mary-Joan Gerson, PhD, ABPP
intimacy, concluding that a hostile (controlling) and helpless (submissive) dynamic functions to both enact and defend these couples from the unthinkable: the potential for annihilation. Dr. Gangi offered two case vignettes and the story of Oedipus to exemplify relationships with Disorganized Couple Dynamics.

Dr. Sondra Goldstein and Dr. Susan Thau, using power point illustratively, presented “Couples and Health: Attachment, Neurobiology and Gender.” Their model is focused on the effect of relationship distress on physical health. As part of a study group led by Alan Schore, Drs. Goldstein and Thau have reflected on stress activation and attachment patterns as central to a couple’s well-being.

There was a lively back question and answer period, focused on clinical issues and concerns, as well as issues of empirical validation.

**Mary-Joan Gerson**

**COMMON GROUND AND UNCHARTED TERRITORIES**

**PRESENTERS:** Susan Shimmerlik, PhD
Shelly Goldklank, PhD
Carolynn Maltas, PhD

**CHAIR:** Carolynn Maltas, PhD

This panel looked at key areas of convergence in our understanding of how humans develop and live within a relational matrix that have been emerging recently from multiple theoretical perspectives, observations and empirical findings. For example, infant researchers’ observations and detailed descriptions of the microprocesses that structure the self-organizing system of infant and caretaker resonate with observations of the analytic relationship and the couple relationship, in particular seeing how non-verbal processes both create and reveal unconscious relationship structures. The three presentations examined aspects of dyadic interaction in key dyadic contexts, that of patient and therapist, of infant and caretaker, and of intimate partners, their common ground as well as significant differences. These papers offer a fresh perspective on intersubjective experience and interaction in couple relationships that complements the perspectives that emerge from the study of the one-to-one therapy relationship and the early attachment relationship.

Dr. Shimmerlik, in “Implicit Communication in Couples,” focused on affective communication, and specifically on the distinction between implicit and explicit modes of experience in the infant–caretaker pair and the usefulness of expanding this model to look at naturalistic relationships, in particular the adult intimate couple. She identifies similar patterns of mutual affect-regulating interactions that are bi-directional and characterized by the micro-exchange of information through perceptual systems and affective displays. She points out that we continue throughout our lives to process, store and communicate relational, affective information out of our awareness through the implicit or procedural system and noted that such implicit relational knowledge also figures centrally in the therapeutic relationship and in its transformative powers.

A clinical example illustrated a couple’s exquisite attunement to one another’s emotional states, allowing for careful calibration of distressing emotions to keep them within tolerable limits. She makes the point that too tightly coordinated behaviors may be characteristic of couples and families that are “enmeshed,” i.e., so “hooked” by one another’s emotional signals that they get trapped in rigidly repetitive processes that are in the implicit domain. Changing such patterns, which may only be accessible when enacted in the context of the couple relationship, often requires direct behavioral interventions, in addition to exploration of subjective experience and meaning.

Finally, she addressed to complex issue of the power struggles that can ensue over the accuracy of each partner’s perceptions of the other’s affect states and intentions. She suggests partners examine what cued them about the other’s emotional state while encouraging them to remain open to the joint possibilities of misreading one another as well as deceiving oneself.

In “Is it in His Eyes? Oh No, You’ll be Deceived: Cuing and Decoding in Couple Interactions,” Dr. Goldklank drew on the Shoop Shoop Song by Rudy Clark wherein the Marblevelettes sing:

Is it in his eyes? (Oh no, you’ll be deceived).
Is it in his eyes? (Oh no, you’ll make believe)

She sees this as a metaphor about the difficulties knowing what is signaled by the other and trusting one’s interpretation of what is signaled. In couple therapy the partners usually insist that these are either–or questions and that the presenting problem is whatever the other one cued or decoded. Key to couple therapy is demonstrating to the partners that they are coauthors who keep each other inside a system of the very behaviors named as problems through unconscious but observable maneuvers.

Dr. Goldklank notes that approaches based on projective identification focus on what is disowned and projected by one partner, and evoked in the other through actual behaviors. By contrast, she suggests looking first for shared problems in the couple and an attraction in each to the other’s complementary style of resolution. This emphasis is more on the reality of different styles, which they may further cultivate in each other, and less on the fantasy and projection of what is disowned.

In a clinical vignette she noted how the hypothesis that one partner stimulates her own neediness in the other veiled the second partner’s actual neediness, further entrenching the dominant role of the supposedly projecting partner and the submission of the other. Recognizing that they share conflicts stemming from their original families and developed complementary solutions can help the couple get out of their repeating loop of conflict through integrating the polarized positions.
that constrain their choices. Goldklank feels that unearthing key unconscious couple dynamics often comes when therapists participate in and then understand affectively charged enactments with the couple.

Dr. Malts’ paper, “Exploration of Dyadic Experience and Organization: The Couple in Another County,” reviewed the converging perspectives on dyadic experience but also noted the largely one-way influence of concepts stemming from the study of the transference relationship and from infant observations on the field of couple therapy without reciprocal feedback into psychoanalysis from detailed procedural descriptions of couple interactions. The latter has much to contribute to a broader understanding of relational organization and intersubjectivity in adulthood. She underscored that there are substantial differences in similar-seeming processes like attachment behaviors in these three very different dyads and cautioned against directly importing concepts from one domain to another without sufficient attention to the importance of context. Using detailed descriptions of couple sessions she demonstrated the profound influence of current couple interactions on individual self-experience, psychological functioning and relational paradigms.

She presented the widely divergent views of one woman patient that emerged in the relational matrix of an individual analytic treatment and in a couple treatment. The differences are understandable given that the couple relationship has unique properties emerging from contextual factors like symmetrical roles, interdependence, physical intimacy, expectations of mutuality, and the intense reactions to clashing needs and perceptions, in addition to differences in the personalities of the relationship partners. However, this is sometimes forgotten when assuming that new and positive relational experiences in the one-to-one therapy context will generalize to the very different relational context of the intimate couple. If that does not happen it is sometimes inferred that the intimate partner resists the positive changes rather than that the individual patient is, in many ways, not the same person in the two settings and may never recreate or be able to report on her own unconscious role in the problematic couple interactions.

Carolynn Malts

LESAVISIONS, FEMINISM, AND PSIYCHOAALYSIS: BUILDING ON THE SECONDS Wave

PRESENTERS: Beverly Decker, ACSW
Judith M. Glassgold, PsyD
Suzanne Iasenza, PhD

CHAIR: Deborah Luepnitz, PhD

The past 25 years has brought exciting developments within psychoanalysis including feminist and lesbian-affirmative perspectives that have each in their own way contributed to our understanding of gender and sexuality. The field is now in its “second wave,” having deconstructed heterosexist assumptions in psychoanalysis and having offered new ways of viewing same-sex desire. Psychoanalysis can now integrate the advances brought by new views of sexuality, gender, desire, and development.

The three presenters in this panel explored the different ways these approaches expand psychoanalytic treatment not only with lesbian and bisexual woman, but also through altering our paradigms and understanding of sexuality, gender, and agency. The perspectives varied greatly and in turn focused on therapy with an older bisexual woman, therapy with a religiously committed lesbian, and sex therapy with couples, both heterosexual and lesbian. These papers and the discussion that followed illustrated that integrating feminism, psychoanalysis, and a lesbian–affirmative perspective not only increases psychoanalysis’ ability to address the concerns of more diverse individuals, but also deconstructs assumptions within psychoanalysis so that the treatment of all individuals is improved.

Beverly Decker’s paper, “Working with Issues of Sexual and Gender Identity in an Older Woman,” illustrated how sexuality, gender, and sexual orientation are still issues open for examination in work with the elderly. In the ten-year therapy of a woman starting at age 70, the nuances of relationships with both women and men over her lifetime were integrated through a process of increasing self-acceptance. The patient had always thought of herself as a lesbian, but sought therapy because she felt uneasy about her identity and said that she wanted to feel comfortable with her sexuality before she died. Understanding the relationship of gendered aspects of the self and object-love were central for this woman. In her relationship with a man, she felt she had gained acceptance for her own body as well as the “mannel” aspects of herself. Her male partner was, in fact, the kind of man she would have liked to be if she had been a man, which facilitated her acceptance of herself as a lesbian. Late in life, and inspired by Ellen DeGeneres, she finally came out to her family and friends. As she did become more comfortable with herself, her capacity for agency increased and she became more political, believing more in the possibility of change and her responsibility to participate in making that change happen. Her case illustrates that aging, illness, and the ravages of life do not destroy the longing for integrity and authenticity.

In the second paper, “Psychoanalysis: Toward a Liberatory Practice/Praxis,” Judith M. Glassgold focused on the link between intrapsychic issues and social and political realities. The case of an Orthodox Jewish woman struggling to understand her lesbian identity, illustrated how psychoanalysis can be a means for undoing the trauma of individual life, as well as a means of understanding the way that social categories shape our intrapsychic reality. Psychoanalytic psychotherapy, through increasing agency, as well as deconstructing assumed
categories, can be a liberatory experience that can undo the psychological effects of cultural, social, and political oppression. This particular case illustrated how the intrapsychic defenses that emerged in the course of coping with family trauma shaped an interpersonal approach to religion, gender, sexuality, and the self, which shifted with psychotherapy. The classic religious assumption—that orthodox religion and lesbian identity are exclusive and opposed dichotomies—was transformed through the process of reframing gender and sexuality. Theories from psychoanalysis and political science were used to illustrate the complex interplay between the individual and a facilitating social and interpersonal environment. Specifically, recognition is a concept that transcends the intrapsychic, and has profound implications in the social and political sphere. This paper argued that understanding the social impact of oppression, social structure, and institutionalized prejudice is essential for the future of psychoanalysis: making it relevant to different populations: those who are marginalized in our society, and future generations where diversities and differences are essential to personhood.

According to Suzanne Iasenza, lesbian feminist discourse, in particular, challenges many cherished notions about human sexuality such as the privileging of the vaginal orgasm, complementarity as the basis of erotic attraction, and healthy female sexuality as passive and receptive. It disrupts patriarchal cultural representations that heterosexualize sexuality and define and measure sexuality in male terms. Her paper, “Strange Bedfellows? Lesbian feminism, psychoanalysis and sexology,” offers a lesbian feminist informed psychoanalytic model of sexuality that goes beyond the limits of normative psychoanalytic theory and sex research to envision a uniquely constructed erotic potential. These systemic discourses and influences, found in some psychoanalytic and sexology literature, set the stage for difficult sexual dialogues and relations for all people—gay, lesbian, and heterosexual—where passions, fantasies and behaviors are compartmentalized into the acceptable and the unacceptable, intrapsychically and interpersonally. Is it too much to hope for a psychoanalytic approach to sexuality that creates the potential space within which individuals can develop their own understanding of sexual autonomy and entitlement free of the constraints of prescribed social scripts? Is it too much to ask for a liberation model of sexuality that integrates rather than divides the intrapsychic and interpersonal, the psychodynamic and behavioral, the feminist and lesbian, the theory and research, and the personal and political? What in the past were strange bedfellows—lesbian feminism, psychoanalysis, and sexology—may now become a creative ménage. Like good lovers, each can recognize and transform the other.

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Judith Glassgold
### Discussion Group on Sexual Object Choice: Transgender Issues

**Panelist:** Deborah Luepnitz, PhD  
Scott D. Pytluk, PhD  
Bethany Riddle, Med  
Debra Roth, LCSW  

**Chair:** Dennis Debiak, PsyD

The panel presentation, sponsored by Committee on Sexualities and Gender Identities, began with opening remarks by Dennis Debiak. Dr. Debiak began by welcoming the panel and audience members and explained that this panel marked the 4th annual meeting of the Ongoing Discussion Group on Sexual Object Choices. He noted that the goal of the discussion series has been to “open up a space to discuss the ways in which we conceptualize sexual object choice within a psychoanalytic framework.”

Dennis then introduced the documentary film, *No Dumb Questions*, by Melissa Regan, a documentary of one set of siblings’ experiences with their transsexual aunt. After viewing this film, our panel of presenters offered observations, reflections, and critiques of the film.

The first panelist, Scott Pytluk, commented specifically on the experience of Olivia, the middle sister in the movie. He observed Olivia’s confusion and vacillating reaction to her Aunt Barbara and noted the poignancy of her many questions. Scott remarked upon Olivia’s comment “I don’t see straight... I see a little color,” words she uttered while peering through a prism in her Aunt Barbara’s kitchen. He noted the metaphoric power behind this comment, stating that her words “condense so many of the richly textured and interweaving layers of psychic and social meaning” involved in understanding the identity of a transsexual individual. Scott discussed Olivia’s confusion about whether or not her aunt would be changed on both the “inside” and the “outside” during her transition from male to female and wondered, “How much do inside and outside reflect each other?” Additionally, Scott addressed issues of loss associated with gender identity transition and noted the rarity of such a loss, asking “How often are we faced with loss that makes us weep and our loved one rejoice, all at once?”

Scott commented that Olivia’s experience with her aunt highlighted the many reactions one can have to gender transition. Debra Roth commented that *No Dumb Questions* strove to reflect on “the processes of loss, bewilderment, and anxious embarrassment” that are often associated with the gender transition of one’s family member. She offered a critique of the film, suggesting that it “inadvertently functions as a graphic cultural representation of the disaffection and estrangement” so frequently experienced by transgendered folk during transition. Specifically, Debra noted that Aunt Barbara’s experience was virtually absent from the documentary, relegating her to “outsider” status within the family and objectifying her in the context of the film. Debra closed by observing that if it can still be said that the only dumb question is the unmasked question, than in great ironic style, *No Dumb Questions* enacts the single dumb question of the entire film by failing to ask Aunt Barbara: “What’s going on for you?”

Deborah Luepnitz commented that, despite its flaws, the film presented a good-enough model for parents and children speaking openly and intelligently about sexualities. She asked how many of us could have had a conversation at age six with our parents about transsexualism or even homosexuality, highlighting the girls’ excellent questions, such as “Which bathroom will she use?” “What if she doesn’t like being a woman, either?” “Will she be changed on the inside as well?” Deborah felt that in contrast to the range of questions the children were allowed to articulate, the amount of feeling they were allowed to generate was somewhat truncated. She pointed to a scene in the film in which the children asked their father to turn off the camera because they were upset and he neglected to do so. She noted that the Mom stated that Abby asked if Uncle Bill would amputate his penis simply because she (Abby) “likes to use the word ‘penis.’” Neither parent considered that this discussion could make the girls think about mutilation, castration, and the vulnerability of all bodies, including their own. Deborah also remarked that the film is flawed in its decision not to interview Aunt Barbara.

Finally, Bethany Riddle commented specifically on the experience of Abby, the youngest sister in the film. She remarked that Abby had clearly internalized a binary model of gender by the time her Aunt Barbara began her transition, but noted that Abby’s understanding of the situation was very much unconflicted relative to her sisters’ experiences. Bethany noted that, for Abby, the emphasis of Aunt Barbara’s transition was located in “the number of possibilities that will open up for the two of them” once they were both “female.” Specifically, Abby was excited about the opportunity to “play Barbie’s” with her aunt, a desire that Bethany commented “both exposes and further produces a binary framework in which women, femininity, and heterosexuality imply one another and are implied by one another.” Bethany noted that, despite the binary model from which Abby was operating, she was able to “love and accept and be excited about” her aunt’s transition.

Following the reading of these papers, the panel opened up the floor for questions and reactions. The audience engaged in a lively discussion about the film, focusing most specifically on the presence and absence of Aunt Barbara in the documentary. Audience members also shared varying viewpoints on the nature of gender and transgenderism, a discussion that was sparked when one audience member shared his controversial belief that transgendered identities are pathological. Additionally, audience and panel members shared their knowledge of resources available for the transgendered community. The discussion ceased only when the allotted discussion time period ended and it was clear that further discussion would have been welcomed by both the panel members and the audience members.

*Molly L. Grimes*
Integrating Infant Research and Psychoanalytic Theory While Working with Borderline Adults

Presenters: Joy A. Dryer, PhD  
Ruth M. Lijtmaer, PhD  
Chair: Ricardo Ainsle, PhD

This panel differs from other “how-to-work-with-your-borderline-patient” panels in its integrating infant research’s systems perspective of self- and interactive-regulation, with developmental structural theory. The focus of these two papers was on how analysts access our own self-regulatory processes in order to understand more intimately our borderline patients’ internal experiences.

There were two halves to the first paper: “A Suggested Three Stage Model of the Analyst’s Self Regulation.” In the first half, Dr. Dryer reviewed concepts and language around three different paradigms: the meaning of “borderline,” infant research, and countertransference. In the second half, she proposed a three-stage model of the analyst’s self-regulatory processes, each illustrated with a clinical vignette.

Dr. Dryer first oriented the audience by asking them to visualize an atom with 4 orbits around a center: a nonverbal orbit; a verbal orbit; an interpersonal—intrapsychic orbit, and a transference—countertransference orbit, all intersecting simultaneously. Each orbit has a foreground and a background during this constant fluctuation. Also threaded throughout the material were the concepts of process, structure, and content. We need this complex picture of fluctuating orbits, because there is no consistent language to define “borderline” and no one-size-fits-all diagnosis or mode of treatment. Definitions of borderline, over the past 25 years, have ranged from a diagnosis on the “border” of psychotic and neurotic to deficient ego organization. The DSM definition of “borderline personality disorder” (301.83), introduced in 1980, refers to compromised organization. The inevitable mismatches which consolidate around recurring states and expectable patterns of sequences of arousal, waking up, feeding etc. Potentially borderline functioning begins within months, when this interactive mutual regulatory dialogue does not get organized around regular patterns of how each partner affects the other, along with regular consequences. The inevitable mismatches are not repaired well and mother cannot change flexibly to stay affectively attuned to her baby. Thus, flexibility, adaptability and predictability, three hallmarks of secure attachment, become compromised: the resulting “borderline” characteristics can be: “abandonment depression,” defenses such as splitting affects and good and bad objects, an enduring self-image as evil, an immature and harsh superego with intense self-criticism.

Such patients are often overwhelmed with their preverbal and presymbolic experience and immediate affect. Analysts working with them also experience intense countertransference. That is why we start by tuning into our own nonverbal self-regulatory processes described in the three-stage model in the paper’s second half.

- Stage A. Process: Disequilibrium due to difficulty in regulating distress (anxiety) and negative (unpleasant) affect. Foreground is non-verbal.
- Stage B. Process and Content: Restitution; adaptive attempts to repair mismatches. Foreground becomes more interpersonal, more verbal, with defensive self-protective and self-soothing functions.
- Stage C. Process, Content, and Structure: Symbolization as a goal. Foreground becomes more content, intrapsychic, and verbal, sometimes with co-constructed transferences.

Vignettes after each stage described increasing differentiation, flexibility, and adaptability in the continuous fluctuation of interactive regulation between Dr Dryer and her patients.

In the second paper: “An Analyst’s Self-Regulation with a Borderline Patient: A Case Study of Survival (Both Patient and Analyst),” Dr. Lijtmaer described her self-regulatory processes in a clinical case “S.” Her interaction with S required her to be open to, and attuned to her own presymbolic and regressive experiences. This was a challenge with a borderline patient whose self-other, inside-outside, good-bad differentiations are unclear, and pull for more primitive subjective reactions. The paper’s focal points were: 1) The analyst’s self-regulatory responses and nonverbal communication in their interactive dyad, exemplifying Stage A: Disequilibrium and partly Stage B: Restitution, and 2) The analyst’s experience as a failed self-object and her attempts at self-regulate. The presentation encompassed: A) Nonverbal process: 1) the body (touching), particularly facial expressions for both of them, and 2) The patient’s silence; B) Content issues: 1) Separations and dying and, 2) Love and hate; and C) Structural issues: 1) The analyst not understanding the patient and, 2) The patient’s defensive configuration.

From the beginning of treatment, Dr. Lijtmaer’s felt disturbed and reacted intensely to S’s withholding silence, her rigid posture and her stare at the analyst. S’s vigilance was her way to focus only on cues of rejection. Her rigidity and other body movements were also a reflection of action rather than words. S had difficulties transforming her feelings into verbal material expecting the analyst to read her mind, without words, as in early mother-infant interactions. Many times, after an interpretation, S would remain silent but her body
would rock, although she was oblivious to these movements. Dr. Lijtmaer’s understood this behavior to be self-soothing. S wanted to touch the analyst before separations and the analyst’s refusal to do so, set the stage for a stormy relationship in which the patient felt rejected and like a “bad person.”

Dr. Lijtmaer’s interactional responses to S could swing from feeling, puzzled, worthless, hopeless, abused, and rageful, to having rescue fantasies. On occasions, Dr. Lijtmaer felt like a small child battered into helpless rage by the relentless accusations which mirrored S’s early childhood trauma. S felt deprived whenever the analyst tried to establish boundaries. Despite efforts to be consistent, reliable and dependable, Dr. Lijtmaer felt like a not-good-enough analyst (that paralleled S’s not feeling good as a person), and suggested how she self-regulated and “survived” such intense interactions.

In summary, both papers, from different vantage points, underlined how we can not fully understand our patient’s experience unless we are aware and use our own regulatory processes, starting with non-verbal procedural behaviors. Thus, this integration of an infant research model and a developmental psychoanalytic paradigm focused on the analyst’s self-regulatory side of the interactive dyad, thereby updating the concept of countertransference from a more contemporary viewpoint. Dr. Dryer’s 3-stage model and Dr. Lijtmaer’s case example showed how this combined paradigm can enhance work with these difficult patients.

Joy A. Dryer and Ruth M. Lijtmaer

Love’s Power

Presenters:  
Fonya Lord Helm, PhD  
Bertram P. Karon, PhD, ABPP  
Maurine Kelber Kelly, PhD  

Chair:  
E. Lisa Pomeroy, PhD

Falling in love is a powerful experience that has the potential to transform lives. The panel addressed both love in real life and transference love with a theoretical paper about romantic passionate love, a clinical paper that focused on transference love and the course of treatment with patients who develop erotized transferences, and another clinical paper that addressed problems in loving and demonstrates the way treatment can enhance patients’ capacity to love more fully.

In “Romantic Passionate Love,” Dr. Helm noted that romantic passionate love is feared and distrusted by many in the mental health professions because of its power and potential to create disruptive, discontinuous change, rather than the slower, more manageable change that psychoanalysts and psychotherapists believe is structural and permanent. Discontinuous change, however, can involve a reintegration that is often permanent. The following describes the power of romantic passionate love:

Romantic love…is an emotion of extraordinary intensity. The experience of love can make time stop, therefore giving one the rare opportunity to live in the present and to escape momentarily the…past and future. Love may confer a sense of inner rightness, peace, and richness; or it may be a mode of transforming the self. Beyond enlarging and changing the self, love may also enable the lovers to break through the stifling limits of self. Hence, it is a mode of transcendence, a religion of two” (Person, 1989, p. 14).

The paper described three conditions that are necessary for falling in love: (1) readiness to fall in love, (2) a match between the ideal images of the lovers, and (3) a match between the styles and rhythms of communication.

Dr. Helm also discussed what influences the continuation or disruption of love. As Bergmann (1987) has said, the lovers need to love “wisely and well.” Attachment style is a crucial factor. When at least one of the lovers is securely attached, the lovers have a good chance of success. The lovers’ ideas of what constitutes intimacy are another powerful influence on the continuation of the relationship. The paper discussed different ideas of intimacy, in addition, and how it is helpful to have a good match here as well.

Dr. Kelly began her presentation “Insights into the Problems of (Self)-Destructive Love,” by noting that Reuben Fine said that every patient comes to treatment for help with problems with love. She continued with Freud’s observations about the transformation of love into hate, and his understanding that loving and hating, taken together, are the opposite of indifference. Several cases of the dimensions and dynamics of love gone awry were discussed, but the details are omitted here because of confidentiality. Reasons for the inability to sustain the loving relationship ranged from observing destructive parental relationships to childhoods fraught with depression, parental neglect or abuse, or experiences of sexual abuse in either childhood or adulthood. Such experiences create difficulties in the trust that is needed to achieve healthy and pleasurable emotional and physical intimacy.

Dr. Kelly explored the vicissitudes of transference, countertransference and projection in the therapeutic relationship in three patients who quickly developed a tenacious, transference love. She described two patients who were grappling with the transformative effects of their experiences of loving. A third was slowly beginning to open herself up to the reality of the therapeutic situation, despite the necessity of giving up her fantasy of a future life with her therapist. Problems of loving are ubiquitous, and Dr. Kelly contends that psychoanalytic treatment will remain the treatment of choice because it can greatly improve the capacity for intimate relationships.

Dr. Karon began his paper, “Problems in Loving,” with Reik’s theory about romantic love: we fall in love with what we are already in love with—our ego-ideal—and our love is...
always transitory because the loved one is not our fantasy. When we are in love we suppress our annoyance, but the suppressed anger eventually breaks out in lover’s quarrels. Enduring love relationships are based on knowing the other person well and still liking them.

Carol Barbour’s idea that relationships are stages in development is a powerful and therapeutic idea. Everybody has rejected somebody and been rejected. Each relationship should lead to learning until we find a good enough relationship. Eventually, a couple achieves a relationship that is good enough. Loving relationships are difficult to sustain, however, since only approximately 25% of marriages are enduring good ones.

A psychotically depressed woman’s marriage greatly improved when she no longer tried to save her husband from his non-existent incompetence and when she no longer thought her sexual impulses were sick.

Dr. Karon also noted that transference is an issue, and said that women, as well as men, are more likely to marry an unconscious symbol of their mother rather than an unconscious symbol of their father. A postpartum psychotic patient described this graphically, with sex and pregnancy experienced as feeding and being filled. The loss of the longed for but hitherto impossible oral gratification, which almost seemed achievable during pregnancy, was the precipitant and meaning of her psychosis. An educated middle class neurotic patient married a professional, who was a mother substitute who also beat her, as had her mother, until it was dealt with in analysis. She said “He doesn’t hit me any more, but I know how to make him and I feel like doing it.” He said the fun had gone out of their marriage. Subsequently they divorced, and she married a kindly and likeable second husband. Other cases illustrate that the essence of sexual sadomasochism is proving that someone you love really isn’t going to kill you.

Fonya Lord Helm

**Psychoanalytic Sensibility, Dynamic Systems Theory and the Analytic Third**

**Presenters:** Steven Seligman, DMH
Christine C. Kieffer, PhD

**Chair:** Christine C. Kieffer, PhD

**Discussant:** Jessica Benjamin, PhD

Over the past twenty-five years, dynamic systems theory has developed a theoretical grounding that can fruitfully be applied to psychoanalysis. Systems ideas, for example, parallel psychoanalytic views concerning the importance of understanding characteristic patterns of coping rather than specific instances, or that much information is contained even within small fragments of analytic material. These ideas provide psychoanalysis with a link to exciting developments in related fields that capture crucial and appealing aspects of the psychoanalytic sensibility—the affinity for uncertainty, the interest in complexity, the uniqueness of construction in the analytic dyad, among other topics.

Dr. Steven Seligman’s paper, “Complexity and the Psychoanalytic Sensibility: Non-linear Dynamic Systems Theories as a Meta-framework for Psychoanalysis,” surveyed several core concepts in dynamic systems theory, arguing that many creative psychoanalytic innovations have contained the aesthetics of complexity characterized by dynamic systems without making them explicit. Dr. Seligman maintained that one of the most distinct and appealing features of psychoanalysis lies in its focus on mental processes that seem to defy categorization and linear explanation. Analysts tolerate uncertainty, find meaning in apparently disordered communications, and embrace the often unexpected twists and turns that emerge from intimate attention to the ordinary complexities of everyday life. He believes that these are the hallmarks of a psychoanalytic sensibility that spans a range of theoretical persuasions.

Non-linear dynamic systems theory embodies the same sensibilities, emphasizing such descriptors as pattern, complexity, flux and flow, the interplay of ambiguity and order, stability and instability, the natural value of uncertainty and generative chaos. Although systems theory may appear esoteric and overly intricate, it can also be approached in an intuitive, experience-near way so as to offer a language and imagery that underlies everyday clinical thinking. Its metaphors and aesthetic can help us become more precise, spacious and immediate about basic assumptions that we tend to take for granted. Dr. Seligman made evocative use of brief clinical vignettes to bring this complex theory to the audience in a more experience-near way, just as he promised, maintaining that dynamic systems theory is neither linear nor reductionistic and need not drag psychoanalysis away from its most imaginative and complex values. He maintained that most contemporary analysts now think of analyst and analysand as immersed in ongoing, complex patterns of mutual influence: whatever other assumptions the make, all tend to agree that a psychoanalysis is a dyadic and dynamic system. Each analysis is organized in many of the same basic processes that define other systems. So these systems theories provide a window onto a new way to think about psychoanalytic metapsychology—a background theory that orients our basic working assumptions.

Dr. Seligman surveyed several core concepts in dynamic systems theory, starting with some specific features of non-linear dynamic systems: transactional processes are key features, that when systemic conditions are in a sensitive state, small changes may make a dramatic difference (he used the famous metaphor of the butterfly flapping its wings in the Amazon jungle, leading to a storm in another part of the globe), that systems routinely amplify tendencies that can shift them in one direction or the other, that dynamic systems are self-orga-
nizing and self-righting. Dr. Seligman then utilized these key concepts to explain the development of psychopathology and the role of systems change in therapeutic action.

Dr. Kieffer’s paper, “Emergence and the Analytic Third: a Dynamic Systems View of Selfobject Experience in Potential Space,” focused upon the integration of the dynamic systems principle of emergence with the concept of the “analytic third” in understanding the development and mutative properties of the analytic encounter with respect to therapeutic action. She argued that the Analytic Third is an emergent phenomenon, and that transference is a fractal. Dr. Kieffer noted that many contemporary analysts now see that the development and expansion of a capacity for “play”—with words, in relating to others, with the metaphor of transference—is one of the essential elements of therapeutic action, and that a conceptual integration of emergence and thirdness can help us to better understand how this capacity develops within the analytic dyad, and also what makes “playing” a key mutative factor in psychoanalysis. Dr. Kieffer illustrated these views with a short series of clinical vignettes from the analysis of an adolescent boy: she believes that the treatment of adolescents can offer us the most striking and dramatic illustration of emergence, since their treatment is particularly apt to unfold erratically, with patients displaying a rapid oscillation between self-reflection and non-reflective action, with an overall shift towards adaptation.

Dr. Benjamin provided a rich and illuminating discussion of these papers through the lens of her groundbreaking work on mutual recognition and the Analytic Third. Commenting on Dr. Kieffer’s paper, she noted that her central point about understanding thirdness is that, like mutual recognition, it is always being lost and found, breaking down and being restored. Since rupture and repair is the central movement, therapeutic action is located in the potential space of the mutual understanding that is created from this cycle.

Dr. Benjamin added that Winnicott’s ideas about destruction and survival are central to understanding how the movement of rupture and return to mutual understanding helps to create a more authentic dyadic system, and noted that Dr. Kieffer illustrated this well in her description of her work with her adolescent patient. She also observed that Dr. Seligman offered some cogent arguments for viewing disruption and repair within a matrix of changing the dynamic system, while living with the uncertainty what we can never know how these changes will work out. Dr. Benjamin also reflected on the notion of instability and surprise as a challenge to her thinking about dissociation and trauma, particularly with respect to how more painful, non-integrated experiences can be positively worked into the therapeutic relationship. She averred that a complex system that can survive moments of disequilibrium and rupture could create conditions in which the patient can risk overcoming dissociation and allow the integration of split-off self-parts.

Christine C. Kieffer

NARRATIVES OF CATASTROPHE: ORAL HISTORY AND PSYCHOANALYSIS

This panel began a dialogue between an oral historian and a psychoanalyst about the similarities and differences between their two professions specifically in regard to the construction and interpretation of trauma narratives. In her presentation, “Echoes in the Search for Meaning in Stories of Catastrophe: The Struggle between Conscious and Unconscious Mourning in Oral History Accounts of September 11, 2001,” Mary Marshall Clark, Director of the Columbia University Oral History Research Office, described the ways in which, even in its most concentrated forms, oral history, an academic historical discipline influenced by traditions of testimony, can offer individuals who have been traumatized a powerful opportunity to describe the personal impact of a catastrophe. Ms. Clark’s paper explored the methodology oral historians used in collecting over two hundred narratives from survivors of the events of September 11, 2001. In doing so, the interviewers themselves became, in effect, second witnesses to the terrorist attacks.

The presentation included tape-recorded narrations of respondents who experienced near death, witnessed the mass slaughter of others, and lived with the complications of the aftermath of the events. The narrations demonstrated the struggle to find meaning in what appeared to be a completely meaningless (and unanticipated) event. The struggle to find meaning, often at its most intense in the vortex of catastrophe, was both conscious and unconscious as revealed in the language of symbolism and metaphor. Ms. Clark maintained that the methodology of oral history, grounded in the documentation of personal experience in an encounter that is intensely interpersonal, is an ideal way for those who have lived through catastrophe to describe it from within while simultaneously creating a public historical record in which the narrator is actor, not victim. The paper explored ideas about how oral history may be used to support traumatized communities after catastrophe, questioning some prevailing perspectives that those who have lived through extreme events inevitably lose the ability to tell, and to remember without great cost to the self, particularly close to the time of trauma.

In her response, Dr. Boulanger speculated on the fluidity of the trauma narratives Ms. Clark presented compared with the halting, reluctant and often confused narratives clinicians are frequently confronted with when first meeting with survivors of massive psychic trauma. Not prepared to attribute this difference simply to the relative psychological health of the different respondents, Dr. Boulanger pointed first to the purpose of an oral history interview—it is, first and foremost, to collect the narrative itself, to listen and to allow the story to unfold, not to interpret or impute meaning. As an aside, Dr. Boulanger commented on the increasing difficulty of finding
clinicians, even psychoanalysts, who privilege listening when confronted with survivors of massive psychic trauma. Further, the demand characteristics of the oral history interview are different from those in a clinical setting. Oral historians, particularly after 9/11, work under time pressure, feeling the need to record personal narratives before the media’s inevitable bowdlerization and oversimplification has shaped public memory and before it has been used for political leverage by elected officials. Quoting Ms. Clark’s assertion “our goal is a product with serious social implications. Our quest is always teleological in nature,” Dr. Boulanger responded, “I think we would say that our psychoanalytic purpose lies in process. Their product is the narrative ours, if you will, is the narrator.

However, Dr. Boulanger continued, those who volunteer to give oral testimony do it with the need to and intention of telling their stories. “When they were recruited to give their oral history they knew, and here I quote Mary Marshall, that ‘they were performing a highly creative and ethical act’ and … that ‘future historians would rely on their testimony to understand the true nature of catastrophe.’” This leads us to ask a number of questions about the way in which psychoanalysts engage survivors of massive trauma in comparison with oral historians. Can the striking fluency of the narratives oral historians collect be attributed to the respondents’ knowledge that their narrative will be preserved? Is there something therapeutic in knowing that the narrative will be made public? Is there something in knowing that their interlocutor is, in fact, not a mental health professional but someone who will value and preserve their experience just as it has been recorded?

Ghislaine Boulanger

REFLECTIONS ON THE TWO PERSON RELATIONSHIP OF THOSE WHO STUDY AND TEACH PSYCHOANALYSIS

Presenters: David Downing, PsyD
Patrick B. Kavanaugh, PhD

Co-Chairs: Martha Hadley, PhD
David Downing, PsyD

Psychic theatre offers a richly textured way of thinking about the psychoanalytic and supervisory process. In “Psy chic Theatre and Psychoanalytic Supervision: Some Thoughts on the Process and Paradox of the Associative-Interpretive Process,” Dr. Kavanaugh reflected on “teaching and learning in the supervisory process” through his work with a psychiatric resident on the in-patient unit of an inner-city state hospital. In the context of her dreams and sessions with her client, parallel-process was considered as a powerful, intimate, and informative source of knowing about her self and other, particularly as certain psychic dramas were reproduced on the stage of the supervisory space. His reflections focused on the importance of: a mutuality of agreement and respect in supervision; the teaching and learning of an emotional, intellectual, and ethical attitude premised on this mutuality and respect; and, being aware of some important distinctions between supervision and psychoanalysis.

There is much that can be taught and learned in the supervisory process. If, however, the essence and art of psychoanalysis is a way of being, presencing, and knowing in the analytic space, then it can be said that psychoanalysis can be learned but it can not be taught: unconscious process, parallel or otherwise, is not didactic. As a collaborative venture, the supervisor has to forever be a student if (s)he is to be a teacher of that which the supervisee teaches about the client through a parallel-like process. Thus, both supervisor and supervisee have to know that neither one knows so that both can begin knowing via the associative-interpretive process. The mutuality of learning and teaching in the inter-subjective field of the supervisory process is integral to learning the essence and art of psychoanalysis. Lastly, some reflections on a paradox of the associative-interpretive process were considered.

Dr. Downing, in “Notes on Parallel Process: Securing the Frame and Its Relation to the Transmission of a Psychoanalytical Ethos,” discussed the importance of the containing, securing functions of the psychoanalytical frame, constituting the shared space of the psychoanalytical pair. While articulating the ethos of ‘free association’ that privileges psychoanalytical discourse, it was noted that the psychoanalyst and supervisor/consultant/mentor also constitutes a social link. And, within the socio-political milieu extant in the US at the present, this is also a “risk,” with concerns around the ferreting out and exile of the “Other” and “otherness” per se. Thus, psychoanalysis has a relation to the world-at-large that is increasingly viewed as subversive in its own respect, and various impingements have been demanding entry to the analytic space for some time. More recently, we have been focused upon empirically-supported treatments as the sine qua non of such impingements, but that merely constitutes one more visible element of the trend. The others have to do with mandated reporting statutes that destroy privilege. Thus, the analysand is immediately unfree in his or her relation to the fundamental rule, having been apprised of his or her psychotherapeutic Miranda Rights before proceeding into treatment.

In addition, Dr Downing noted the pernicious impact upon the transmission of psychoanalysis that legal statutes regarding supervisory relationships constitute. These statutes emphasize that the supervisor controls the work of the supervisee (Note also the older terms within psychoanalysis itself, regarding “control analyses”). Failure to exercise sufficient control has led to supervisors being litigated against and having their licenses suspended, put on probation, reprimanded, etc., owing to certain actions by supervisees. These forces

Continued on page 53
On Gender and Desire: 25 Years of Deconstruction and Construction

Presenters:  
Gemma Ainslie, PhD  
Ellen Toronto, PhD

Discussant:  
Christine C. Kieffer, PhD

This panel featured two rich and intricate papers by Drs. Ellen Toronto and Gemma Ainslie, inspired by the insights developed from working on an edited project which also included Dr. Christine Kieffer as co-editor, Psychoanalytic Reflections on a Gender-free Case: Into the Void, which will be published by Routledge in September, 2005. This edited book, which includes essays by many leading psychoanalytic authors who have contributed to our knowledge of gender and sexuality—including Lynn Layton, Muriel Dimen, Virginia Goldner, Steven Knoblauch, Kimberly Leary, Gwendolyn Gerber, Dianne Elise, Polly Young-Eisendrath, Ruth Lax, Joan Sarnat, Barbara Geron and Judith Alpert—formed the basis for the panel, which gave us an opportunity to further reflect upon the experience of and meaning of gender. The papers were playful and evocative in their use of vivid and sensual metaphor in describing the experience of gender, tracking emergent shifts in how we co-construct and elucidate gendered experience in the analytic encounter, while mindful of the embeddedness of this encounter within a larger socio-political-cultural milieu.

Dr. Ainslie’s paper, “Desire Becomes You,” examined moments of heightened awareness of gender through a kaleidoscope of clinical vignettes and developmental observations, highlighting the relative syntonic or dystonic quality of such experiences, along with the attendant anxieties that such encounters arouse in participants. Dr. Toronto’s paper, “Gender—Privately Held,” examined the link between sexuality and gender, suggesting that, while they cannot be identical, are inextricably linked, emerging in tandem from the child's early preverbal period, and contextualized within the matrix of caregiver’s responses to the child’s often bodily-based expressions. She maintained that part of our task in the clinical encounter with patients for whom gender issues are a source of pain and disunity from the self and from others becomes that of responding as caregivers who can acknowledge, without exploitation, the tentative and elusive gendered expressions that are brought in to the room.

Dr. Christine Kieffer discussed these two papers primarily from the perspective of postmodern critiques of classical notions of gender, arguing for a concept of gender as multiplicity, since a binary model of gender, with its female and male split, does not adequately capture all of its nuances and forms of expression. Moreover, individual and cultural attempts to classify experience into a “gender binary,” rather than reflecting a basic “fact of life,” often results in both individual psychopathology and cultural stagnation, with losses occurring in both realms as a consequence of this circumscription. She averred that gender is largely created within a relational matrix, and thus located within a “transitional space,” in which there exists a dialectical tension between the anatomical facts and social construction. As Muriel Dimen has noted, it is this dialectical tension that forms the core of the “paradox of gender”—a paradox that is not resolved because, in fact, it cannot be resolved. In discussing Dr. Ainslie’s case vignettes, with their allusion to the losses that one experiences in accepting one or the other poles of the gender binary, Dr Kieffer discussed this issue in terms of the narcissistic injuries that are associated with the acquisition of gender identity, and which restrict agentic and relational capacities. She further noted that the narcissistic wounds that result from gender inequality also subtly interfere with development on more general dimensions since every internalized relation is potentially gendered, and felt that this was reflected in the case material offered by both Drs. Toronto and Ainslie. The gendered representation and enactment described by their case vignettes illustrated examples of representation and enactment undertaken partly as a strategy to impose coherence on multiplicity, however, resistance occurs when it becomes impossible to completely suppress.

Dr. Kieffer felt that their examples echoed Lynne Layton’s observation that gender, as with other aspects of culture, is a site of struggle over meaning where competing interpretations struggle for hegemony, and in which there is continuous renegotiation. Moreover, as Virginia Goldner has noted, gender is often maneuvered as a site of personal expression and meaning, and Dr. Toronto provided us with many examples of enactments of gender in the clinical encounter. Since speech is inherently performative in that it both embodies and enacts what it aims to describe, Dr. Toronto, had to strive to maintain proper boundaries with a patient who relied upon sexualization to maintain a cohesive self, while still maintaining an empathic listening stance. Carl Goldberg has written about the inevitability of enactment in psychoanalytic work, maintaining that a countertransferenceal empathic understanding of and enactment of a patient’s “vertical split” on the part of the analyst is a crucial component in the mutative impact of the analysis.

Dr. Toronto conveyed to us her skill in making use of her countertransference to both understand and reach her patients. One further aspect of gender identification suggested by the two papers is the notion that the demands of conformance with a gender binary leads to the creation of a universal psychopathology as a result of inducing a compliant, “false self” type of self-representation. In discussing this aspect, Dr. Kieffer made use of Goldner’s idea that this conformance both protects

Continued on page 52
**RELATIONAL, KLEINIAN, LACANIAN: DIALOGUES FOR THE NEW CENTURY**

**Presenters:** Lynne Layton, PhD  
Deborah Anna Luepnitz, PhD

**Moderator:** Muriel Dimen, PhD

Muriel Dimen moderated this panel that explored new ways of reviving an intellectually capacious psychoanalysis, one capable of contesting rather than conserving mainstream social codes. In “Notes Toward a Non-Conformist Clinical Practice,” Lynne Layton spoke about her investigations of the way that gender, racial, class, sexual and other norms are lived consciously and unconsciously. The first part of Layton’s paper focused on what she calls “normative unconscious processes.” This concept links the most sophisticated contemporary theories of ideology with unconscious processes enacted in treatment. Normative unconscious processes result from the splitting that cultural hierarchies demand of their subjects, splitting that is repeatedly enacted in treatment. Cultural hierarchies of sexism, classism, racism, etc. induce specific kinds of defenses, character structures, and repetition compulsions that we can see perhaps more clearly in microscopic clinical enactments than in large sociological studies. Normative unconscious processes are visible when patient and therapist unconsciously collude in upholding the very cultural norms that have caused psychic damage to the patient in the first place.

Layton described a variety of such enactments. In one she felt she unconsciously heterosexualized a lesbian patient’s desire when the patient’s elaboration of sexual fantasies made her anxious. In another, she and a patient consciously struggled to allow the patient’s political passion to develop in the session. Layton found herself consistently on the verge of interrupting that passion with interpretations that reduced it to family psychodynamics. The struggle revealed an unconscious collusion with the dominant US norm that segregates psychic from social life. In a third, she spoke about a study on class and shopping that she had done, in which middle class professionals revealed that they unconsciously collude both with norms that keep them out of upper class preserves and with norms that keep them distant from the “contagion” of the lower classes.

The second part of the paper speculates about what psychoanalysis might offer to an understanding of US psychic life in the Bush and post 9/11 era. Layton talked about European stereotypes of Americans, particularly versions of American “niceness” and “naïveté” that operate both in the clinic and in political life. She argued that the version that rests on a disavowal of aggression and authority is playing out right now in our domestic and foreign policy. The paper then looked at the way that dependency and vulnerability have become shameful dirty words in all segments of US society. This has created some strange political alliances, for example between upper class and lower class whites, who have bonded by projecting the despaired dependency onto blacks. Though we find different versions of narcissistic defenses against vulnerability in different segments of society, all versions are in some sense responses to globalization, the decline of social safety nets, and the ensuing anxiety about dependency.

In 1940’s London, Donald Winnicott proposed a “Middle Group” as a means of mending the split between the Kleinians and Anna Freudians. In “Between Winnicott and Lacan: Towards a New Middle Group,” Deborah Luepnitz observed that another division in the psychoanalytic world occurred some 20 years later with the IPA’s expulsion of Jacques Lacan in 1963, and his establishment of his own school. The rift between Anglophone and French psychoanalysis has endured.

While Lacan and Winnicott maintained a professional relationship with each other, their dedicated followers chose to devalue or ignore each other. A notable exception was André Green, who incorporated into his own theoretical work constructs of both Winnicott and Lacan. Luepnitz reported the impression that interest in working with both traditions is growing. For example, Mardy Ireland (2003) describes her work as a “squiggle game between the analytic figures of Lacan and Winnicott.” Luepnitz posed the question: Is it time to mark the emergence of what could be called a “new Middle Group”?

When sitting with a supervisee trained only in Anglo-American practice, while listening to reports of countertransference and object relations, Luepnitz finds herself asking: “Who is speaking? Who is the subject of this suffering?” And when supervising a student trained by Lacanians, she asks, “Who is this patient to you? What is it like to be in the room with this patient?”

The difference between the two traditions is reflected in the concepts of selfhood and subjectivity. The ameliorism, the thoroughgoing humanism of Winnicott (and of contemporary Anglophone analysts, including the relational school) hinges on the concept of a *self* that can grow, mature, develop. In contrast, the skepticism and anti-humanism of Lacan derives from the notion of a *subject* which is not a natural but a political entity. Luepnitz argued for the heuristic value of viewing each patient both as self and subject. This “double description” is something we are accustomed to doing, for example, when contemplating light as both particle and wave.

One advantage of a new Middle Group, she argued, would be a fuller reading of Freud, since the original Middle Group tended to read Freud the humanist, while Lacanians read Freud the post-humanist. The author then offered a dramatic clinical example in which a patient’s treatment and her life were transformed by working with an analyst who was conversant with both sets of constructs, for example, the holding environment, countertransference, the insistence of the signifier, and the *jouissance* of the symptom. The purpose of a new Middle Group, according to the author, would not be simply to create psychoanalytic bilinguals, each familiar with each other’s tropes, but also to point out where both traditions

Continued on page 56
Psychoanalysis and Multiculturalism: Then & Now

Presenters: Rafael A. Javier, PhD, ABPP
Alan Roland, PhD
Kimberlyn Leary, PhD, ABPP

Chair: Dolores Morris, PhD, ABPP

The panel presented by the Committee on Multicultural Concerns was entitled, Psychoanalysis and Multiculturalism: Then & Now. As Chairperson of the Committee, Dolores Morris moderated the panel. It examined the experiences and perspective of several psychoanalysts who have published and worked closely with ethnically diverse populations with respect to issues related to psychoanalytic training and theory. Multicultural issues in psychoanalytic training emphasized the personal experiences of the panelists, social events that may have increased the need for culturally informed interventions, as well as obstacles and resistance to psychoanalytic considerations of diversity. Theoretical questions focused on formulating traditional psychoanalytic concepts within a multicultural framework, and on its relevance to culturally and linguistically diverse communities.

Rafael Javier’s paper, entitled “A More Inclusive Psychoanalytic Paradigm: A Latino Perspective,” opened the dialogue with instructive personal reflections. He described his early struggles as a training analyst working with a Latino client presenting with a culturally-based spiritual belief that called for a novel application of psychoanalytic inquiry of which neither analyst nor supervisor felt expert. Dr. Javier’s own first experience in treatment further highlighted the necessity for a culturally sensitive paradigm. He described anger and confusion when confronted with his analyst’s rigid theoretical application and pathologizing of his conflict between family responsibilities as a Latino male and his academic pursuits. Indeed, Dr. Javier believes that the greatest reluctance and obstacle to recognizing and incorporating diversity in psychoanalysis lies in our inability to “leave what we know and venture into where our patient could take us.”

The changing demographic landscape has forced a reconsideration and expansion of our conceptualization of the human condition and of culturally bound belief and motivation systems. New immigrants who defy the “melting pot” paradigm of cultural and linguistic assimilation mark a major population shift in the United States and in Europe. A multicultural psychoanalytic paradigm calls for the analyst to remain neutral and to take a more scientific stance, to allow for the patient’s diverse experience to be meaningfully recognized. In turn, the analyst must be open to reconsider his/her theoretical formulations in the face of new clinical experiences. In particular, among bilingual individuals, Dr. Javier highlighted the importance of differentiating between “repression” proper from “linguistic inaccessibility” to important experiences. Other important concepts in need of such reconsideration include identity development, the nature of the unconscious, resistance, the working alliance, transference/counter-transference material, and ego-function/resilience.

Alan Roland drew on his extensive work with Asian patients to address difficulties in multicultural psychoanalysis in his talk, “Psychoanalysis Across Civilizations with Asian Americans.” Dr. Roland views many psychoanalysts as having a limited interest in learning about those from different civilizations. He attributes this reluctance to a profound unawareness of the Western-centricity of psychoanalytic thought. Often unexamined concepts that are deeply rooted in modern Western thought include an emphasis on autonomy, self-direction, verbal communication and a stable identity. He posits that in order to truly recognize the cultural parts of “our own selves,” and to appreciate the pervasiveness of Western cultural assumptions in psychoanalytic theorizing and norms, we would need to have a comparative experience in a radically different culture. When Euro-American therapists are confronted with individuals from such a radically different culture, such as those from an Asian background, they are challenged to locate the person in a different normality/psychopathology continuum. Dr. Roland presented case material with a Japanese patient that demonstrated how different understandings of the treatment relationship could lead to conflicts, dissonances, and misunderstandings that risk treatment disruptions and pathologizing unless considered through a cultural lens. Thus, it is not enough to be open and empathic with diverse patients to be effective multicultural psychoanalysts, but they must embark on self-examination of the cultural part of themselves to question assumptions and to recognize aspects of the Other.

In her presentation, “Looking in the Mirror: Psychodynamic Therapy and African-American Psychologies,” Kimberlyn Leary took the opportunity to stimulate discussion on several global points of consideration. Highlighting the risk involved in racial dialogues, Dr. Leary said that “we could not expect or wait for safety for these difficult talks.” Rather, our task is to learn to “tolerate a lack of safety,” as is done in mediation and negotiation spheres. She recommended that analysts must develop their ability to perceive “critical moments” in psychoanalysis and respond within the brief time allowed when an important issue arises to engage in a process of constructive dialogue.

Many contemporary theorists have argued against the affirmation of racial identities as it may lead to a reification of differences. Dr. Leary described an alternative to this postmodernist paradigm, where an affirmative racial identity can emphasize racial solidarity, essentialization, and serve as an inoculation against social realities. This stance also provides an alternative to the concept of race as lived through stereotypes and devalued representations. By recognizing that race may carry different cultural meanings and that race is “lived through us” as cultural beings, the psychoanalytic clinician may be

Continued on page 53
WORKING WITH PATIENTS WITH CHRONIC ILLNESS AND MEDICAL DILEMMAS

Participants: Frances Sommer Anderson, PhD
John Fiscalini, PhD
Tamara Greenberg, PhD
Maureen Murphy, PhD
Mary Joan Gerson, PhD
Marilyn S. Jacobs, PhD

This panel, sponsored by the Division 39 Task Force in Psychoanalysis and Health Care, began with a description of the history and purpose of the Task Force on Psychoanalysis and Health Care, which was created by the Board of Division 39 in 2002. The purposes for establishing the Task Force was to explore the challenges facing psychoanalysts working in health care realms and suggest a role for psychoanalysis therein. The question was raised as to what were some of the central issues in health care and illness with regard to psychoanalysis? In prior presentations, the Task Force had identified some of the salient issues to be coping with illness and pain and the relationship between mental and physical stress.

Dr. Gerson introduced the symposium:

We as psychoanalysts are too often today marginalized in health care settings and relationships, bypassed in favor of cognitive behavioral practitioners who promise speedy and effective symptom resolution. It is not that CBT and other psychological approaches aren’t useful or can’t be integrated with a psychoanalytic perspective. However, our own repertoire of theoretical constructs is enormously rich. It includes: the role of unconscious factors in physical illness; the process by which pain and disease become crucial aspects of self-concept, identity, and relationship quality; the symbolic meaning of pain and illness; and the intersubjective relationship between patient and physician. Working in the area of health is stimulating — we’ve been pondering the relationship of the body and mind for centuries, and we psychoanalysts have been preoccupied with the mind-body relationship from our inception. Today, the opportunity to make a contribution as a psychoanalyst in what is essentially a cultural tidal wave of interest in health prevention and maintenance is enormously exciting.

Thereupon, each panelist introduced themselves by describing his/her work in the medical area. Each panelist described their work in some unique area of clinical medicine as a psychoanalytic consultant, evaluator and psychotherapist. The areas of specialization included oncology, gastroenterology, reproductive technology and persistent pain syndromes. Each panelist then answered three questions: 1) what is the unique psychoanalytic contribution in working with medical issues/dilemmas? 2) what are the challenges of working psychoanalytically with these problems and 3) what is the unique countertransference experience of working with patients with medical concerns. This was followed by a discussion between the panelists.

The unique contributions of psychoanalysis was agreed to be to help patients identify the psychological factors which contribute to illness. Issues discussed included a patient’s vulnerability and sense of agency, the impact of earlier traumas and of current stressors, how to be effective in collaboration with medical providers and promote education about psychoanalytic factors, how to understand the internalization of illness. In this context and the cognitive behavioral orientation was considered in terms of its usefulness and efficacy.

The discussion pertaining to the challenges of working with medical issues and dilemmas was a rich one. Issues considered by the panel included responsibility and empowerment in the experience of illness and the function of the symbolic in understanding symptoms and disease manifestations. Other areas discussed included the barriers of communication between psychoanalysts and physicians, the overwhelming and at times traumatic nature of working with serious medical illness, the tendency for concretization and enactments when symbolic understanding is not developed and the role of the psychoanalyst with problems such as over-identification, abandonment, repudiation and the rescuing of patients.

The problems of countertransference included discussion of how to tolerate feelings of being ineffectual when there are high levels of fear and anxiety that are not regulated and how to stay in the moment with such patients without resorting to the use of interpretation. The ultimate existential issues of imbalance and guilt between the health of the psychoanalyst and that of the ill patient was seen as evoking personal anxiety about one’s own well being, more so if one has an illness or one is caring for a family member who is seriously ill. The ultimate issue of one’s own vulnerability and death can stir up primitive anxieties which can be a barrier to staying with the experience of the patient who is ill. There may also be a higher level of working with the uncanny in the material. The psychoanalyst caring for medically ill patients must confront the necessity of bearing terrible events and stay with the patient’s experience of the loss of the prior self. This work may culminate in the death of the patient, provoking the analyst to turn away.

A lively discussion ensued from the audience after the panelists presentations. Questions included how to communicate psychoanalytically, the need for psychoanalysts to also work with patients with dementia and congenital abnormalities, the issue of self disclosure about the psychoanalyst’s health and how to improve the acceptance of psychoanalysis in the health care system. The Task Force was encouraged to continue to facilitate discussion in an area in which all present agreed was highly important.

Marilyn S. Jacobs
This panel addressed, for the first time in our Division’s history, the psychodynamics and life experiences of siblings of the mentally and physically ill. These “normal ones” suffer lifelong trauma often invisible to their families, the outside world and to themselves. Until recently, psychoanalytic theory has concentrated primarily on the centrality of the parent/child relationship and as a result has overlooked the potent impact of siblings in general and damaged siblings in particular.

Dr. Safer’s paper “The Caliban Syndrome: The Inner life of ‘Normal’ Siblings” presented findings based on sixty interviews with siblings of the disabled and dysfunctional as reported in her book *The Normal One: Life with a Difficult or Damaged Sibling* (Free Press 2003). She identified a specific personality constellation typical of higher-functioning brothers and sisters, that she named The Caliban Syndrome after Shakespeare’s *The Tempest*: premature maturity, survivor guilt, compulsion to succeed, and fear of contagion. Society, family and, too frequently, therapists—many of whom are themselves normal siblings—unwittingly encourage forced cheerfulness, denial of aggression and a subtly destructive “count your blessings” mentality in these siblings. This syndrome is resolved through recognition, mourning, and self-expression. Full selfhood becomes possible only when the internalized sibling imago is integrated into one’s identity and the normal one says, as does the magician Prospero, “This Thing of darkness I acknowledge mine.”

Dr. Ullmann’s paper “The Me/Not Me Dilemma: Growing Up Next to a Sibling with Cerebral Palsy” then demonstrated how the presence of a severely handicapped sibling causes the normal little one to differentiate herself radically from that sibling. In the case she presented, the brother’s condition required the unafflicted sister to unconsciously attempt to control both her body behavior and emotional expression in order to compensate for his lack of both. Dr. Ullmann also described how the handicapped child’s existence becomes an organizer for family interactions and serves as a defense against awareness of vulnerability. Her paper was both a personal memoir and a description of the author’s journey, detailing some of the ways in which she came to know more fully, through analysis and experience, what she had found difficult to manage as a child.

Dr. Kelly’s paper “Siblings’ Impact on Life Choices” underscored the unconscious lifelong effects of sibling dynamics both within and beyond psychotherapy. She presented material from several psychotherapy cases in which unresolved sibling issues were enacted in adulthood, and analyzed the plots of several recent films in which problem siblings figured prominently.

Dr. Tabin’s discussion underscored the significance and timeliness of this topic, and noted that while siblings appear in case presentations, they are absent from our theoretical thinking. Although world literature is full of potent sibling relationships, they have never before been recognized as determinative in psychoanalytic understanding of development. Dr. Ullmann’s moving account demonstrated how crucially family dynamics are organized around a disabled child, and the impact on the sibling’s personality. She showed why it is so difficult for such a sibling to probe the many pervasive consequences. Dr. Tabin also noted how Dr. Kelly expanded on the varieties of sibling experience and reaction, to which Dr. Safer’s work calls attention.

Jeanne Safer
What is the next frontier in psychoanalysis? Karen Maroda suggests, in “Vulnerability and Technique: More than Self-Disclosure,” that the next line of resistance in the evolution of the two-person perspective is the development of interactive analytic techniques. She argues that psychoanalytic practice has not changed significantly, at least in terms of what analysts say publicly. She quotes Fonagy who says there is virtually no relationship at all between theory and technique. Maroda echoes Renik’s statement that we need to establish goals for the treatment, given the abundant literature that demonstrates the necessity of shared, stated goals for most successful treatments. Analytic practice needs to resolve the discrepancy between the patient’s desire for symptom relief and improved life circumstances with the analytic attitude that shuns observable evidence of treatment success as superficial.

It is time to incorporate much of the conventional wisdom of Freudian analysis, like being able to assess whether or not an intervention was effective by observing the patient’s behavior, associations, dreams and feelings that follow, while applying this guideline cooperatively with the patient rather than from an independent, authoritarian stance. The analyst can use his or her skills to make an assessment, and then seek affirmation for it from the patient in a variety of ways. If the patient seems to disagree, then what happened between analyst and patient is discussed in an egalitarian way, rather than assuming that the analyst is correct and the patient incorrect.

Schlesinger and Langs emphasize that the analyst should be able to predict the effect of his or her intervention and even have a plan for following up. This type of approach assumes that certain patterns in the patient’s history will be repeated, but does not deny the analyst’s participation. She gives an example from her own practice where she makes an error, notes the patient’s distress, then goes through several steps that include self-disclosure and analysis of the countertransference, to facilitate the patient’s ability to express disappointment and anger. Therapists in training need to have these skills so that they have some type of blueprint for how to practice. It is possible to provide guidelines that assume certain skills, knowledge and legitimate authority in the analyst, while still acknowledging that the main focus is the patient and that working cooperatively from beginning to end makes for the most effective treatment.

Joyce Slochower’s paper, “The Analytic Ideal and the Real Analyst,” addresses the role of illusions, protective and problematic, which simultaneously support and limit human experience. They eliminate intolerable subjective or real risk, obscuring the border between the desired and the actual. Yet when lightly engaged, illusions support the work, helping patient and analyst persevere in a process that is often ill-defined.

It is tempting to attribute illusions exclusively to our patients, but analysts are also vulnerable to negating the space between the “actual” and “ideal.” We hold out hope that our patient can change even in the absence of confirmatory evidence, countering self-doubt by redoubling our convictions about our affective responsivity, intact interior, tolerance for painful affect, or intimate and penetrating knowledge of unconscious process. At times we locate failure in the patient, protecting both the process and our person from excessive scrutiny. Do our illusions exist in dialectical tension with an awareness of more complex realities or do we altogether deny other, grim alternatives?

At times, analyst and patient unconsciously shift their experience in the direction of the other’s implicit needs and a quality of emotional synchrony, indeed, of co-constructed illusion is thereby established. “We are the perfect analytic couple.” “We will get past the obstacles that impeded my previous treatment.” “I can provide precisely what you needed and lacked.” Patient and analyst tacitly agree not to challenge the borders of those shared beliefs that support the dyad by buffering disruptive elements. These co-constructed illusions are based on a capacity to both accept and use paradox, as Winnicott, Modell and Pizer have described.

Not all analysts rely on illusions; some, in fact, are virtually allergic to them because the cost of fooling oneself far outweighs the pain of facing what is. New therapists have particular difficulty believing in their therapeutic potency; their awareness of their limitations seems to leave little room for illusion.

Or is this yet another illusion? Even as the beginning analyst doubts her therapeutic acumen, she often locates that skill in an idealized role model or theory. The supervisor may represent the model against which she falls short. “If only Dr. X were here, she would know what to do to help my patient.” And candidates do not always create these illusions of supervisory omniscience alone. It can feel only too easy to sit comfortably in the position of older and wiser analyst who imparts clinical or theoretical pearls of wisdom. When we fail to recognize our complicity in this split, a co-constructed illusion of supervisory perfection is established that represents a potentially serious interference during training.

Ultimately, we must neither absolutely embrace nor abandon our illusions but instead, become temporarily immersed in them while sustaining a partial awareness of the fact that we are doing so. When we are able to shift relatively fluidly between different self-states, between moments of good-enough and not-good-enough analytic functioning without feeling excessively disrupted, our illusions remain protective but not antidotal. It is the capacity to maintain a complex mixture of the visionary and the “actual,” an ability to aim high and still retain a sense of humor about this impossible profession that ultimately sustains and supports psychoanalytic work.

Karen J. Maroda and Joyce Slochower
The Analyst’s Vulnerability: When Psychoanalysis Meets Medical Illness

Presenters: Mary-Joan Gerson, PhD
Gilbert Cole, CSW, PhD
Frances Sommer Anderson, PhD

Chair: Melinda Gellman, PhD

In keeping with the theme of this year’s conference, Being and Becoming, this panel addresses the authentic engagement of the analyst’s vulnerability when medical conditions feature in the treatment. The presenters discussed how the attentiveness to one’s vulnerability can heighten the work close to the patient’s core, as well as enhance the effectiveness of sometimes necessary intervention in more pragmatic areas.

Mary-Joan Gerson discussed the inherent difficulty in translation between the worldviews and languages of the medical system and psychoanalysis. Bringing our therapeutic co-participation in a context with fantasies of eradicating pathogenic agents is challenging at best. The threatening role of randomness in who gets ill creates anxiety for the therapist. Dr. Gerson cautions against providing unguainly theory or interpretation in order to relieve our own anxiety. She emphasizes the need to tolerate anxieties about the unknown and existential unfairness and to remain focused on personal meanings and metaphors for each patient. Dr. Gerson describes work with patients with irritable bowel syndrome, a condition where the intensity of illness is affected by relationships with significant others and psychological intervention has demonstrated symptom relief.

Dr. Gilbert Cole addressed the circumstance of the analyst carrying the illness in the dyad. He thoughtfully discussed how HIV seropositivity affects the identity of the therapist and experience of the patient in multiply layered ways. Disclosure of HIV seropositivity, whether deliberate or inadvertent, can cascade into disclosure of a potentially overwhelming profusion of meanings. Through elaboration in a case study, Dr. Cole tracks the function of the changing meanings of his seropositivity along the categories of sameness and difference in the transference countertransference. His patient’s move from “knowing but not knowing” into ultimate acknowledgement of his therapist’s status reflects deepening trust and a broader recognition of the other, including both sameness and difference. Dr. Cole describes pushing through his own vulnerability in time to prevent a collusion to terminate treatment with important implications of his perceived HIV status left unsaid. Infection and contagion, initially avoided, became metaphors and ultimately locations of sameness, as the patient risked the safety of avoiding contact in this otherwise highly successful and intimate treatment.

Dr. Anderson invited us into the frame of three treatments, where patients’ medical conditions strained the frame and engaged the therapists’ vulnerability. She discusses situations where body urgencies and medical emergencies require immediate response, and where more prolonged conditions may call for engagement beyond the consulting room. Her vignettes offer a sensitively shared window into the developmental process of an analyst around complex issues of body disease and process within the transference countertransference. She demonstrates the varying capacities of patients to reflectively process interventions concerning their bodies. Dr. Anderson articulates the vulnerability that accompanies a strong sense of responsibility she feels towards patients with pressing medical conditions. She emphasizes, along with the other panelists, the rich value in discussing the personal meanings of illness related events within the relational context of the treatment.

Melinda Gellman

To Be or Not To Be: Analysts in Hiding

Presenters: Marilyn Metzl, Ph.D.
Gerald Stechler, Ph.D.

Chair: Marilyn Metzl, Ph.D.

According to the Strategic Marketing Initiative of the American Psychoanalytic Association, conducted in August of 2002, “We have an image problem.” The marketing survey found that “psychoanalysis is widely perceived as arcane and irrelevant, and its practitioners as arrogant and aloof.” Although the field of psychoanalysis has much to offer individuals, couples, families, parents, lovers, politicians, creative artists, business and international relations, it frequently does not receive sufficient credit and as a result, practitioners of psychoanalysis not only do not announce their identity as analysts, but frequently hide their credentials when functioning in the larger psychological community, and frequently identify themselves as psychoanalysts only when involved with psychoanalytic institutions or at psychoanalytic conferences.

Dr. Gilbert Cole addressed the circumstance of the analyst carrying the illness in the dyad. He thoughtfully discussed how HIV seropositivity affects the identity of the therapist and experience of the patient in multiply layered ways. Disclosure of HIV seropositivity, whether deliberate or inadvertent, can cascade into disclosure of a potentially overwhelming profusion of meanings. Through elaboration in a case study, Dr. Cole tracks the function of the changing meanings of his seropositivity along the categories of sameness and difference in the transference countertransference. His patient’s move from “knowing but not knowing” into ultimate acknowledgement of his therapist’s status reflects deepening trust and a broader recognition of the other, including both sameness and difference. Dr. Cole describes pushing through his own vulnerability in time to prevent a collusion to terminate treatment with important implications of his perceived HIV status left unsaid. Infection and contagion, initially avoided, became metaphors and ultimately locations of sameness, as the patient risked the safety of avoiding contact in this otherwise highly successful and intimate treatment.

Dr. Anderson invited us into the frame of three treatments, where patients’ medical conditions strained the frame and engaged the therapists’ vulnerability. She discusses situations where body urgencies and medical emergencies require immediate response, and where more prolonged conditions may call for engagement beyond the consulting room. Her vignettes offer a sensitively shared window into the developmental process of an analyst around complex issues of body disease and process within the transference countertransference. She demonstrates the varying capacities of patients to reflectively process interventions concerning their bodies. Dr. Anderson articulates the vulnerability that accompanies a strong sense of responsibility she feels towards patients with pressing medical conditions. She emphasizes, along with the other panelists, the rich value in discussing the personal meanings of illness related events within the relational context of the treatment.

Melinda Gellman
surgeon, cold, austere, withholding, silent and of the treatment as obsolete, length painful and not cost-effective remains in the public and professional gestalt.

Patients interviewed for the survey, however, found the psychoanalytic experience as a warm and caring relationship where “one can reveal his or her deepest secrets, a relationship which feels private and secure, and a transformative process where one is taken seriously, and where one learns to understand feelings and to gradually feel unashamed and okay to talk about and own them.” Psychoanalysis was described by patients as a rebirth, a way of loving, a deepening of the experience of life itself, a mutual process of understanding, with mutual impact on both the analyst and the patient. Participants in the consumer groups sought out a therapist based upon recommendations from friends, family members, clergy and personal physician. There was little awareness of the specialized training required to become a psychoanalyst. Surveys of mental health professionals found that fewer patients are now seen in long-term therapy due to the effects of managed care, which has limited reimbursement and length of treatment, and increased use of psychotropic medications, which promotes the expectation of a “quick fix.”

The theme of our present society is based on instant gratification. Few of our young are raised to postpone immediate access to their pleasures. Fast food, bars open around the clock, rapid delivery of whatever you would like, the mobile phone, the iPod allow youth to experience instant communication. The Internet puts the world at your fingertips without ever having to leave home. The result of this is not only a society that has difficulty reading the newspaper and sustaining interest in a book, but prefers pills and rapid resolutions to the time and intellectual investment necessary to participate in psychoanalysis.

Rather than viewing treatment as an exploration of past issues and how they relate to present issues, many mental health professionals surveyed appreciated the value of psychoanalytic theory but expressed doubt and skepticism about the value of psychoanalysis as treatment, feeling that it fosters dependency they viewed it as “cult-like,” with many professional presentations viewed as obscure, intellectualized and not practical. Psychoanalysts reading these observations tended to deny their relevance and to deny the implications of the research. Melvin Bornstein reviewed the problem of narcissism in psychoanalytic organizations (Psychoanalytic Inquiry, 24, 2004 pp. 71-85), and found that Freud’s defensive idealizations and grandiosity against narcissistic vulnerabilities contributed to organizational difficulties that persist in analytic institutions today. Paradoxically according to Bornstein, the history of psychoanalytic institutes reveals that the values and ideals that influence the relationships among some of the institutes are directed towards promoting interpersonal bitterness, insularity of power, injuries and narcissistic aggrandizement.

According to Bornstein, the values and ideals that are demanded of a psychoanalyst in the clinical situation are honesty, integrity, courage, love for one’s patient and commitment to help ones patient live a much richer life. The question must be asked, “Why do we hide our identity and what is our place in the field of psychotherapy?” Market data indicates that mental health colleagues see the field psychoanalysis as rigid and disconnected from social realities and concerns. It has been postulated that the mistrust of psychoanalysis dates back to conflicts that have existed both within and without the analytic environment. There is much history of turf wars in our field. Our feuds about time, the number of sessions, the use of the couch, and the training situation have resulted in a negative stereotype that very few of us fit.

The presentations by Drs. Stechler (“At Home in Our House?”) and Metzl (“Hiding Our Psychoanalytic Identity: The Private and Public Analyst”) explored the myriad reasons why analysts do not claim their identities and understand, and help the public understand, how much of analytic work is applicable to the human condition. The shame and lack of confidence promoted by the industrialization of mental health care, the focus upon evidence-based treatment and the legacy of infighting and elitism, confounded by research and presentations delivered in language both obscure and indecipherable to colleagues and to the public, has resulted in a crisis for the profession of psychoanalysis. The challenge is to make changes so that new ways to communicate with the public and with each other are developed, and to make analytic thinking more visible and more useful.

We are caught in a loop. The bad reputation will persist until we change it. But if we do not speak openly about the kind of work we are now doing, clinically, in outreach, and in community service, then by default, it will be the old image that will remain, and we will continue to hide. There is only one way out of this dilemma, and that is to face the negative imagery and alter it, not by defensive argumentation, but by counter-example. We are doing good and important work that is particularly vital in this era of impersonal and mechanized health care. There may be some cause for hope and optimism, particularly if we can look at the paradoxical way in which psychoanalysis interacts with mainstream culture. Now that we are once again so clearly counterculture, we can exercise our creativity and offer our humanitarian and universalist message without hesitation.

Recently, about twenty-five psychoanalytic therapists, who had volunteered their time to help families of Army Reservists and Guardsmen serving in Iraq and Afghanistan, were being briefed by military personnel. To everyone’s surprise, the non-psychoanalytic medical officer said that he was overwhelmed by the fact that military families, who often had substandard services, were now going to be met by the very best therapists that could be found. Under all of the layers of ambivalence, we may be held in higher regard than any of us are aware of.

Marilyn Metzl and Jerry Stechler
The Indelible Imprint of Trauma
Suzanne B. Phillips PsyD, ABPP, CGP

Recognizing that in this culture films are a vehicle for conscious and unconscious communication, the author began by noting that people attend films not simply to be entertained; but to encounter forgotten developmental anxieties, seek solutions to cultural crisis, give voice to the unspeakable and find a container for the projection of conscious and unconscious fears and longings. Against this backdrop, the author discussed the film Mystic River as a reflection of the indelible imprint of trauma on many levels. Interspersing actual film clips throughout the paper presentation, the author used psychoanalytic perspective and trauma theory to illuminate narrative, character development, symbolization and cinematography. Much like traumatic memory, the film is not presented as a coherent narrative that unfolds chronologically. Rather, as the murder of a child in the present is overlaid with the “soul murder” of a child in the past, the viewer, like the characters, is subject to confusion, flashbacks and symbolic triggers.

Opening with the abduction scene of three boys interrupted when writing their names and the word “forever” in cement, she referenced Dave’s half-written name, “Da” as symbolic of the way in which trauma derails his childhood, robs his identity, and changes all of the boys’ meaning of “forever” to a timeless imprint of pain and loss. Showing the flashbacks of abuse that haunt Dave, she referenced the meaning and disruption of dissociation as childhood defense that becomes adult torment. Referencing Hirsch’s interpersonal definition of dissociation, she delineated the hints of trauma’s assault in the actions, affects, and interpersonal configurations of the two other boys.

Reversing perspective, the author considered the use of the film to expand psychological meaning. Given that in the face of trauma, according to Bessel van der Kolk, linguistic encoding of memory is inactivated and traumatic memory is encoded in the form of vivid sensations and images, she demonstrated that film in terms of lighting, sound, juxtapositions, cross cuts between scenes, camera angle etc., is uniquely suited to represent trauma in a different way than written description.

Finally, drawing upon the semiotic theories of spectatorship in film, the author invited consideration of the way in which the viewer interacts with the film to create meaning. She suggested that another aspect of trauma reflected in Mystic River is a function of the audience’s interaction with the film. Noting that the movie was released on October 10, 2003, two years after 9/11, 7 months after war was declared in Iraq and in the midst of the Catholic Church priest abuse scandal, the author wondered if the success of this dark film might reflect a private and public need to bear witness, to call attention to the disempowerment and disconnection suffered when trust and safety are shattered, when children are no longer safe.

If It Bleeds, It Leads: Fear-Based Programming
Deborah Serani, PhD

Gone are the days when people would tune into the news to be informed about straightforward local and national issues, glean the weather report and check traffic routes. Nowadays, watching the news is a risky pursuit. Catastrophe, suffering, and violence are themes that thread through television news, and pictures capture the horror. Technological innovations and the post 9/11 atmosphere have changed the programming of news media toward trauma driven content. News programming has moved from providing citizens with the information they need to be free and self-governing to programming that attracts ratings by exploiting their vulnerabilities.

Fear-based newscasts bear on the psyche by weakening the ego’s stimulus barrier, amplifying annihilation anxiety and setting into motion a variety of traumatic defensive operations. The stimulus barrier is the part of the mental apparatus that deals with the effect of external stimuli. In essence, the stimulus barrier evaluates, indexes and interprets events in the outside world, serving to protect the psyche. Although pre-existing susceptibilities will influence how the psyche’s defensive shield will operate, Freud reminds us that the structural integrity of the stimulus barrier can be compromised when stimuli from the outside world is perceived as too overwhelming.

Lending this theory to fear-based news programming, a viewer who cannot externally bear the horror of what is being seen and heard, and cannot process the stimuli intrinsically will experience a psychic system overload—an annihilation anxiety. Along a similar line, the person whose stimulus barrier is immobilized by the indirect transmission of trauma will also experience a dissolving of the barrier. Annihilation anxiety is an overwhelming sense of fragmentation that leads to what Winnicott calls an unthinkable state of affairs, where primitive agonies and fear of breakdown swirl. Many who watched or were told about the World Trade Center towers collapsing, the beheading of captured men and women, the tidal waves of the tsunami slipped into the loss of the real, folding into a sense of nothingness—what Bion would call a nameless dread and what Grotstein describes as the zero dimension.

When the stimulus barrier is compromised defenses such as encapsulation, repetition compulsion, counterphobic defenses, and the introjection aspects of gaslighting can occur. The trajectory of treatment should focus on the reinstatement of safety and basic security needs, and to offset, as Bick describes, the state of unintegration a patient experiences. In addition to educating patients about the psychological, biological and chemical aspects of trauma as emphasized by Bryant and Harvey, the analyzing of defenses is crucial. The goal is to recover and re-instate healthy ego functioning so that the stimulus barrier can function again.

For more information about this paper, contact Dr. Serani at: drsera@optonline.net
DIVISION OF PSYCHOANALYSIS (39)
26TH ANNUAL SPRING MEETING

LOVE, DESIRE & PASSIONS:
VARIETY, ENIGMA, AND THE DISRUPTION OF PSYCHOANALYSIS

APRIL 19 - 23, 2006
LOEWS PHILADELPHIA HOTEL
PHILADELPHIA, PENNSYLVANIA

KEYNOTE SPEAKERS:
Jody Messler Davies, Ph.D.
Ken Corbett, Ph.D.

CONFERENCE CO-CHAIRS:
Dennis Debiak, Psy.D.
Noelle Burton, Psy.D.
In this paper, Andrew Gerber began by arguing for the importance of empirical psychoanalytic research 1) for leading to better treatments for our patients, 2) for establishing psychoanalysis within the scientific community, 3) for encouraging interest among trainees in mental health related fields, and 4) for justifying the worthiness of this modality to funding sources. He laid out the course of his own research and the conflict that many psychoanalytic researchers face in the desire to answer “big questions” yet do reliable and valid research.

Gerber laid out his interest in exploring two major questions: how does one measure psychoanalytic outcome and how does one measure psychoanalytic process? He suggested that Mary Main’s Adult Attachment Interview (AAI) could be a useful measure of outcome because 1) it assesses mental structure, rather than merely symptoms, 2) it is psychoanalytically informed, 3) it fits multiple theoretical and clinical perspectives, and 4) it has been shown to be reliable and valid in normal and clinical samples. Next, Gerber made a case for a new measure of psychoanalytic process that would 1) assess meaningful processes, 2) take into consideration multiple theoretical and clinical perspectives (including but not limited to psychoanalysis), 3) not get overwhelmed by large quantities of data, and 4) take advantage of the therapist’s unique ability to condense and interpret information.

Gerber then presented data from his own study, conducted at the Anna Freud Centre in London with Peter Fonagy that incorporated both the AAI as a measure of outcome and a new measure of psychoanalytic process. This was a quasi-experimental study of 25 young adults sequentially assigned to psychoanalysis (n=14) or psychodynamic psychotherapy (n=11). Analysts reported process using a novel 899-item questionnaire, the Young Adult Weekly Rating Scale (YAWRS). Patients were assessed by an independent psychiatrist at intake, termination, and at 18 month intervals after intake and termination with the AAI and a host of symptomatic and diagnostic measures.

The patients suffered from depression, anxiety, and personality disorders. Over the course of treatment (6 months to 8 years long), 12 of 19 patients (with adequate data) improved symptomatically on an aggregate measure. Ten of 12 improvers were in the psychoanalysis group. Data from 1,314 YAWRS questionnaires were factor analyzed and used to test hypotheses from the psychotherapy process literature. In the first year of psychoanalysis (as compared with psychodynamic psychotherapy), higher scores on therapist dynamic technique, patient dynamic material, and negative patient transference were found. In the combined sample, higher scores in the first year on therapist dynamic technique, patient dynamic material, and discussion of contract were predictive of positive outcome.

In making use of the AAI as a measure of outcome, the study showed a high proportion of secure classifications at initial assessment and, in successful treatments, a movement towards a preoccupied-entangled attachment pattern which began to resolve by termination. Gerber proposed that the AAI was thus serving as a measure of both structural health and regression/transference neurosis, which must occur and then resolve for treatment to succeed.

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WILLIAM JAMES ON ESSENTIALISM: IMPLICATIONS FOR THEORY AND TECHNIQUE

Louis Rothschild, PhD

Although 8:00 AM is early for philosophy, William James’ concept of essentialism was used as a metric from which to examine what some consider a crisis in technique born of the constructivist, hermeneutic, and postmodern theories that circulate within contemporary psychoanalysis. At issue was consideration of the claim that casting identity as unstable and context-dependent undermines one’s clinical ability simply because the clinician who considers identity to be unstable is thereby located within the specter of relativism.

James’s nineteenth century theory was used to show that such fear of a context-dependent point of view is misplaced. Although James wrote outside of psychoanalysis and prior to the constructivist turn within psychoanalysis, the concept of essentialism found in his foundational contribution to American psychology affords an understanding that anticipates and contributes to the current postmodern and post-Cartesian conversation that has emerged within psychoanalysis. That is, James’s treatment of essentialism shows that a pragmatic view of multiplicity may bypass relativism and thereby contribute to clinical formulation and intervention.

James’s challenge to see one’s point of view as a hypothesis or habit as opposed to a fact when that very point is reflected upon or deconstructed gets to a very essence of the psychoanalytic endeavor, and it has implications for each member of the dyad. In regard to the client, scenarios in which functional categories are considered to have ontological status or hypotheses are treated as fact have been considered pathological in cases of the hallmark defenses of disavowal and splitting found among concrete clients. What is deemed pathological is not the selection of a particular feature as essential per se, but a rigidity born of a selection that denies that active aspect of selecting.

In regard to the clinician, critique of the analyst’s authority has questioned the ubiquity of practitioners in a manner that suggests that it is not only concrete clients who are prone to imbue functional categories with an ontological status. Co-participant inquiry has afforded a view in which the lure of feeling like an authority is for the therapist a defensive yearning that serves to counter apprehension experienced when one encounters unknown, unique, and unpredictable aspects of the human condition. In this there is a similarity between the concrete patient who appears to demand a rigid relatedness without reciprocity or responsibility and the therapist who defensively clings to technical matters.

A Jamesian focus looks to the clinical experience itself as an opportunity to deconstruct or analyze motive. In short, a pragmatic treatment of essentialism shows that rigidity may usher in nihilism, not the act of subjecting rigidity to scrutiny. Showing that the perception of a particular feature as salient or essential is an active construction is a central task of a therapy whose goal it is to reduce pathologically rigid constructions. This view simultaneously falls within American pragmatism, postmodernism, and the spirit of psychoanalysis. It was therefore concluded that the Jamesian view of essentialism provides a scaffold to inform and illuminate a technique that is both relational and constructivist.

Copies of the paper William James on Essentialism may be obtained by contacting Louis Rothschild at L_Rothschild@msn.com.

FATHER’S SEDUCTION OF THE DAUGHTER ENTICES HER INTO THE OEDIPAL PHASE-MOTHER’S ROLE IN THE FORMATION OF THE GIRL’S SUPEREGO

Ruth Lax, PhD

Discussed in this paper are Freud’s direct quotes, which indicate that he was aware of father’s seductive behavior that evokes the girl’s love for him. Namely, in 1919, Freud stated, “the affections of the little girl are fixed on her father, who has probably done all he could to win her love and in this way has sown the seeds of an attitude of hatred and rivalry toward her mother.” This view differs radically from Freud’s classical position. Its significance rests on the fact that it is based on Freud’s own statements, not repudiated by him, even though ignored by him and the Freudian establishment.

Freud by his statements indicated and underscored that it is father’s seductive role and its intensity that evokes the girl’s incestuous wishes directed to him. It is also father’s role that evokes and provokes the girl’s hatred and rivalry with mother. The importance of father’s active role is usually overlooked in the analytic literature when the dynamics of the complex Oedipal constellation are discussed. It is important to note and recognize that in his 1919 presentation, Freud did not mention anger at mother because the girl feels deprived of a penis, nor of wishes to receive same from father. Can one infer that Freud in the 1919 paper, stimulated by his analysis of his daughter, was reporting feelings he discovered and understood from self-analysis?

In spite of the clear statements made in his 1919 paper, and the nature of relationship to his daughter, Freud, in 1925 asks: “But how does it happen that girls abandon it (i.e., mother, the original object) and instead take father as an object?” Isn’t that a surprising question considering that Freud’s statements in 1919? In 1925, Freud answers his own question by asserting that the girl’s changed attitude towards mother” is due to her conviction that mother deprived her of a penis, nor of wishes to receive same from father. Can one infer that Freud in the 1919 paper, stimulated by his analysis of his daughter, was reporting feelings he discovered and understood from self-analysis?

In the 1925 paper, Freud does not mention anger at mother because the girl feels deprived of a penis, nor of wishes to receive same from father. Can one infer that Freud in the 1919 paper, stimulated by his analysis of his daughter, was reporting feelings he discovered and understood from self-analysis?

This paper depicts mother’s role as the first law-giver for both genders during the pre-Oedipal phase as well as her specific role in relation to the girl during the Oedipal conflagra-
tion and thereafter. During the later period, the girl’s uncon-
scious fantasies and incestuous desires toward father continue.
They account for her guilty feelings.

The fantasized role girls assign to mother as the punisher
in the so-called Oedipal drama corresponds to the fantasized
roles boys ascribe to father as castrator. Girls, like boys, fear
the loss of the integrity of their genitals. This spurs the girl’s
internalization of prohibitions and the repression of incestuous
wishes. It is mother, not father, who for the girl established the
“Oedipal law” and its moral foundations internalized by the
daughter.

To request copy of this paper, contact Dr. Lax at rlax-
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**THE EXTRAORDINARY PROFICIENCY**

**OF THE DREAM**

Anna Leifer, PhD

Freud’s depiction of the dream as a psychical product, a
derivative of something going on in the dreamer’s life, and a
consequence of meaningful events, was dismissed by the
medical community from the time it was published in 1899 to
the recent present.

Neuroscientists and sleep researchers have insisted that
the visual imagery of dreams is nothing more than the ran-
don firing of neurons and the fluctuation of neurotransmitter
chemicals. This view, called the “activation synthesis” model
of dreaming was based on the proposition that brain centers
responsible for thought, emotion and memory are inactive
during the REM sleep making information infused with emo-
tion and meaning inaccessible. Furthermore, they noted, since
brain activity during dreaming is located in the portion of the
brain called the pons, the most primitive subdivision of brain
tissue, the dream is necessarily absurd, without purpose or
meaning.

This “activation synthesis” model of dreaming began to
fall apart in the 1980’s when reports of dreaming in patients
with lesions on the pons began to appear in the literature.
With the pons, the designated site of REM sleep in default, neuro-
scientists began to revise their original formulations. If the
pons is disordered and the subject nevertheless reports dreams,
then the source of REM sleep must be sought elsewhere.

Recently, Mark Solms collected accounts of several
hundred patients who had undergone lobotomies, a popu-
lar procedure for severely ill psychotic patients in the early
1900’s. He found that cessation of dreaming only occurred in
those patients who sustained damage to the deep ventrome-
sial frontal region, that part of the brain essential for normal
motivation resulting in action. Subsequent studies conducted
by the National Institute of Health, while generally confirm-
ing Solms’ findings, found that only certain parts of the frontal
lobes are implicated in dreaming. Using PET scanning to mea-
sure blood flow, an indication of brain activity, they reported
that brain centers that went offline during REM sleep were
cortical regions responsible for planning, abstraction, logical
thinking, and the contextual flow of memories as well as the
primary visual cortex in charge of receiving visual input from
the outside world. Thus we have come to an unprecedented
place in the examination of unconscious phenomena. For one
thing, the unconscious encompasses wider regions than we
thought, with access to certain parts of the frontal lobes, the
site of highly sophisticated mental functions.

Secondly, it is conceivable that the dream, the carrier
of unconscious matter, the deliverer of images in amorphous
perceptual units, perplexing, indecipherable, lacking in order,
sequence or continuity, actually provides the most promising
area for inquiry into the properties of the human mind.

Three dreams of different patients were presented to
illustrate how the unconscious strategically uses the mental
structures at its disposal to communicate. Without access to
those parts of the frontal lobes responsible for logic, reason,
self-awareness, orderliness, sequencing, planning and the
selective replaying of images, the unconscious relays its mes-
sage. I use this material to illustrate the extraordinary profi-
ciency of the dream in representing the ideas that are chosen
to be expressed. Using the brain structures at its disposal, it
speaks as clearly and as cogently as it can to express some-
thing otherwise inexplicable. It orchestrates from a limited
repertoire a wealth of significance.

I am proposing that contrary to Freud’s belief that the
dream is designed to confuse, conceal and obfuscate, its real
aim is to disclose and instruct. As analysts become more will-
ing to integrate dynamic treatment with physiological data,
new developments, such as presented in this paper, are more
likely to emerge to support our endeavor. And as the neurosci-
entific community develops a better understanding of the pre-
rogatives of psychology, the more they are likely to legitimize
dreaming as a meaningful phenomena shaped by its evolution-
ary origins along with other functions of the human brain.

**CONTINUED FROM PAGE 40**

and betrays the self, with individual expression of that binary
becoming a means of enacting just what the binary forbids.

She felt that the cases presented served to illustrate this
idea: Drs. Toronto and Ainslie’s patients entered treatment with
relatively more rigidly and concretely gendered performances,
and the initial task of the analysts lay in helping the patient to
understand what sorts of intrapsychic and intersubjective tasks
that their gendered representations were being deployed to do.
As treatment progressed, Drs. Toronto’s and Ainslie’s patients
became more fluid in their expressions of gender, along with
a distinct movement towards developing a generally broader
range of relational capacities. Dr. Kieffer concluded by noting
that either/or thinking limits our understanding of gender when
gender is understood only in terms of material reality or when
it is considered a mere social construction, and that the essence
of gender is located in a shifting oscillating tension, moving
towards an integration that is never quite achieved—a paradox
to be experienced but not resolved.

Christine C. Kieffer
**Complexity Theory and Psychoanalysis**

For the past two hundred years, the scientific framework of thought has been dominated by the ideas of Bacon, Newton, and Descartes. The emergence of nonlinear dynamics has occurred in response to the inability of Newtonian mathematics and physics to account for many elaborate patterns of systemic behavior. Nonlinear theories suggest terms to represent change in a non-classical or nonlinear manner and proponents of these theories see them as revolutionary because they can be thought of as “theories of everything,” applicable to systems of a biological, economic, or even social nature.

In light of the increased use of nonlinear theories in psychoanalysis, this paper defines the characteristics of nonlinear systems and discussed complexity theory as a framework for psychoanalysis, describing the psyche as a complex dynamic system. One might expect the psyche to contain a network of attractors, to be sensitive to initial conditions, and to engage in oscillating states of transition causing it to exhibit bifurcation and fractal scaling. Furthermore, the psyche is capable of self-organization and the creation of emergent phenomena. The psyche could be thought of as a network of attractors and, quoting the work of Palombo and Thelan and Smith, posits that unconscious infantile attractors have the ability to organize conscious subjective experience.

While complexity theory has been utilized as a framework for understanding psychic functioning and therapeutic change, this paper suggests that the neurological processes underlying psychoanalytic theory might also be understood from this frame of reference. The second part of the presentation explored some of the nonlinear parallels found in Freud’s 1895 monograph *Project for a Scientific Psychology*, which is the subject of Ms Harper’s current research.

The *Project* described the relationship between energy flow within the brain and the normal, abnormal, and cognitive processes that result from various neuronal energy transfers. Freud’s model described electrochemical and neuronal energy transmissions both between neurons and within a neural network; cellular proximity was an important concept in the model. Not unlike that of the nonlinear theorists (for example, Gerald Edelman and Stuart Kauffman), Freud’s neural network was also based on cellular proximity and therefore energy flow, energy dispersion, cellular adhesion, cellular density, and cellular adaptation were also considered by him.

Furthermore, neurological development of inhibition, side cathexes, and primary defense, as proposed by Freud, may be understood as bifurcations within the neural network that occurs when a specific threshold of hypercathexes has been reached. Because inhibition, side-cathexes, and primary defense are neurological processes that expand neural pathways, thereby, redistributing energy (Q) and increasing the complexity of the network, one might hypothesize that these secondary processes develop due to bifurcation and are therefore emergent in nature.

Although Freud’s theory and nonlinear theory were created almost one hundred years apart, Freud’s neurological model may have something to offer contemporary neuro-psychoanalysis and, reciprocally, nonlinear theories may have the capacity to elucidate Freud’s model of the mind as set forth in his *Project*.

Please direct questions and requests for the full paper to Kate Harper (harper@yorku.ca).

*Continued from Page 39*

Insert additional paranoid trends into the potential space, which causes its collapse. The creative process is foreclosed in favor of maintaining the illusion that the psychoanalytical enterprise and its accompaniments can be subjected to prediction and control, as well as oversight by the State. This distorts the meanings of supervision and constructs the supervisee as the automaton-proxy of the omnipotent supervisor, who in turn operates on the patient as a troublesome, disordered object that must be brought into (socially-sanctioned) adaptive, compliant line. The paper concluded with the question as to whether psychoanalysis can indeed be taught as such, and begins the question of pedagogical pathways for the transmission of this hermeneutical art and way of life that we are fortunate enough to practice, as it exists alongside of empiricist-logical-positivist demands for hegemony.

David Downing

*Continued from Page 42*

More aware of racial enactments in the consulting room.

To gain multicultural competence, Dr. Leary does not advocate learning content per se, but instead, that “learning how to learn.” That is, to be open, curious, engaged and moved within the clinical work and to learn what particular questions to ask in the therapy room. Drawing on Edward Sampson’s work, instead of striving towards “additive leaning,” where information is simply added-on about different groups, analysts should strive towards “incorporative learning,” where basic frameworks of understanding are transformed.

In conclusion, the diverse personal and clinical perspectives presented in this panel itself demonstrated the changing face of psychoanalysis. While discussions of multicultural issues may be more and more prevalent in psychoanalytic training and practice nowadays, we are still far from the transformative, interdisciplinary dialogue needed for promoting a psychoanalytically productive conceptualization of diversity. A revision to the psychoanalytic lexicon will not be achieved merely by collecting information across inclusive samples. As we continue to examine the hidden and implicit assumptions in the psychoanalytic background, we may be better equipped to work meaningfully within the consulting room.

Winnie Eng
The subtitle, “Animals in the Human Mind and its Pathology,” charts the scope of this book, which puts together papers on how we humans relate individually and socially, in presence and in representation, with our animal kin.

Following a brief editorial introduction, Part I, Conceptual Backdrop, sports a sole chapter by Salman Akhtar and Jodi Brown, “Animals in Psychiatric Symptomatology”: in their words, a guided tour of the mental zoo found in psychiatric patients, child and adult. Enticingly, a short clinical narrative introduces each point. The ground covered goes from delusions and hallucinations to lycanthropy and other culture-bound syndromes, to obsessions and phobias, to personality disorders and sexual perversions involving animals. Childhood issues get their share as developmental issues where the link to animals paves the road to a healthier development, and also as pathological aspects ranging from simple phobias to the darker regions of remorse-free cruelty done to animals.

Part II, Freud’s Menagerie, approaches three animals having gained psychoanalytic place of honor: rats from the Rat Man, horses from the case of Little Hans, and wolves from the Wolf Man’s case. Chapter 2, Rat People, written by Leonard Shengold, pursues the line of his 1989 book Soul Murder, studying people sickened through overstimulation brought on by seduction or beatings by psychotic or psychopathic parents. Overstimulation, says Shengold, is central in their life and in their analytic transferences; they stay fixated on the cannibalistic level of libido development or tend to regress to it, which sometimes joins a preoccupation with rats. The rat being a mental image of cannibalism, perhaps because it murders and devours members of its own species, preoccupation with rats should alert one to the possibility of soul murder.

Shengold then exhumes a valuable literary antecedent for the Rat Man’s case: a novel published in Paris in 1893, Torture Garden, widely read in Europe, where the climactic episode about rat torture in China comprises a detailed dialogue between the Chinese torturer and the heroine Clara, obsessed by torture: notably, the overstimulated rat is a previously tortured torturer, samely as in soul murder the assaulting adults were overstimulatingly assaulted as children. In these “rat people,” massive isolating defenses split off their overstimulating experiences, vertical splits of the ego are found between the experiencing and the cognitive ego, and Oedipal conflicts are regressively expressed in oral sadistic terms, issues that Shengold illustrates clinically and examines in George Orwell’s Nineteen Eighty Four. A brief history of man’s relation to the horse as a source of a mainly masculine power, horses being formidable fighting instruments, opens Chapter 3, John E. Showalter’s “Horses and Horsewomen.” Centaurs as a mythical race, part horse and part human became, he says, the picture of human passions, raping, fighting, pulling the cart of the wine god Dionysus; and they were ridden by Eros, the god of love. Male power gives the background for what he clinically illustrates, the theme of the horse-crazy girl—a “crush” rare in boys. The case presented concerns a college girl whose core belief was that no one cared for her. She had been a tomboy in latency, who had decided in childhood that she would not be a good mother and should not have children, and had never thought of herself as a sexual person. Oscillation between bulimia and anorexia, and a dread of getting close and breaking up, were notable features. Of this rich materiel I shall only comment on her feeling that “there is nothing closer than working one-to-one with the horse,” on the “flowing sense of oneness” experienced in the give-and-take between rider and horse especially during jumps. Such feelings of oneness, or primitive fusion, counteracted her intense separation anxieties.

“The Wolf in the Consulting Room,” by Dwarakanath Rao, closes the triad of papers bearing on Freud’s menagerie. Learned briefings on wolves in mythology, feral children and lycanthropy lead to a consideration of totemism and psychoanalysis where Frazer’s classic The Golden Bough gets well-deserved attention, which includes a bold 1890 question prescient of psychoanalysis: “Why do men desire to deposit their life outside their bodies? This, what Frazer attributes to obscure fears of sexuality, is amplified by Freud in Totem and Taboo in terms of fears of sexuality at individual and social levels, exogamy, the incest taboo, and the Oedipus complex. Rao then examines Finnish Oedipal stories where the wolf is a vehicle of ravenous unstoppable appetites, noting that in the Wolf Man’s upbringing wolves were part of the scene. Next, in an interesting turn on the primal scene, he brings forth Blum’s idea that the Freudian idea of deferred action tends to artificially force pathogenesis into the frame of a strictly Oedipal configuration, while to Blum, and to this reviewer, the pre-oedipal issues of separation and object loss get revived and reexperienced in the course of Oedipal castration anxieties. Lastly, and quite more controversially, Rao sides with Mahony in that it was Freud as adroit writer, whereby on the wings of unconscious artistry meaning is created and foisted upon the clinical happenings, that is present in the unfoldings...
of the wolf theme.

Part III joins five chapters, dealing with varied fauna: dogs, birds, snakes, spiders and cats. Chapter 5, Phillip J. Escoll’s “Man’s Best Friend” recalls that for 12,000 years dogs have been a significant part of human experience and culture. On from ancient Egypt, where they played their role as icons, totemic and even gods, dogs have served as workers as well as pets, having been used as sled dogs, to herd sheep, to help hunters and as watchdogs. Associating closely with children, they become their companions and virtual siblings, their objects of security and eventually as well their transitional objects. This feeds into a commonality between dogs and man: in the Muslim tradition, says Escoll, animals have souls, and to make an animal happy is to live by the principle of Islam. On the frequency and intensity of such doggy involvement—as reported from a wide survey, 60 percent of dreams of four-year-olds involve animals—it is small wonder that dogs often come up in psychiatric symptomatology, in delusional manifestations, in hallucinations or in sexual perversions as well as in phobias. Literature and the cinema show many works starring dogs; heroic goodness is perhaps prototypically represented by Lassie, while oppositely depiction of the dog as absolute evil is found in Conan Doyle’s The Hound of the Baskervilles. Escoll cites Willie Morris’ account My Dog Skip, the poignancy of which comes up in the author’s phrase “I was an only child and he was an only dog”, and then describes the emergence from the ‘50s on of pet-facilitated therapy in psychiatric hospitals and in helping autistic children and geriatric patients, relying on a pet’s ability to to bring out the best in us, our capacities for affection and compassion. Clinical cases illustrate identification with dogs, as well as their use as transitional objects and as parent surrogates.

Chapter 6, “A Journey with Homo Aves through the Human Aviary” by Gregg E. Gorton is, the author explains, a meditation, an exploratory journey. Aviomorphized humans, he says, are found in the images at the Lascaux caves, some 15,000 to 20,000 years ago, including paintings of a human male with a bird head (or mask) lying or falling under a wounded bison, having close by a bird on a stick with a head identical to the bird one on the fallen human figure. This last, notes Gorton, has been thought to portray the bird-soul of the fallen man with the bird head, perhaps about to take flight for an afterlife. He argues that such Paleolithic pictures may reflect an important creative moment in the cultural-evolutionary origin of animal objects’ serving transitional psychological functions and, furthermore, that transitional objects (à la Winnicott) mediate not only between a child and its maternal caregiver but also between nature and human culture. However, such jump startlingly skips the differences between the notion of the transitional object as the baby’s adumbration of the first not-me possession, and Winnicott’s extensions of the concept in later development into the notion of transitional spaces. Writing within a Lacanian frame, Gorton maintains that human animal hybrids, or cave paintings in general, fit along a continuum of “magical” objects that mediate between the symbolic and the imaginary realms, or “registers,” of human experience; this is, they operate between, on the one hand, the symbolic, “named,” realm of cultural and linguistic categories, meanings, and names themselves, and on the other hand the raw, imaginistic “primary” world as we sense it. Here the question comes up as to whether his avowal that “image and objects that serve higher order psychocultural functions yet do not rely upon language” as transitions between the imaginary and the symbolic order fits or not Lacanian orthodoxy; such question is all the more pertinent given that the author goes on to assert, appropriately in my view, that the said bird images may be thought of as more or less mimetic representations, and additionally, that by way of such transformative animal-for-human substitution found in many tribes—the modern-day analogies being found in artistic practices and in sporting events, not to speak more widely of media culture—people construct themselves as living symbols. These caveats may result from Gorton’s intellectually positioning his own voice in the current context of the après-Lacan: anyhow, they seem to be valid for what he much-too-happily forwards, very much in the wake of Cassirer, as “Homo sapiens, the symbol maker.” However that may be, being pressed by space limits, I must restrict myself to saying that his experiential journal through the Human Aviary in literature, in mythology and in Freud’s Leonardo is at times astoundingly erudite and quite a good read.
In Chapter 7, “Snakes and Us,” D. Wilfred Abse deals with the relationship of man and snake, this last being emblematic of wisdom and empowerment, of procreation, longevity, rebirth and immortality, and also of death and disease, sin, lecherous temptation and cunning duplicity. Intertwined snakes in the golden caduceus signified medical healing in ancient Greece and Rome, while snakes shot up as Medusa’s hair framing a face so ugly and malevolent that anyone looking at it turned to stone. According to some authors the snake is the animal form that appears most often in myth, legends and folklore. The shape and movement of the snake resonates with the experience of and the fantasies connected with the penis and thus comes to represent it in an unconscious symbolic equation of the snake with the phallus. That it can shed and change its skin and renew its youth, emerging with an increase in size and strength may have influenced its presence in a number of African snake cults concerning resurrection and fecundity, while in the case of India the phallic Hindu god Siva is also known and represented as King of Serpents. Anyhow, Abse points out that although saturated with phallicism, snakes have also served as important female symbols, cast in the main in the role of the malevolent mother, and that symbols are condensations having multiple, overdetermined references, which leaves scant place for a mechanical equation of snake = penis. Thus in fertility rites encircling snakes can represent the female, oftentimes as phallic woman, endowed with either a penis or a phallic attribute, external or internal. Going farther, Abse will argue, after Marie Bonaparte, that a cloacal stage precedes the phallic stage, and that the hole will stay feminine in both sexes. After reviewing the fundamentalist snake cult in the US Bible Belt, Abse reviews Paul MacLean’s Triune Brain, built as a hierarchy of three superimposed organizations, reptilian, paleomammalian and neomammalian, noting that the reptilian brain lacks empathy and man can block off imaginative sympathy, notably under group regressions as in wars. Metempsychosis, ophidiophobia and ophiophobias close the chapter.

I shall be brief on the late Melitta Sperling’s classic 1971 paper, reprinted as Chapter 8, “Spider Phobias and Spider Phantasies.” The author presents eight clinical cases, three children, two adolescents and three adults. All these patients experienced maternal rejection in their childhood, together with visual hyperstimulation, and they had been identified by their mother with an unconsciously hated and rejected part of herself, which is an important factor for development of psychosis in a child. To Sperling, use of the spider symbol in times of stress indicated the threat of imminent breakthrough of warded-off pregential, “crazy” impulses from the patient’s psychotic core, established mainly at an anal-sadistic level, with an inability to separate from the hated mother.

Closing the book, Vamik D. Volkan’s Chapter 9, “The Cat People Revisited,” retakes his investigation of “cat people.” It starts with a historical overview of man’s relationship to cats on from ancient Egypt, where the goddess Bastet, depicted with a human body and a feline head, was revered as the highest expression of femininity and maternity; cats, with their glowing eyes able to penetrate darkness fell low in medieval Europe, where they became omens of back luck, even messengers of the Devil. “Cat people” are confused about where aspects of the person or his or her self-images and internal object-images end and where the cat’s image starts. Volkan distinguishes and richly illustrates clinically three types of “cat people” on their uses of cats as protosymbols: 1) cats as reactivated transitional objects, with the illusion that such object is under the patient’s absolute control; 2) cats as self- or internalized object-representations, which for these patient’s minds can actually become those representations; and 3) cats as a psychotic core.

Three decades’ work with schizophrenic patients has convinced Volkan that regression in itself cannot lead to schizophrenic pathology, this is, that adult schizophrenia is built upon a partially encapsulated “infantile psychotic self” which, existing from childhood on, is absorbed by an enveloping healthier self that acts as its “voice.” This will involve repetitive mechanisms promoting two illusions: an illusion of “fit” between external reality and the infantile psychotic self, and an illusion of “starting again” with a core self saturated with libido, ”good” affects, in an attempt to go back to a healthy beginning.

In transsexuals seeking surgical alterations, the infantile psychotic self reflects the infant’s fused representation with the depressed mother, saturated with “bad” affects, while the surgery that transforms a male transsexual into a “woman” produces the illusion that the male child-mother unit can really be created. In the case of “cat people” with psychotic personality organization, the cat represents the patient’s infantile psychotic self, with which the patient can identify or alternatively it remains externalized, allowing the patient to appear “healthier” than he/she is. A detailed clinical case closes the chapter. All in all, a pertinent, informative, readable contribution to the literature. As an aside, it may be said to illustrate also on the myriad ill-defined uses that the term “symbolic” takes in our discipline.

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CONTINUED FROM PAGE 41

fail (e.g., in theorizing race and class ) in order to make room for new ideas.

Audience members noted their appreciation of the fact that there were only two papers and no discussant, which gave the authors the unusual opportunity to develop their thinking and the audience the opportunity for greater discussion.

Both Deborah Luempft and Lynne Layton are willing to make their papers available. You may contact Deborah at babette@webtv.net, and Lynne at layton@fas.harvard.edu.

Lynne Layton

Karen Zelan, PhD.

Jill Bellinson’s interesting book on the therapeutic use of structured games promotes a developmental orientation toward children in psychotherapy. E.J. Anthony (1982) observes that psychodynamic psychotherapy with children is rather different from that with adults. One reason for this is the mental discontinuity between the adult therapist and the child patient. There are also discontinuities across childhood stages. Bellinson describes young oedipal children, whose play predilections take the form of dramatic scenes, as different from latency-age youngsters, who naturally prefer structured activities and games. Adolescents and adults more often converse directly in psychotherapy.

Bellinson laments that playing structured games with children in therapy is rarely discussed in the child therapy literature or viewed as therapeutically useful. At best, children’s game playing is seen as ancillary to treatment, not the treatment itself. Throughout her book, the author makes a strong case for the use of structured games as a method for building a therapeutic relationship. “[C]hildren show themselves in everything they play and do” (p. 2), writes Bellinson, so it is the therapist’s skill in gearing the therapeutic intervention to the child’s developmental readiness that holds the most promise for a therapeutic outcome. Children should not be pushed to progress beyond their current developmental level, nor should they be encouraged to regress to an earlier developmental stage.

Bellinson traces the developmental sequence that children spontaneously experience in their chosen play activities. As they leave a world dominated by pretend and fantasy, magical thought gives way to the ability to reason, to concentrate in school, and to internalize social values. Imaginative dramas are replaced by an interest in structured and rule-oriented play as oedipal children enter latency. Bellinson’s observations echo those of Jean Piaget (1965), who observed, some four decades ago, that children ages six and seven devise rules to games of marbles as they play with one another. In addition to revealing emotional problems, children’s spontaneous activity in psychotherapy often provides the forum for the development of social concepts. It is these aspects of child development that Bellinson speaks to when she urges therapists to make use of board games as a rich source for clinical understanding and intervention.

The psychodynamics of the young child’s life are revealed as he plays games with his therapist, just as he reveals himself when enacting dramas. “When children use toys or dolls or art supplies or other playroom materials, therapists watch to see what is created, used, and revealed in the play. Structured games, too, can be highly informative if they are seen as projective material...” (p. 62). In discussing “Tessa,” the author observes that the child assumed she would be permitted to play games any way she wished because it had been acceptable to play with other playroom materials the way she wanted. In fact, it was expected that she do so, precisely because the child’s choices reveal much about what is going on in her life, especially internally. Even if a child has not been in therapy for very long, the therapist’s first friendly and reassuring greeting is likely to communicate that the therapy hour is a special time and place for her to use for her own purposes. Children will reveal a central theme preoccupying them as they play games with their therapist, just as they do when at the dollhouse. When a particular theme resonates to events in her life, the child becomes ready to process the therapist’s statements both developmentally and psychodynamically.

A most important reason for the therapist to honor the difference between the oedipal child and the latency child is that the older youngster has become ready for school learning. The virtue of beginning instruction just when the child readies himself for more systematic thought has been widely recognized (White, 1963; Bruner, 1966; Newman et al, 1973; Elkind, 1979; Zelan, 1985, 1991). Latency children in therapy often present their learning dilemmas, either by direct talk or by their play enactments, especially within the structured game format.

Bellinson presents interesting case material bearing on school learning. In the child’s mind, structured classroom learning is often linked to structured activities generally, so it seems natural to him to associate to school problems while playing games with his therapist. In fact, many games require reading or calculating, which further encourages this association. A child’s need to win at games might stand for his need to succeed in life, to learn as capably as his peers, to please his teacher. In therapy, a child playing games often wishes to win to prove his competence or to please his therapist.

Bellinson describes “Richard,” who plays chess in therapy, and the ways in which he attempts to control the game to assure his winning. Richard is an aggressive boy, upset at his reading failures and rejection by his classmates. He often calls his therapist “stupid,” likely a reflection of his own feeling when school subjects become challenging, or when he is at odds with his peers. Of the “metaphor” of the boy’s chess playing, Bellinson writes, “He feels inadequate when he loses at...chess...when he cannot read no matter how hard he tries, when he has a hard time getting ready for school in the morning” (p. 29). Richard well knew that chess is a difficult game, yet he became despondent when he lost to his uncle, concluding that losing in this situation meant he was a loser in general. Perhaps he chose the game of chess to prove his intelligence. The fact that he couldn’t read despite his ability to master a game requiring serious thought may have puzzled the boy. It
may have represented his core conflict: how can I trust my self-perceptions if I’m smart at chess but “stupid” at reading?

When Richard’s self-esteem plummeted the minute he sensed he might lose a chess piece, he began to bend the rules to assure a victory. Bellinson identified with the boy’s feeling by saying of her own moves: “I sure did a dumb thing… No wonder I always lose and you always win” (p. 28). By calling herself “dumb,” she hoped to communicate to Richard that he might feel this way, too, especially when he loses to his uncle at chess. Yet, there are surely other ways of getting this idea across, such as a therapist commenting about “smart people” feeling “stupid” when they sometimes can’t think ahead far enough to play adroitly.

Bellinson’s ultimate aim was to connect Richard’s self-image as a chess player with his feelings about himself in real-life situations. Her persistent focus on the boy’s emotionality during games, and her insight that his impatience with the game was with life generally, led to changes in Richard’s attitude. He began to differentiate between the way he played chess in therapy, by bending the rules, and the “right way” to play, the way he played with his uncle. In a session before summer break, Richard confided to his therapist that he wished the end of his session would never come “because then we could stay in the playroom forever” (p. 31). Whatever one may think about a therapist’s exact words—and they are important—just as significant for a child’s future adaptation is the linkage between being smart enough to learn chess and being intelligent enough to succeed in school.

Though Bellinson recognizes the promising effects of linking the child’s spontaneous game activities to school dilemmas, she doesn’t deal with the direct implications learning tasks have for school children. Many of these are suggested by the narratives she presents, as she and her young patients collaborate to understand the particulars of the child’s game-playing behavior. I once treated a child with learning problems, who was ambivalent about his father, a college dropout. The boy admired his father but nonetheless wished to differentiate himself by declining to repeat his father’s “failure.” He set about to prove his competence, not by learning to read, but by mastering chess, as Richard had done. In doing so, he revealed, however guiltily, that he was quite capable of thinking clearly and working hard. This ten-year-old boy later disclosed that he was afraid of what he would learn by reading: once he began to read, he would learn that he was a “school success,” not a “school failure.” He chose to check out science books from the library, hoping to protect his father as he became expert in a field of interest quite different from his father’s.

Bellinson devotes a chapter to “therapeutic” games, those specifically designed to encourage children to talk about their innermost feelings, thus revealing important psychodynamic conflicts. The Talking, Feeling, and Doing Game, for example, consists of cards with questions the child is expected to answer. One of the “doing” cards asks, “Show what you would do if you turned into your mother” (p. 49).

The author and I part ways on the utility of these games. Many children declare them to be “fake” and complain that they are being manipulated to divulge thoughts and feelings they would rather keep to themselves. The presence of these games in the playroom causes some children to mistrust the therapeutic process. What’s more, the bulk of Bellinson’s book shows how regular games, designed to interest children of various ages, provide a genuine therapeutic forum for helping young patients think through their problems. Real games permit the child to share confidences as feelings and thoughts naturally arise, when he resonates safely to the game’s theme or the particulars of the interaction between himself and his therapist as they play. Playing real games, rather than attempting to maneuver the child into disclosing what he would rather not, assures the child that the therapist believes him capable of confiding when he is ready.

Children’s propensity to cheat while playing games is thoroughly discussed in Bellinson’s book. The author rightly asserts that cheating has psychological meaning. Just as the child’s choice of games and how to play them reveals much about her conflicts, so do the ways in which she chooses to cheat, or to act up in other ways, such as tossing the monopoly cards around the playroom or slamming them on the table. There are myriad individual reasons for a child’s cheating. Bellinson attempts to relate the reasons for cheating to preoccupying life events. A “doted-on” little girl’s cheating is an expression of her expectation that she will be given plenty in life, so she whimsically bends the game’s rules in order to share her good luck with her therapist.

Bellinson does not deal with teaching games to children in therapy, save for one poignant request from a young, apparently withdrawn patient, who engaged in dramatic play with her back to her therapist. Eventually the girl spotted the game Uno in Bellinson’s playroom and told her therapist that her brother had the same game at home. She asked, “Do you know how to play this game? Will you teach me how?” (p. 166). To a child, asking to be taught is entirely natural. As likely as not, psychotherapists have been trained not to teach—that is, to avoid giving directions and suggestions in order to confine the psychotherapy to working within the therapeutic relationship, helping with resistances, and rendering less than conscious content more accessible (Anthony, 1982). Yet, Anna Freud (1971) writes that psychotherapy with children ought to include a freeing of developmental processes from intrapsychic impediments in order to further the child’s growth. Moreover, Anthony (1982) himself contrasts a child’s need to grow up with an adult’s need to get well. Therapeutic work with children centered on their growing up includes encouraging and expanding their ego strengths and skills. Though Bellinson marks such concepts as “ego strength” or “unconscious content,” the reader does not know in which specific way the child’s ego has been enhanced by the therapist’s understanding of particular game behaviors, such as letting the therapist win; or in which way game-playing reveals the unconscious wish
to win in real-life situations in a boy who strives to trounce his therapist with every chess move he makes. From Bellinson’s account we only know that the children in psychotherapy have appeared to improve in their life adjustments.

To the school child, the act of learning is part of growing up and is thus likely to surface frequently in the therapeutic hour. It is as if children have read R.W. White (1963) on the urgency children feel to become autonomous: “It is the child who strengthens his ego, actively exploring and testing a world in which, by happy design, a child’s initiative and intentions are often enough efficacious” (p. 94). Teaching a child a new game, when she specifically requests to learn it, promises to create new venues for revealing psychological conflicts, and affords the therapist an enlarged landscape in which to interact with a now more active, communicative child.

Bellinson concludes her book by emphasizing the virtue of following the young patient’s developmental predilections in his choice of activities as the therapeutic work unfolds. Besides creating interesting opportunities for understanding children’s emotional conflicts, as illustrated by many of Bellinson’s charming therapeutic narratives, it is an act of respect to honor developmental trends. “We must learn to work with the material [children] give us, even when the material is expressed in the form of structured games” (p. 167). We must learn to work with what latency-age children tell us, especially when it is articulated ever more clearly as they refine their game-playing expertise.

**References**


Karen Zelan has written extensively on the psychology of children’s learning. She is the author of *Between Their World and Ours: Breakthroughs with Autistic Children*. 

Inside Out and Outside In: Psychodynamic Clinical Theory and Practice in Contemporary Multicultural Contexts, by Joan Berzoff, Laura Melano Flanagan, and Patricia Hertz. Northvale, NJ: Jason Aronson, 2002; 451 pages, $45.00. Mary Ellen Griffin, PhD

Here are two excellent books for people who want to learn more about how to conduct psychodynamic psychotherapy with clients of diverse racial or cultural backgrounds. Given the demographic trend toward increasing cultural diversity in the United States, that should include most of us! But why focus on multiculturalism within psychodynamic treatment? Isn’t the psychodynamic therapist always reaching across a boundary of human particularity and difference, in attempting to appreciate the other person’s subjective experience, from within the constraints of his or her own subjective experience? As Mishne describes it, the therapist must become multicultural, because there is a cultural key to understanding individuals’ subjective experience. In over 30 years of doing cross-cultural treatment, she finds that her caseload requires “engaging an increasingly unfamiliar population of clients from many different cultures and identities” (p. 6). As Berzoff and colleagues say, it’s not enough to understand a person from “the inside out” by developing a psychodynamic formulation. We must also learn to understand them from “the outside in,” appreciating how sociocultural as well as biological factors contribute to their experience of self and others. Both of these books provide theoretical constructs and clinical examples to show us how we can become more culturally responsive therapists, and thereby increase our empathy for, and thus our clinical effectiveness with clients from whom we are culturally or racially different.

While they are somewhat different in focus, these titles are similar in that both address multiculturalism in the context of explaining basic theories and principles of psychodynamic case formulation and psychotherapy. Both endorse empathy as the basis for effective cross-cultural psychotherapy, and the need for both psychodynamic and sociocultural formulations in order to achieve it. Both are well researched, well written, and demonstrate the authors’ commitment to and expertise with cross-cultural psychotherapy. For those of you who teach graduate-level courses on psychotherapy, consider using one of these books for your basic psychotherapy text. Given its greater emphasis on psychotherapy process, Mishne’s book will also be very useful for more advanced clinicians.

Inside Out and Outside In: Psychodynamic Clinical Theory and Practice in Contemporary Multicultural Contexts was released in hard cover in 1996. This review reflects the 2002 release of the soft cover edition. “Inside out and outside in” is a helpful metaphor that summarizes the authors’ biopsychosocial approach. The authors rework Freud’s statement that anatomy is destiny: “everything is destiny”: every factor—biological, psychological, and social—makes its impact (p. 2). They show how this is so in two important ways. The first and largest part of the book is an overview of psychodynamic theoretical models. The second section integrates psychodynamic formulations of major psychopathological diagnostic categories with biological and sociocultural considerations.

The theoretical overview is thorough, yet succinct. It includes chapters on drive theory, structural theory, ego psychology, Erikson’s psychosocial developmental theory, object relations theory, self psychology, and Sullivan’s interpersonal theory and its influence on modern relational theories. One of the strengths of this particular overview is that it situates each theory in the social and cultural matrix that gave rise to the theory. This permits readers to appreciate the insights offered by each theory, but also some of their particular blind spots or shortcomings related to time and place. The authors promote a “critical thinking” approach to psychological theories, noting, “every theory is a social construction” (p. 10).

With sensitive case vignettes, the theoretical chapters demonstrate the value of each theory in helping the clinician to understand what the patient is up against. However, chapters vary in the extent to which they integrate cultural issues into case vignettes. Chapters 2 and 3, about Freud’s drive and structural theories, don’t provide enough information about how each theory does and does not lend itself to use in cross-cultural psychotherapy. It is not until Chapter 4, “Ego Psychology,” when Gerald Shamess finally offers concrete examples of taking culture into account when applying the theory. He points out that assessing clients’ ego functioning is highly dependent on cultural norms of what is socially appropriate. For example, when assessing a client’s ability to modulate affect, one must be aware that the individual is expected to monitor and express affect according to “established social norms” (p. 75). Widely varying cultural norms regarding emotional expressiveness during grief is a case in point.

The authors comment that colleagues “more interested in teaching about external realities and oppression would tell us that what we said about race, class, gender, and culture was always ‘just tacked on at the end’” (p. 9). While they recognize this as a critique of Inside Out and Outside In, they neverthe-
less hope that their sociocultural emphasis does indeed add something traditionally lacking in psychodynamic writing. The theory section ends with separate chapters “tacked on” that address psychoanalytic perspectives on race and racism, and the psychology of women, respectively. The advantage of having these chapters separate may be that these issues can be addressed in a focused, in-depth way. For example, in her chapter on race and culture, Lourdes Mattai highlights the ways that each of the targeted psychodynamic theories both help and hinder understanding the interplay of race, culture and individual psychology. In one such analysis, she explains how self psychology can elucidate the impact of living in a racist society. Based on race, members of some groups have much greater “opportunities for self-enhancing self-object experience...[Clinicians] must ask how the larger society contributes to or interferes with opportunities for growth-producing mirroring or idealization” (Donner, quoted on p. 233).

The latter part of the book describes psychodynamic formulations of major types of psychopathology, integrating dynamic formulations with biological and social contributions to clinical presentations. Categories of psychopathology are discussed in separate chapters on psychoses and schizophrenia, borderline and narcissistic personality disorders, other personality disorders, biopsychosocial aspects of depression, and anxiety. Inside Out and Outside In is strongest in helping the reader learn to conceptualize psychotherapy cases psychodynamically, integrating social, cultural, and biological factors into the formulation. If these are your learning goals, this book is an excellent choice.

Multiculturalism and the Therapeutic Process, by Judith Mishne, provides a useful complement to the text by Berzoff and her colleagues. While they cover personality theories and understandings of psychopathology, Mishne does an excellent job delivering what her title promises, as she shows how to apply these formulations to conducting cross-cultural psychodynamic psychotherapy. In the Preface, Prologue, and first two chapters, Mishne orients the reader with a substantive yet brief introduction to her topic. She points out that the demographics of the United States are rapidly changing. While the majority of American psychotherapists are white, European Americans from middle class backgrounds, the population as a whole is increasingly non-white, non-European, and indeed, foreign-born. Mishne reviews the clinical literature on cross-cultural psychotherapy (i.e., psychotherapy in which the therapist and client are from different racial and/or cultural backgrounds), to show the growing sophistication of our understanding about how to be multicultural as a psychotherapist. She also introduces key concepts from self-psychology and intersubjective approaches, which provide the foundations for her model of cross-cultural therapy. Mishne believes that these models are most useful for multicultural psychotherapy because they encourage therapists to extend themselves with clinical warmth, to create rapport with the patient based on empathic attunement. These approaches emphasize the quality of the therapeutic relationship as the foundation for therapeutic change. They also focus the therapist’s attention on his or her own contributions to the evolving therapeutic relationship.

From Mishne’s point of view, another advantage of self psychology for cross-cultural work is its conceptualization of the goal of psychotherapy: to help the patient achieve “the cohesion of the self.” She believes that this goal is suitably integrative for individuals who must create cohesion for themselves in a multicultural context, wherein personal psychological experience is shaped by cultural or cross-cultural experiences within American society, with its confounding racism and other forms of social differentiation and oppression.

Migration and acculturation are two concepts that may top Mishne’s list for therapists to understand in order to be effective in cross-cultural work. Always, the goal is to understand oneself as a way to clarify areas of similarity and difference in the cross-cultural therapy dyad. How did the therapist come to live in the United States? How does that story affect the therapist’s sense of self? What is the client’s story of migration? Was it in any way traumatic? To what extent are therapist and client acculturated, or, assimilated into dominant American cultural values, versus identified with cultural values from their countries of origin? How do differential experiences of acculturation affect family relationships, especially between generations, for both therapist and client? To the extent that the therapist is aware of these issues within his or her own experience, he or she will be more attentive to these dimensions of the client’s cultural experience.

In this context, Mishne introduces two additional key concepts, cultural transference and cultural countertransference, which she borrows from Perez Foster (1999). It is her elaboration of these concepts by applying them to specific cases that I feel represents the most valuable contribution of her book. By sharing her own clinical work, Mishne helps us understand the process whereby the therapist can become increasingly conscious of and adept at working with cultural issues in the countertransference and in the transference.

Cultural countertransference is that set of experiences and expectations of self and of the patient, which have roots in one’s own cultural experience. As therapists become increasingly conscious of the cultural countertransference they bring to their work, they develop their own multicultural identity. As therapists become multicultural, they become increasingly effective with cross-cultural clients, because they are increasingly able to create a dialogue with the client in which the therapists’ own cultural experiences, values, and beliefs are not held to be normative. Attending to cultural countertransference fosters a therapeutic stance in which the therapist remains ready and able to learn from the patient about the distinctive elements of the patient’s cultural experience. Only by taking this multicultural stance, rooted in understanding cultural countertransference, will the therapist be able to help the patient sort out personal from cultural issues in the
therapy, which is to say, the patient’s “cultural transference.” As the dynamic meanings of cultural experiences are explored with the patient, he or she can work through problematic aspects and claim adaptive aspects, to achieve a more nuanced, integrated, and adaptive multicultural identity.

What is so helpful about Mishne’s book is that she takes her basic formula, and shows us how to make it work by walking us through the therapeutic process from initial referral to termination, using her multicultural framework. The majority of Mishne’s chapters address theoretical issues in a stage or aspect of the therapy process, demonstrated via one or more case discussions. She addresses multiculturalism on a deep level, almost without the reader realizing it, because she integrates it into her clinical practice so naturally. She weaves numerous difficult concepts into clinical application, making the concepts come alive. Two cases that highlight issues of migration and acculturation in detail are the case of Carla, an American-born daughter of Mexican-born mother and Ecuadorian-born father, in Chapter 5 (The Treatment Relationship); and the case of Sophia, an Italian-born woman, in Chapter 6 (Resistance).

Two cases with radically different outcomes clarify how Mishne thinks about and makes use of cultural, and, specifically, racial transference and countertransference. Mishne begins to help us understand cultural countertransference by describing her own story of developing a multicultural identity. A white middle class Jewish woman, her first multicultural experiences occurred within her parents’ multicultural, multiracial circle of friends. Cross-racial treatment with African American patients is one of Mishne’s areas of strength. Yet in Chapter Three (Referral, Assessment, and Diagnosis), Mishne presents the case of Laura, a biracial 3-year-old girl. She considers this case a treatment failure, but uses it as an opportunity to explore what went wrong. As she tries to understand “my atypical and striking lack of success with this case” (p. 60), she gives us a candid example of the process she uses to explore her cultural countertransference and the role it may have played in the failed relationship.

By contrast, in Chapter 7 (Fixation, Regression, and Defenses), Mishne presents a very successful therapy with Mike, a bright but disturbed African American boy of 10. She describes cultural transference and countertransference factors, which she believes helped her to establish a sturdy working alliance with Mike and his parents. Mike was a light skinned son of a light skinned mother and dark skinned father. Mishne believed skin color played an important role in Mike’s disturbed self-experience. She cites Boyd-Franklin (1991) in stating that “the issue of skin color is often not raised in cross-racial treatment” (p. 168), but adds, “I could not allow it (race) to be bypassed and ignored in my work with Mike and his parents” (p. 169). Initially in the treatment, Mike denied racial difference between himself and his therapist, but over time, was able to talk about race:

Mike came to see that over and beyond issues of race were his provocativeness and his passive-aggressive, sly manner of defying and attacking adults. We could effectively engage in what Thompson (1996, p. 125) has called “racial surgery”—namely, helping Mike see the difference between struggles that would be his regardless of ethnicity, and those that were complicated because of his race and color. (p. 168).

Mishne states, “The goal of all treatment interventions is the development of a cohesive self (Kohut, 1971)” (p. 169). For Mike, this increased self-cohesion included comfort with his racial identity as well as a more comfortable masculine identification. He “became more multicultural” (p. 169). He developed an ability to express his intelligence and creativity in pro-social ways that resulted in enhanced relationships with peers and teachers. Initially, Mike was failing in school, but his academic success improved such that he ultimately applied for and was accepted at a high school for gifted students in his city.

This case, and indeed, Mishne’s entire book, demonstrate her skill and her optimism regarding cross-cultural psychotherapy. Mishne makes psychotherapy process accessible to people without a psychodynamic background. Yet it is expected that seasoned clinicians will gain insights from Mishne about the cultural dimensions of their work, increasing their own cross-cultural effectiveness and optimism about the value of working cross-culturally.

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MARY E. PHARIS, PHD ABPP

What makes a book an analytic book? When we decide as we turn the pages of a book that the author has an analytic perspective, what is it that makes us think so? I’m not thinking of books in the professional domain, like those published by the Analytic Press, or Guilford; Aronson or Brunner/Mazel; or Lawrence Erlbaum Associates. I’m referring to nonfiction books published by the popular presses, those that might hope to compete for a spot on the New York Times book lists.

I recognized that Daphne de Marneffe’s sensitive, thoughtful, passionate book, Maternal Desire; On Children, Love, and the Inner Life, was analytic by the time I had read five pages. I knew she must have an analytic perspective when I found her describing the issues that surround the question of how caring for children might fit into one’s life, and how one might talk about that with others, in this way:

There is a complicated blend of emotions at the heart of these issues and a complicated overlay of social messages. They are a minefield, where we step gingerly around our own feelings and those of others, balancing self-revelation and self-concealment in an effort to respect other’s choices, maintain friendships, not offend (p. xiii)

She observes, “The early years of our children’s lives give us a unique opportunity to embrace living fully, in all its fatigue, moodiness, laughter, inconvenience, pleasure and mess (p.329).” And then she raises the question as to what a mother might do when she finds it is hard to hold onto the joy, the positive spectrum of emotions, and keep her equanimity in the face of the array of demands of motherhood that make that equanimity hard to retain. I thought her answer clearly revealed her analytic perspective:

A first step that any of us can take is to sit with the problem, whatever form it takes in our lives. We need to listen to the stirrings of our own soul, take responsibility for all our different feelings, and work toward greater discernment of our desire amid the clamor of voices. How do we do that? First, we notice. We notice the clench in our stomach or the low level spaciness we feel when we leave our baby for the day. We ask ourselves what we can learn from it. We notice our sense of relief when we get out the door and leave our screaming toddler. We turn that sense of freedom over in our minds, trying to learn all we can about its sources…. Noticing does not make bad feeling go away, but it creates slightly more breathing space for our intimate experience, giving us a moment of honest specificity amid the self-persecuting half-truths that usually clog our minds. It can make us more compassionate toward ourselves, and less lonely. (pp. 329-330)

Just at the time I finished de Marneffe’s book, Newsweek magazine published an issue (February 21, CXLV no. 8: 42-49) with a cover photo of a mother holding a baby, rigged to look as if the mother had eight arms, all of them busy with diverse activities. The banner read “The Myth of the Perfect Mother: Why It Drives Real Women Crazy” and inside was an essay on motherhood by Judith Warner. Warner’s article, we were told, was taken from her forthcoming book Perfect Madness: Motherhood in the Age of Anxiety (New York: Riverhead, 2005). In her Newsweek article, she reported that she had decided to name her book Perfect Madness because so many women told her of their “lives spent shuttling back and forth to more and more absurd-seeming, high-pressured, time-demanding, utterly exhausting kids’ activities (p. 44).”

I could tell that Warner was passionate too, but certainly not in the same way that de Marneffe was; the tone of her article left me with the impression that she probably did not have an analytic perspective. I decided that it might be useful for me to read her book as well, to help me clarify those elements that lead me to conclude an author’s thinking seems to be analytic or not. In her book Warner opines that “a longing to get things under control” is “the real reason why we mother the way we do. It gives us a feeling of control that is very comforting (and very familiar). It suits us psychologically. It allows us to assuage our anxiety (Warner, 2005, p.158, italics in the original).

Now this is not analytic. Nor is her strange, possibly even bizarre rhetoric in the closing paragraph of her book:

I still believe in that dream of American womanhood: the sense of limitless possibility, that unique potential for unbounded self-creating. I tell my [daughters] this (in so many words) all the time. And I will always tell them that—no matter how many doubts I have to suppress, no matter how much cynicism I have to swallow, no matter how many defeatist escape fantasies I nurture, in the moments when I feel the most impotent (Warner, 2005, pp. 282-283).

These two books helped me to clarify my own thinking about what kind of writing seems analytic to me. First and foremost, authors with an analytic perspective are those who can think deeply about the astonishingly varied ways that humans reason, feel, and behave as they do. And because they can recognize the immense complexity of human behavior, thought, and affect, they are more likely to reveal in their writing an appreciation of the nuanced, complex variation in themselves and others.

I also think an analytically informed writer shows respect, even admiration, for the enormous diversity in the hu-
man species wrought by biology, gender, culture, and historical era, to name only a few of the forces working on each of us to shape our development and the course of our lives.

Analytically informed writers are likely to show considerable ability to observe their own inner life, especially their feeling states, and to recognize without too much discomfort the wide spectrum of emotions, including both positive and negative emotions, as well as the annoying truth that sometimes we feel more than one way about particular issues or people or events. In a similar vein, I think analytically informed authors are likely to feel comfortable with uncertainty, and so they are probably less likely to make unqualified, absolutist pronouncements.

de Marneffe’s writing shows her capacity for analytic thought throughout, no matter what topic she addresses, as in her impressive chapters on Pleasure, on Ambivalence, on Time with Children, on Midlife. The reader is welcomed into her careful, complex, sensitive thoughts and feelings, but there are no catch phrases or war cries. The reader comes to cherish the way in which de Marneffe shares the complexity of her thinking on such topics, as much as her conclusions. It is like having a marvelously deep exchange with a new friend who seems open to a vast array of both ideas and feelings, and can sit with the swirl, and let time and experience sort them out to find what rings true, what “works” for her. And she comes across as one who would be just as eager to hear about your thoughts on the same topics, to know how you have found your way through the swirl, too.

This complex and absorbing book deserves careful attention. A close friend, a psychotherapist and mother of a charming daughter who goes to preschool half a day each week, tells me she wrestles constantly with her longing to be with her daughter which clashes with her deep love of her professional work. She received a copy of Maternal Desire last Mother’s Day, and reported to me “I love it!” When I asked her to tell me why, this articulate woman had a hard time putting into a few words what it was that made the book so precious to her. I understood completely, for as I worked on this review I have found it hard to capture what has made it so precious to me, as well.

Perhaps another characteristic of an analytically informed writer, or reader for that matter, may be the ability to tolerate, without falling into despair, those occasional moments when life seems totally unfair, or the world seems devoid of wisdom and justice. As I contemplated the sales statistics for de Marneffe’s book, and compared them with Warner’s, I found I had to call up that ability within myself. For Warner’s decidedly polemical book ranked 952nd in sales on Amazon.com in the third week of June, while de Marneffe’s wonderful book was 211,281st.

But I could soothe myself by noticing that the Amazon.com reviewer ratings favored de Marneffe’s book: the ten individuals who had written reviews and rated Maternal Desire on Amazon.com gave her an average of 4.5 out of a possible 5 stars. But the 49 reviewers of Warner’s book gave an average of 3 stars, because her book drew about as many negative reviews as positive ones. There must be more analytically informed readers out there than I suspected.

References

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Continued from Page 11

There’s another parallel between Levine’s art and our own—a parallel which recommends it to us: this is what might be called the “posture” of the authorial voice. Levine is no Lord Byron standing grandly in the ruined turret of an ancient crenelated castle. This is a man remembering himself as a kid with a lot to learn. I dare say there’s no more valuable reference for any analyst than his or her own growing up: how we stumbled our own way into adulthood, into work, into love.

“What Work Is” is a kind of love poem. But the object of love is no platonic ideal, no Keatsian figure on a Greek urn. The object, selfobject really, is an idealized older brother with his sad history already spooling out before him. In Levine’s work (as in ours) the ordinary—family, and love and work—contains the numinous, the transcendent. Here are some lines from another well known poem of his, “On the Meeting of Garcia Lorca and Hart Crane” (1994, p.3). Levine is not so much interested in the great men themselves as in the third party in the room, the translator (who may or may not be Levine’s cousin) who has a headache from all the translating and needing a break “goes to the window to look down on the East River” and at that moment has a terrifying vision!

The two greatest poetic geniuses alive
meet, and what happens? a vision
comes to an ordinary man staring
at a filthy river. Have you ever
had a vision?”

Yes, we want to say, we’ve had visions. That’s what our work is!

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For more poems by Philip Levine, a selected bibliography, and to hear him read in his own voice, go to http://www.ibiblio.org/ipa/levine/index.html

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The title is true to its word. This book is about psychoanalysts working in mean streets from New Haven to New Orleans, plying their trade in violence-ridden public schools, and responding to casualties of war in Angola, Bosnia and the former Soviet Republic of Georgia. Other workplaces include municipal halls, police stations, earthquake damaged areas, and “ground zero” in Lower Manhattan. Racism, child abuse and homelessness are among the traumatic situations leading to the announcement of a new identity within our profession: the community analyst.

Twenty-three contributors describe their work in 12 essays, most with gripping clinical details. Some have practiced community work for decades. The editors contribute two chapters and an introduction that together provide a theoretical frame and general methodological considerations for community practice. The final essay, on mental health intervention and preventive approaches, addresses issues of research and policy. Those whose work has been limited to clinic and consulting room will be enlightened, impressed, and maybe a bit envious. These authors report impact in the larger world, while most of us treat fewer and fewer psychoanalytic patients.

What’s going on out there in the trenches? Isn’t psychoanalysis about intrapsychic and interpersonal psychology? Isn’t it our job to help people understand transference and resistance? Don’t we promote insight leading to personal agency and resolution of maladaptive compromises? Isn’t work in the trenches for the less well-trained psychologists, psychiatrists, social workers, nurses and paraprofessionals?

The term “applied psychoanalysis” has generally referred to non-clinical applications of our theory in the arts and humanities. Psychoanalytically-informed psychotherapies (also applications, though the term is not often used in this sense) have been considered distinct from the intensive, couch-centered treatment that Freud (1919) described as “pure gold” (p. 168). Along with the contributors to this book, I would use the word “applied” to cover all applications of psychoanalytic understanding, including the “pure” treatment method.

Freud’s abandonment of the seduction theory of hysteria is thought by many to have exchanged an external locus of motivation to an internal one. It is more accurate to say that a focus on fantasy life became central to his subsequent theoretical advances. Freud never rejected the importance of external influences on psychological functioning, and Hartmann’s adaptive point of view restored their status to the organized theory. This book has as its theme the effects of trauma and their management, both with individuals and with populations, and it provides several examples of the utility of a comprehensive psychoanalytic theory.

The editors’ introduction demonstrates how community analysts rely on understanding unconscious motivation to create methods that are active and group-based, and which aim to change (rather than interpret) transference and dynamics. A neutral posture is recommended for consulting on social conflict, but personal relationships and collaboration are core principles of the work. A flexible, helpful approach is advocated, eschewing both credentials and a posture of expertise. The history of this new specialty is traced to Anna Freud, August Aichhorn, John Bowlby, Erik Erikson, and Karl Menninger among others. The American Psychoanalytic Association (APsaA) endorsed community work in the 1970’s, but until the past decade, APsaA seemed to have dropped it from the agenda. Two of the co-editors, Sklarew and Twemlow, have led APsaA to a more activist stance, and support of this book’s publication is one result.

It is at this juncture that a review would typically provide brief summaries of the chapters of an edited compilation. An earlier draft had laudatory but inadequate words that failed to convey the richness of detail and clarity of presentation in what I consider to be exciting, even heroic efforts on the part of the contributors. This is a book that is not easily summarized. Like all compilations, chapter styles vary; unlike most, there is an overall coherence that is conveyed only by reading the entire book. The different voices comprise a consonant choir, not needing an editors’ summary.

I would be remiss, however, if I did not acknowledge Vamik Volkan, the pioneer (perhaps still lone) practitioner of international psychoanalytic intervention, who describes his work over three years on a once-in-five-months visiting schedule with an émigré family displaced by war to Tbilisi in the Caucasus. I need also to cite the exemplary William Granatir, who presents a memoir of his decade of volunteer work as a retired psychoanalyst in inner city schools, beginning at age 76 and ongoing.

I identify myself as a “classical Freudian” and my own institute teaching emphasizes the “standard” technique applied to intensive individual treatment using the couch. How can I heap praise on and express envy of the dramatically different methodologies of this book? I see psychoanalysis as a psychological theory, akin to evolution in biology, relativity in physics, and the big bang in cosmology. Although the discovery and creation of psychoanalysis took place in his consulting room with its data drawn from intensive couch-based psychotherapy, Freud was ambitious and saw its applications going beyond a mere method of treatment for neuroses. “Standard” clinical practice is, for me, our laboratory, the site where discoveries continue to be made to modify, extend and correct the theory.

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Its methodology is central to its advances, and it is unique in being simultaneously a research tool and a clinical application. A theory must also be useful beyond its laboratory or it will be elitist at best, or altogether irrelevant. Methods adapted for clinical situations different from the “standard” have led to the vast enterprise of psychoanalytically-informed psychotherapies.

This book is a landmark in defining newer methods for situations that cry out for psychoanalytic understanding. It does not read like typical analytic literature, and many names in its bibliography were unfamiliar to me. I reviewed it while also reading a series of papers in the Psychoanalytic Quarterly, a somewhat disjunctive experience. The Quarterly papers address intrapsychic conflict, delineating the ideas of outstanding theorists from several diverse psychoanalytic points of view. The abstractions and the clinical inferences were of a different order than those in Trenches. Psychoanalytic thought advances, though, from both metapsychology and phenomenology. Trenches provides the latter. Analysts may be committed to refining theory and the intensive individual analytic practice from which it evolves, while at the same time supporting social applications.

How can psychoanalysts engage in community psychoanalysis? Economics make it difficult. Fee-for-service models were the mainstay of practice, at least until insurance companies came to dominate health care. Like many of the contributors, community analysts often hold university faculty appointments, or they work for agencies. Grant support is needed to underwrite projects, and is not easy to come by. The larger society’s priorities do not emphasize mental health activities we psychoanalysts value.

I believe we can and must attend both to our practices and to the ills of the world. We can improve our methods in the laboratory in which psychoanalysis was discovered, and work to apply our knowledge beyond the consulting room. I have spent the last 35 years as a teacher educator. In the past decade I began more explicitly to connect my analytic thinking with my work in public schools. I have tried to develop communicable methodology for this application (Golland, 2002). Trenches has advanced my thinking. I can now more fully embrace the role of community analyst while I continue to practice intensive individual treatment.

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WAY BEYOND FREUD: POSTMODERN PSYCHOANALYSIS OBSERVED,
EDITED BY JOSEPH REPPEN, JANE TUCKER, AND MARTIN SCHULMAN. MADISON, CT: INTERNATIONAL UNIVERSITIES PRESS, 2004; 320 PAGES, $64.95

It is feasible that a line of thought might move from beyond to way beyond over a period of nineteen years. Joseph Reppen and some of his colleagues claim to have done this by their choice of a title. The volume under review, Way Beyond Freud: Postmodern Psychoanalysis Observed calls to attention Reppen’s 1985 Beyond Freud: A Study of Modern Psychoanalytic Theorists. That somewhere way beyond the modern we encounter the postmodern is the implication of the play between these titles. That Freud’s positing of an unconscious that disrupts a Cartesian cogito may itself be understood as a move beyond the modern sets the bar of moving beyond quite high. Not to mention moving way beyond. This brings to mind Foucault’s claim that Freud was that of a discursive thinker in that what has followed his work was anticipated in his work. Foucault’s comment provides a conservative challenge to claims of stepping beyond and way beyond.

Given that Joseph Reppen is the editor of the division’s journal and that co-editors Jane Tucker and Martin Schulman serve on that editorial board should well be an indication that they are up to such a challenge. In that regard it is a pleasure to note that the thirteen papers collected in this volume all merit not only the attention of the members of the division, but also the attention of anyone whose concern is contemporary psychoanalysis, for in this reviewer’s opinion they succeed in clearing the bar that they have set out for themselves.

In their introduction, the editors note that if anything appears to bind so-called postmodernists it is a stance that is situated or contextualized as opposed to a trans-situational reductionism that may be taken as objective. Clinically, an individual patient is understood to share in a co-construction (cf., Fiscalini, 2004 for a view of co-construction that is not explicitly tethered to postmodernism) as opposed to existing as an isolated individual who may be objectively understood. The editors further note that the papers found herein are as varied as are definitions of postmodernism. The contributors range from friend to foe of what is conjured by a postmodern psychoanalysis and in that the subtitle of the volume does not mislead. The papers do indeed observe and also engage.

There is a rich variety found herein, and while the limited scope of this review gives greater play to some papers over others, that in itself is in no way a reflection on the merit of any one paper. Interestingly, the summaries that follow should make it clear to the reader that most every aspect of the field is engaged by this collection. Donald Spence’s dream of a sensitive index of psychoanalytic themes similar to that found in the field of art history finds an interesting complement in historian Raul Roazen’s reminder that history does matter. Doris Silverman uses attachment data to critique the
concept of symbiosis. Robert Bornstein argues that postmodern science offers an opportunity to reconnect psychoanalysis to mainstream psychology. In line with such thinking, William Meissner addresses the unity/multiplicity debate concerning the self with reference to William James and Walter Mischel. Kimberlyn Leary examines similarities and differences between the given moment of the analytic hour and Sherry Turkle’s analysis of the manner in which online computer use has come to impact one’s sense of self. The given moment is also addressed in Arnold Rachman’s use of Ferenczi’s trauma work to differentiate between judicious and conspicuous self-disclosure in the analytic hour. David Pincus makes uses a selection from The Velveteen Rabbit in conjunction with analysis of advances in brain science to remind the reader that constructions are born of attachments in interpersonal and intrapersonal relationships. The relationship between the neuronal and interpersonal is also found in Michael Miller’s use of Dynamic Systems Theory.

Peter Shabad uses the phenomena of self-conscious individuals who are searching for a world greater than them in order to problematize a view in which everything is relegated to the subjective. In this regard, Shabad maintains that postmodernism may withhold a therapeutic holding environment in its embrace of a radical perspectivism. Concern regarding perspectivism and relativism and the relationship between these points of view and postmodernism is a major theme found in these collected papers.

In addition to Shabad’s contribution, M. Guy Thompson focuses on the perversion of Nietzsche’s and Heidegger’s thought within contemporary postmodernists who typically reject experience as an artifact of a modernist conception of selfhood. It is striking that in Thompson’s argument that experience does matter, he illustrates the manner in which for Nietzsche and Heidegger the sense of belonging or feeling held is an illusion as there is no ultimate foundation for our values or behavior. The challenge to face this fact and accept the responsibility of making a meaningful life is from my reading of Thompson the center of authenticity. It is here that Thompson finds postmodernism perverse for it celebrates a notion that authenticity is a construction that may lead to a celebration of an inauthentic engagement.

Frank Summers addresses psychoanalysis from an epistemological perspective, and is in accord with Thompson’s support of hermeneutics. At issue is Summers engagement with a hermeneutic science that proposes that meaning allows one to find a way out of the dichotomy of objectivism and relativism. Summers devotes extensive attention to the work of one of Heidegger’s students, Gadamer to address the difference between hermeneutics and relativism. The argument is actually quite simple; different aspects of anything can be highlighted at any moment, and each aspect may be considered valid. Further, Summers follows Kohut’s conception of empathy as vicarious introspection as the manner in which one comes to understand how another may be highlighting a different aspect of whatever is being considered at a given moment.

The final paper in this volume, by Barnaby Barratt considers psychoanalysis to be congruent with postmodernism in a manner that fits squarely with Summers’s and Thompson’s concern regarding experience, and Shabad’s concern with healing. Yet, unlike Barratt, Summers, Thompson, and Shabad each view postmodernism as dangerous. It is this divergence that makes the book most interesting and prompts we to recommend it without hesitation. What I particularly like about the illumination of this divergence found within, is that it is clear that postmodernism is not a unified theory. It may be that for some who promote postmodernism as a stance in which anything goes, inauthentic engagement is considered a goal. None of the contributors to the present volume share that view. Furthermore, when a central figure of what is oft referred to as postmodern thought such as Foucault (Martin, Gutman, Hutton, 1988) asks: How can we be hermeneuts of ourselves, it might well behoove us to notice that for such a thinker like the thinkers assembled in the volume under review: experience matters, and we need not place hermeneutics in opposition with a postmodern world view.

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Students from both the doctoral and postdoctoral programs in which I teach, often ask me how a modern Kleinian works. In other words, do Kleinians still plaster their patients with deep part-object interpretations, such as “You want to steal my babies”? I often reply simply that it depends. Every self-proclaimed Kleinian has a different way of using and understanding the theory. Waska’s Primitive Experiences of Loss gives us glimpse into how one modern day Kleinian thinks and practices. With the inclusion of many verbatim patient–analyst exchanges, the reader is treated to a rare glimpse into a senior analyst’s consulting room.

Waska’s book investigates “…the ego’s experience of loss in the paranoid-schizoid position and the way projective identification is then used to cope with overwhelming anxieties of annihilation and separation.” (p.1). For Waska, this experience of loss can come both from intrapsychic causes in the form of excessive envy and aggression as well as external sources such as trauma, abandonment, and neglect. Patients in the paranoid position have a rather “…fragile hold on an idealized, intrapsychic object that they crave union with, for safety and emotional nutrition.” (p. 189). Loss of unity with the object is experienced as persecutory. Instead of tolerating the absence, loss turns good gratifying objects into attacking bad objects. Through projective identification, these patients turn this intrapsychic reality into an interpersonal nightmare. A vicious cycle then ensues where bad object begets loss, which begets another bad object.

Primitive Experiences of Loss is divided up into two main parts. The first part entitled “The contributions of projective identification and symbolization.” encapsulates several small chapters that illustrate various theoretical and technical issues that surround clinical situations where projective identification is excessive and symbolization is sparse. Projective identification (PI) for Waska, following from Klein’s early description, rids the ego of unwanted, intolerable, and disavowed aspects of the self. Because the primitive ego cannot tolerate loss or separation, PI becomes excessive, leaving the ego in a state of further fragmentation. Symbolization, on the other hand, is seen as ameliorative to loss, as it allows the experience of loss and dread to be tolerated. Waska does a masterful job in clearly and concisely reviewing Hannah Segal’s important work on the different levels and aspects of symbolization.

The writing is elegant in delineating how different patients experience the loss of or separation from an idealized object whether it be from internal or external sources of reality. Instead of describing each chapter, I will leave the interested reader with a few choice morsels of Waska’s work.

In chapter three entitled “Idealization, Devaluation, and the Narcissistic Stance” Waska illustrates how these patients transform loss of their trusted objects into bad objects. He writes with both precision and beauty.

Some patients are always on the alert, fearful that their objects are about to betray, reject, and hurt them. They want to trust their objects and look up to them, but they cannot get past the tremendous anxiety that what is good will become bad and what is stable will shatter. Again, this phantasy has dual elements that feed off each other. Loss of the trusted object is felt as a critical rejection and abandonment. Due to the subsequent projection of rage, greed, and envy, the object then becomes transformed into a venomous monster, returning for revenge. (p. 43).

I think every psychodynamic clinician can relate to the experience of suddenly becoming the transferential monster after a loss or separation is felt in the analytic relationship.

The latter part of this section discusses difficulties in the clinical encounter when loss is experienced as betrayal, symbolization is minimal and PI is excessive. The patient is guarded and cannot tolerate feelings of vulnerability or pain. Waska’s approach is that of a traditional Kleinian. He seeks to interpret the here-and-now relationship focusing specifically on how the patient is using the analyst. Waska stays within the psychic reality of the patient without appealing to a corrective authoritarian approach of pointing out what reality actually is. Enactments are seen as inevitable and useful but coming mainly from the patient.

Part two, “Primitive Loss and the Masochistic Defense,” addresses how loss is turned against the self. Waska describes how patients whose experience is within the primitive realm use masochistic compromises to ward off paranoid anxieties rather than depressive ones. In other words, masochism is used to defend against annihilation rather than loss of the object. Perhaps the central distinction between masochism in the depressive position versus masochism in the paranoid schizoid position is the ability to maintain hope.

Discussions on the different vicissitudes of the masochistic defense are fascinating. We learn about the self-righteous pleaser whose slavish devotion to the object he or she fears most can be viewed as an attack on that object. We learn among many other things about how the self identifies with a broken down (or watered down) object to defend against the cruel persecutory object. The case material in this section again is evocative. We see how the session ebbs and flows, how the patient and analyst interact with each other. Again, Waska showcases the traditional Kleinian style of staying close to the transference
through interpretation while also using some metaphoric language to illustrate the psychic prisons his patients are in.

In the last chapter of the book, Waska calls upon modern Kleinians to look more closely how to resolve the technical problems of working clinically with excessive PI. He believes that we lack the theoretical insight and therefore the interpretations to move these patients effectively to the depressive position. Perhaps the curative factor is something more than the interpretation. As I am sure Waska would agree, recent work such as Stern (2004), and fellow Kleinian, Symington (1990), illustrate how the therapeutic relationship and the act of interpreting may be more curative than the actual content of the interpretations themselves especially when dealing with more primitive patients. The emphasis should be more on the relationship than the exactness of the interpretation. Waska’s theories may be enhanced by looking more towards the therapeutic relationship. The quest for the ideal technique or interpretation may be a psychoanalytic red herring.

Although I found this book interesting and enlightening in many respects, I do have some differences with it. We get to see Waska’s eloquent and sensitive interpretations. He clearly cares about his patients. Nonetheless, perhaps quite ironically in a book about loss, I found myself missing the author. I could not get a sense of him as a person through his writing and his technical interpretations.

My other departure from Waska’s work lies with a conceptual difference in the use of Klein’s paranoid-schizoid and depressive positions. Although he views many less disturbed patients as able to move back and forth from one position to the other, Waska sees certain patients as “stuck” in the paranoid position with little if any movement towards the depressive position. Bion (1965) has illustrated several examples of how the most primitive patients move back and forth from one position to the other. In Bion’s view, experience is more fluid. This experience is captured from moment to moment in the session in sometimes quite subtle ways. Symbolization or the ability to symbolize coheres then breaks down and then reconfigures only to break down again.

Finally, Primitive Experiences of Loss is a book worth reading. Waska takes a different turn by looking at how primitive personalities experience detachment from an idealized object. While this work may seem a bit too theoretical or intellectual for the clinician hungry for pragmatic suggestions, it is replete with rich clinical examples that illustrate Waska’s technique and bring his theoretical ideas to light. I recommend this book for anyone looking for an insightful and challenging work that brings Klein to the current day consulting room.

References

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Jonathan Lear’s latest book is part of a distinguished oeuvre in which he casts a philosophical eye on the theory and process of psychoanalysis, and the nature of being, and of being human. He is a philosopher in its essential meaning of “one who courts or loves wisdom.” To borrow from Descartes, Lear thinks and therefore he is, and we are the richer for it. He takes pains to show us his process of thinking, as well as the content of his thoughts, in a lifetime devoted to a search for meaning both epistemological and psychological. For him, to be “of the world” and to deepen one’s own “worldliness,” especially through love, is the essence of being. To have arrived at this understanding is no mean task; one he is up to by calling and by training.

His identity is primarily academic: at Cambridge, at Yale, and as the John U. Nef Distinguished Service Professor at the Committee on Social thought and the Department of Philosophy at the University of Chicago. Heady places where he engaged, and continues to engages in stimulating discussion, but his view of psychoanalysis is not from a distant shore. In addition to his philosophical vision, he writes as a graduate of the Western New England Institute of Psychoanalysis with experience both as an analysand and analyst. One does not have to be a Lacanian to be curious as to what that undertaking signifies in terms of the identifications he has made and how he thinks. My own exposure to Wittgenstein also made me curious as to what this experience means to Lear in terms of clinical analytic practice—his own and others. He allows us to address these questions through his generous sharing of this work.

Most important to his present book was that Lear sought out Hans Loewald during his Institute training—and proceeded to engage with him in private weekly discussion over the last six years of Dr. Loewald’s life. By this time, Lear recounts, Dr. Loewald described himself as having “gotten the hang” of analytic practice. This charming and courtly man was an original thinker who in the 1950s helped the analytic field with a necessary transition from, and synthesis of, Freud’s genius.
One needs little imagination to know how rich those discussions have been, and this book, in its way, pays homage to them although Lear points out that Loewald wished for there to be no “Loewaldians.”

Perhaps of added importance to the why of this book, Lear also credits analyst-editor-publisher Michael Moskowitz, with first proposing the idea of “writing an extended essay on therapeutic action,” which is also at the crux of Loewald’s seminal thinking. Micheal Moskowitz, like Lear, is a fellow traveler in the love of the life of the mind and the sacred task of writing a book rich in intellectual content and psychoanalytically focused, and was instrumental in furthering my own analytic writing. His voice was a clarion call heard by Lear, who responded with this book.

In addition to the identification Lear may have with these stimulating figures, I believe the philosopher in him has long been on a quest to find his own “philosopher’s stone” which for Lear is the striving for the pure gold of meaning. In this book it is the meaning of irony as well as that of therapeutic action, as well as the meaning of subjectivity, objectivity, and transference and his continued pursuit of the meaning of love (as he did in an earlier work, Love and Its Place in Nature).

Philosophers and analysts, by the nature of their chosen tasks, usually occupy a different pride of place. Philosophy has long been concerned with the understanding of its contemporary culture and one’s relationship to it. Philosophy does not have, at least overtly, a goal of healing. But Lear sees the therapeutic action of philosophy in “figuring out the difference between philosophy and sophistry (p. 35).” Analysts and philosophers do meet on the grounds of meaning—especially with a philosopher/analyst like Lear. I had as my own teacher Norman Malcolm, a student of Wittgenstein, with great benefit.

Even for those of us who are primarily identified with the clinical rather than the philosophical, one doesn’t ask if philosophy has a role to play, but rather what is philosophy’s useful role for us? Lear, as he wrote earlier in Happiness, Death, and the Remainder of Life (2000) sees “Philosophy as an activity of the soul.” It is exactly in this soul activity that psychoanalysis and philosophy cohere, even though it is well known that Freud did not wish psychoanalysis to become an arm of philosophy. Bettelheim5 said that Freud’s “psyche” is synonymous with “soul,” and this is echoed in Lear’s earlier work, Love and its Place in Nature (1990).

As Jon Frederickson7 notes about that work in relation to Lear’s theme of soul and love:

[Lear] takes Freud’s initial work on Seeleanalysis, Soul analysis (the original German translation which was anglicized as Psychoanalysis), and develops a philosophical anthropology of the soul. He suggests that the soul is not where we start; the soul is what we achieve through loving relations to other, to the world, to our past, and to our drives. The soul is a psychological achievement resulting from the progressive unification of oneself with the world, other, and oneself through the force of love.

Lear returns to the theme of soul and love in this book. It is probably not too far off to think of our patients coming to us to find their soul, or in Lear’s terms “to develop its even more complex unities,” or perhaps sometimes, just to fine tune it. For Loewald, for Lear, love is the therapeutic healing agent. In thinking about the meaning of love in this context, I would add that it is a great act of therapeutic “love” to make your analytic mission that of understanding the subjective world of your patients and to let them freely use both your conscious and unconscious mind to do so. To know the other is our task, and to be truly known is one of the great gifts our patients can receive.

Lear responds to Loewald’s seminal work on therapeutic action8 and his idea that the clinical encounter is a chance for an individual to find, through the presence of the analyst, a new (and better) “object” than the internalized pathological object. Most importantly, the “good object” in the form of the good analyst, gives one the chance to form a new internal “object-relationship,” in effect a chance to see the world, and react to it, in a new way. This search, and the possibility of an expanded self is Lear’s analytic mantra. In one majestic sweep Loewald’s “worldliness” went beyond the clinical confines of classical psychoanalysis, but it is important to note that he did not need to entirely negate Freud. His theory building took him further along in the evolution of the culture of psychoanalysis without a wish to obliterate its past. He is no Peter the Great.

Loewald’s breakthrough indicates the analytic relevance of the “Hegelian dialectic: thesis, antithesis and synthesis.” When we study the culture of psychoanalysis, we are not studying an either-or fixed entity, but rather an evolving, self-correcting process. In this case, the thesis (Freud) gives rise to its antithesis (those splits and schools that arose from his work, but often with tribal-like acrimony, rejection and isolation of the “other”). To some degree, there has been a synthesis of thought in our field. But Hegel teaches us that the antithesis always contains the original thesis and does not simply negate it.

On the basis of a belief that leaps of genius may contain false as well as true landings, and that no one theory or theorist can account for the complexity of the human psyche, it has been natural for me to identify with several of the more evocative ideas of often disparate schools, to arrive at a viable synthesis. In this way, my construction of a clinical metapsychology differs from Lear. He characterizes a use of ideas from varying psychoanalytic schools as using “a bit of this” and “a bit of that”—negating its true potential and perhaps necessity.

I would make a case, for example, for a synthesis of the antithetical reaction of self psychology colleagues to Melanie Klein’s basically brilliant but flawed construction of projective identification. Some wanted to “wish” the construct away, but that doesn’t make the phenomenon disappear. The question is rather, what are we observing when we experience a projective identification? I won’t limit it to the analytic situation for it
occurs elsewhere. Klein had been stimulated by Victor Tausk’s brilliant grasp of the meaning of his psychotic patients’ idea of the influencing machine that had control over their lives, and made them feel increasingly diminished. She further illustrated her idea of projective identification using Julien Greene’s (1950) novel, If I Were You, where each time the (dying) protagonist projected himself and took over the persona of another, he became more weak and diminished. The flaw in her thinking was her view (as one of the few of Freud’s gifted followers who upheld his theory of the death instinct) that the phenomenon of projecting unconscious feeling into another was destructive.

This would lead an object relational theorist such as Betty Joseph to experience projective identification only as a “hostile object relation” which stimulates the hostility of the therapist—and that led to the blanket rejection by self psychology. But in my view it doesn’t spring from the death, or destructive, instinct. I experience the phenomenon as a way in which a patient whom we couldn’t understand through our usual empathic skills, tries to get us to understand through feeling the “unthought known” (Ballas). Rather than experience my discomfort with my identification with the projection as a hostile object relation, I saw it as form of “imaginative empathy” and had no need to be hostile or sarcastic back to the patient although stirred. I could wait for the clarity that comes from the containment and the results are what we mean by a good analytic outcome.

Lear says, “...I need a conception of objectivity that is appropriate to my being a psychoanalyst. This is a subjective use of objectivity” (p. 46, italics added). I think that what is also needed is an objective concept of subjectivity, for my experience shows me the clinical healing power of understanding the subjective world of the other. The therapeutic action comes from one’s subjective truth being understood and contained: it is a form of love like no other. If there is “love” in this understanding, it comes from the therapeutic diminishment of the analyst’s own narcissism.

Finally, Lear makes an “earnest plea for irony.” He despairs of dictionary definitions and makes clear that it is not sarcasm. It is indeed hard to define, but it seems to call forth our capacity for playfulness. When Woody Allen says in an earlier movie “Comedy is tragedy plus time,” it sounds like a send-up of irony and you laugh. When he recently takes (in Melinda and Melinda) the same life events and has his characters play it as comedy and then as tragedy, you think you are getting somewhere in your understanding of the different meanings of comedy and tragedy. When somewhere into the movie you realize you can’t tell which scenario you are watching—the tragic or the comic, the maestro of farce has finally made his point. Who would know better than Woody, except perhaps Clinton, whether the farcical aspects of your life as opera bouffe—are tragic or comic?

But irony means more than farce. A good example came indirectly through Lear when he spoke at the Washington School of Psychiatry. He referred to the two analytic figures who had been important to his thinking: Loewald and Paul Gray. Loewald was someone with whom I could willingly share in Lear’s identification. Paul Gray had a different association for me and quite opposite to Loewald. A paper of Gray’s had been assigned to the first class of the Advanced Psychotherapy Program at the Washington School. The original faculty (with some exceptions such as myself) were all classically trained but eager to overcome the existing problem of the lack of place for nonmedical analysts to study, and to overcome the limitations of a rigid model; it was open and eclectic and remains that way.

A paper by Gray was assigned and it was disturbing to my supervisee. She brought it in to me to read, agitated by his assertion that “everything in the analytic hour was transference.” Not known for orthodoxy, I read the paper and said to her, “He’s right.” Her eyes widened and her face flushed slightly. “Yes,” I said, “he’s right: everything in the analytic hour is transference—but not all the time.” She laughed with relief. Although my response was spontaneous, it was a send-up of what Lacan has called, “the Word of the Father.”

What is ironic about Lear having two ideal figures who for me are opposite, at least to my mind? They are opposite because Loewald embodies opening up the creative possibilities of the analytic situation, and Gray’s stance seemed to me to narrow it. The irony then, as Lear would see it, is that I must now consider opening up my mind to take in the opposites, and widen my world and perhaps, deepen my subjectivity. Lear might agree and approve of my new objectivity.

**Footnotes**


2. Ludwig Wittgenstein, German linguistic philosopher (1889-1951) noted for his idea of “Sprachspiel” (wordgames), as the way meaning becomes attached to language. Thus, after a child hears, “throw the ball” repeatedly, a round object that is thrown comes to define “ball.”

3. That term from ancient alchemy, predating modern science, refers to the substance that would turn baser metals into gold.


5. Personal communication.


7. Joyce McDougal once said, “I don’t think it is so much the Word of the Father, but the Voice of the Mother, that affects the child most.”

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The Invention of Hysteria is all the more compelling given the author’s analysis of Freud’s involvement with Charcot: “Freud had had to pass through the great theater of hysteria at the Salpêtrière before beginning to listen and before inventing psychoanalysis. The spectacle and its pain were necessary; first he had to get an eyeful.” The work frequently makes reference to how Freud was influenced by Charcot’s work. Invention of Hysteria begins with an “Argument”:

In the last few decades of the nineteenth century, the Salpêtrière was what it had always been: a kind of feminine inferno, a città dolorosa confining four thousand incurable or mad women. It was a nightmare in the midst of Paris’s Belle Époque. This is where Charcot rediscovered hysteria. I attempt to retrace how he did so, amidst all the various clinical and experimental procedures, through hypnosis and the spectacular presentations of patients having hysterical attacks in the amphitheater where he held his famous Tuesday Lectures. With Charcot we discover the capacity of the hysterical body, which is, in fact, prodigious, it is prodigious; it surpasses the imagination, surpasses “all hopes,” as they say.

Whose imagination? Whose hopes? There’s the rub. What the hysterics of the Salpêtrière could exhibit with their bodies betokens an extraordinary complicity between patients and doctors, a relationship of desires, gazes, and knowledge. This relationship is interrogated here. What remains with us is the series of images of the Iconographie photographique de la Salpêtrière. … “[and the “Argument” ends with] Freud was the disoriented witness of the immensity of hysteria in camera and the manufacturing of images.
His disorientation was not without bearing on the beginnings of psychoanalysis.

This work is a cultural study that depicts how, during the latter part of the 19th century, the concept of hysteria was created by Charcot. This occurred within the confines of the Salpêtrière psychiatric hospital. The author contends that hysteria came to be amidst the concomitant development of photography, which made possible the realization of hysteria as a valid medical concept. The hysterical manifestations of the female patients were documented and thus reified Charcot’s vision of hysteria. Thus, the work is a study of the development of both hysteria and of photography.

Didi-Huberman centers his work on a strongly held premise, “I maintain that everything that happened at the Salpêtrière, the great epic story of the clinic, is vested in hypocrisy, if the complexity of the practices this word designates are admitted, and if this complexity is not dismantled.”

This work is a fascinating addition to the genre of social construction of knowledge. It is a compelling account which subsumes gender studies, the philosophy of science, and the history of clinical medicine, psychiatry and sociology. The work is all the more richer by its inclusion of a vast array of photographs taken from a variety of sources but mainly from the multi-volume work, Iconographie Photographique de la Salpêtrière, a collection of photographs which depicts the mad women inmates and their hysteria.

The story begins with the origins of the Salpêtrière, “the general hospital for women, or rather for the feminine dregs of society.” These unfortunates were “whipped on arrival, the ‘punishment certificate’ was completed and they were interned.” In about 1862, Charcot was put in charge of the service concerned with epileptics and hysterics. In 1872 he was named Professor of Pathological Anatomy and then in 1881, Clinical Chair of Diseases of the Nervous System. Charcot was known for the exploration of many domains of medicine, psychiatry and sociology. The concept of hysteria …”

Augustine: Lethargy: Artificial Contracture; Plate XIV: Lethargy: Hemi-Lethargy and Hemi-Catalepsy. Didi-Huberman relates that “A hysteric can be a living work of art, and I will continue to speak of Augustine as a masterpiece, the masterpiece and ‘thing’ of her physicians.” Augustine was given special status among the other patients for their hysterical performances and threatened with loss of this status if they did not pose for the photographs during episodes of hysteria. This research into the conditions under which these women were patients at the Salpêtrière concludes that: “… in fact, every hysterical had to make a regular show of her orthodox ‘hysterical nature’ … to avoid being transferred to the severe ‘division’ of the quite simple and so-called incurable ‘alienated women.’”

One of Charcot’s most studied (and photographed) cases was that of a fifteen year old girl, Augustine, who was admitted to the Salpêtrière for paralysis of sensation in the right arm and abdomen. “Augustine was the thus the star model for a whole concept of hysteria …” Augustine figures prominently in the albums of the Iconographie Photographique de la Salpêtrière. Many of the photographs included in the book from this album are of Augustine during her hysterical attacks (e.g., Plate XIII: Augustine: Lethargy: Artificial Contracture; Plate XIV: Lethargy: Muscular Hyperexcitability; Plate XV: Catalepsy; Plate XVI: Hemi-Lethargy and Hemi_Catalepsy). Didi-Huberman furthers the analysis—due to all of the many treatment failures, hysteria was treated with the therapy of “putting under observation.”

In the study of hysteria at the Salpêtrière, the face became the evidence of scientific inquiry, (“a codifiable, recordable state of signification”). Portraits of hysterical madness were constructed as evidence (“… the photographic portrait required not only studios and make-up … but also headrests, knee-braces, curtains and scenery …”). Didi-Huberman alerts us to the fact that hysteria was la bete noire (the black beast) “… “Because hysteria represented a great fear for everyone, it was the bete noire of physicians for a very, very long time: for it was aportia’ made into a symptom, It was the symptom, to put it crudely, of being a woman.”

During the 19th century, many treatments were directed at the clinical problem of hysterical madness. These treatments included stimulants, antiphlogistics, narcotics, and revulsives. The question was raised as to whether hysteria was incurable. Did-Huberman furthers the analysis—due to all of the many treatment failures, hysteria was treated with the therapy of “putting under observation.”

The author makes the case that the women who responded to Charcot’s instigation of the hysterical performance did so in order to provide him with “evidence” that heightened his scientific reputation as a brilliant discoverer of malady. They were given special status among the other patients for their hysterical performances and threatened with loss of this status if they did not pose for the photographs during episodes of hysteria. This research into the conditions under which these women were patients at the Salpêtrière concludes that: “… in fact, every hysterical had to make a regular show of her orthodox ‘hysterical nature’ … to avoid being transferred to the severe ‘division’ of the quite simple and so-called incurable ‘alienated women.’”

The hysterical attacks of Augustine and the other women were witnessed, studied, photographed and reinforced. They became ritualized madness. The author concludes: “The hysterics of the Salpêtrière were so ‘successful’ in the roles suggested to them that their suffering had lost something like its basic credibility. They were so ‘successful’ as subjects of mimesis that, in the eyes of the physicians who had become the directors
of their fantasies, they entirely lost their status as *subjects of distress.*” Perhaps as a consequence, the women who performed developed hatred and would not comply, losing interest.

*Invention of Hysteria* considers all of these elements and more. Interspersed with the author’s historical narrative are references to Freud’s theoretical developments. The many photographs of the hysterical women during their attacks are fascinating. The story is told in a poetic and literary style.

To this reader, one of the book’s major flaws is the English translation which is often stilted and hesitant. The book is a deconstruction of the idea of hysteria and for this reason there is an overly ironic and at times sarcastic tone to the discussion. It also seems that the work lacks historical relativity to the context of late 19th century Europe. Clearly, there was a patriarchal social structure where women lacked power and influence and where society did not place a high value on social welfare. Issues of power and dominance were not widely considered to be egalitarian rights.

Also, the concept of hysteria, although decidedly flawed, has contained heuristic value in the development of psychoanalytic thinking and has increased our understanding about the unconscious and the primacy of emotional life. We can judge Charcot and the physicians of the time for their power motivations, gender biased view of science and their lack of a valid method. Nonetheless, the work in this area stimulated a new way of thinking about psychic function.

*Invention of Hysteria* is an important work which also provides insight into the process of social construction of psychological knowledge which all psychoanalysts would benefit from thinking about in relation to historical context and the work which is done within it.

**References**


**Footnotes**


2 One that is particularly disliked or that is to be avoided

3 An insoluble contradiction or paradox in a text’s meanings

4 Reducing inflammation or fever; anti-inflammatory

5 Counterirritation used to reduce inflammation or increase the blood supply to the affected area

6 In a recent review in *Artforum International Magazine,* Armstrong (2003) has illuminated the problems with the translation of this work: “Perhaps texts like *Invention of Hysteria* should remain in French. Deconstructionist formulations abound in this book which flow with relative fluidity in French but read peculiarly in English. English … is less simply less suited to French to that kind of play.”

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**Subject to Change: Jung, Gender and Subjectivity in Psychoanalysis**

**Psychoanalysis** by Polly Young-Eisendrath, Hove, UK: Brunner-Routledge, 2004; 247 pages, $80.00.

My overarching invitation to you is that you form a relationship with me: argue with me, mark down your thoughts (even in the margins), agree or disagree with me, but find yourself here while questioning my ideas.

(p. 12)

**Eating with the Enemy:** Several years ago, spring was just coming to Philadelphia and I received a message from Barbara Silliman asking if I would keynote their annual meeting of the Jungian Society in Providence. I wrote back wondering whether she had not inadvertently, put forth this offer confusing me with my brother, Joel Covitz, a Jungian analyst in Boston who had trained with the Zurich group, while I had trained with Freudians in Philadelphia. I had, indeed, spent a short time in Zurich in 1969, couldn’t understand what Jung was writing about even when he wrote of mathematics (in which I had considerable training), benefited greatly from some short-term Jungian work with Rafael Lopez-Pedraza, and went home at peace with my decision on training in the neo-Freudian tradition. To make a long story short, I accepted Silliman’s offer, went to Providence in August 2003, spoke (“Touched by Jung”), and ate with my cordial hosts—distant cousins who treated me with kindly deference. And now Polly Young-Eisendrath (Y-E) asks that I build a relationship with her qua writer and reader?

Now that the whole field of Psychoanalysis has been attacked and devalued by various outside economic and cultural forces, it behooves us to function as a cooperative group, and to heal the stepfamily mentality that has hurt us badly. (p. 4)

**When the Wolf is at the Door:** I find it difficult to take in the radical cultural shifts in psychoanalysis that have occurred in the years that I’ve been training, then practicing and teaching. Can it be but 30 years ago that a training analyst in the Freudian medical group laughed off the thought that he might sell some supervision to me on a type of case in which he had expertise? And was it approximately the same year during which a neighbor refused to speak with me because we trained within different psychoanalytic churches? Can it be that even when my extradaining analyst died in 1986, Mahler and Anna Freud were still looked upon by him with a healthy degree of suspicion—were they really bona fide explorers of das unbewusste or merely pretenders? It was during that same era in my own institute when the Kardiner, Thompson, Horney and Saul types were thought of as pariahs of the Sullivanian Heresy or some such and that
gay analysts still had to live in the shadows. For that matter, could it have been the psychoanalytic world that invented: don’t ask; don’t tell? I have met the enemy and the enemy is (in) me!

Suffice it to say that my interests in subjectivity encompass both the ways in which the human personality forms and functions as an apparent unity—what we call ‘self’—and how this illusion of singularity and unity always rests, and is rooted in, self-other functioning. (p. 5)

**A Farewell to Arms:** By the time Arnie Richards contacted me (perhaps it’s already been 8 years) to join the online faculty of the fledgling JAPA_NET, one could feel the changes—and not just because of the lawsuit and subsequent settlement with the IPA and the American Psychoanalytic brought by a handful of psychoanalytically trained psychologists. Something was different. Consider, for instance: Here I am a male, and, at least by training, a Freudian with the barest acquaintance with Buddhism writing a review of a very personal account of Polly Young-Eisendrath’s twenty-year “development as a person, woman, Jungian psychoanalyst, feminist, Buddhist and developmental psychologist” (p. 1). Furthermore, I am writing for Division 39’s quarterly, a predominantly Freudian and neo-Freudian journal, and, yet, I shall have found nothing worth mentioning by way of disagreement with this Jungian thinker. Oh! One can always nitpick but I walked away from Dr. Young-Eisendrath’s thinking enriched.

There has, indeed, been a radical sea change—a cultural paradigm shift—within the structure of the American world of psychoanalysis. On a personal note, again, the kind of exclusionary politics that may have dominated psychoanalysis from even before the split with Adler and Jung has been so lessened that I can recall but one situation over the past 3 years when a mean-spiritedness was aimed in my direction at a meeting. And that was by a psychoanalyst-psychologist who expressed scorn over my having trained as a lay psychoanalyst prior to becoming a Psychologist. If it were up to him, he opined, I would not be permitted membership in Section I. And let there be no question about it, by the meetings recounted in the Minutes of the Vienna Psychoanalytic Society (Nunberg, 1962) in 1906-1908, one can feel palpable tensions mounting—Freud and Adler spitting at each other (ibid p. 226-237), Little Hans’ musicologist father, Max Graf, decrying the tendency for gratuitous pathographies of artists by non-artists, etc. (ibid p. 26ff and p. 259ff).

Never mind the New York psychoanalytic civil war (Frosch, 1991), the Anna Freud v Melanie Klein 30 Years War or the uncountable instances of people who might think they should know better behaving unkindly to each other. Psalms: “Can a ram’s-horn blow in the city and the nation not tremble?”

“My overarching invitation to you is that you form a relationship with me” (Y-E p. 12) In sundry ways, *Subject to Change* is in the tradition of Fred Pine’s classic integrative piece (1985): it is personal, without being confessional; situates itself in an integrative historical context, without being bibliographically heavy or slavishly bound by what came before (Freud or Jung); and differs from many while following the admonition of Ethics of the Fathers to “learn from every man.” As I read Polly Young-Eisendrath’s republishing of her thinking over the past 20 years—edited to preclude excessive repetition with an introduction thrown in for good measure—a question repeatedly came to mind: how did change occur in psychoanalytic culture that brought along at least a decrease in hostilities within this community? There is a related older question, predating even the 1961 IPA Conference, *Curative Factors in Psychoanalysis* (Segal et al., 1962), that focused on clinical changes, i.e., how does a patient (not us qua community, but a patient) get well? In this very brief review of a volume that I commend unreservedly and especially to Freudians suspicious of their Jungian kin, I shall limit myself to an attempt to extract from her writings certain idiosyncratic notions of health that may relate mutatis mutandis to the broader question of how we analysts stopped or may stop acting badly. I do this as an attempt to join in her conversation, as she requested, without any intention of fully reviewing it. The reader, if I may indulge some light-hearted cavalierness, should go have their own conversation with the author.

To begin, Young-Eisendrath is thankfully less shy than most of us who write in showing her cards on what constitutes health of the individual and even health of the community. I have long found it curious indeed that we who shepherd those on their treks through the underbrush of their minds —das unbewusste that makes inch by inch progress in living so difficult—rarely speak of health. I cannot imagine that we analysts are incapable of articulating a picture of health that is sufficiently broad so as not to fall prey to the folly of normative and statistical straightjacketing, but for some reason we do not do so. This volume, for me, is a fine example of the good use that may be made of this willingness to do what Freud (S.E. 1933a, p. 158) said we shouldn’t do, namely specify a Weltanschauung for psychoanalysis. For after all, our world view does indeed define us the notion of the good life for both the individual and for collectives. I shall choose but three such parameters of health that repeat themselves in *Subject to Change*’s twenty papers and, or so I claim, may well be connected to changes in the psychoanalytic culture that I have already noted. These changes are passed on, perhaps, by changes in the training analyses that are among the major tools for cultural transmission within our community.

I shall note these paradigmatic notions of health put forth in *Subject to Change* and discuss them briefly, as I again encourage others to join Dr. Young-Eisendrath in her requested conversation. I found it especially refreshing that the author was willing to emphasize the need for skepticism.

My own approach to understanding psychoanalytic work has always been open to not-knowing; it has been subject to change. I regard not-knowing as an active
Sextus Empiricus, a doctor in the school of Asclepiades, had some 1800 years ago argued that in order to attain peace of mind (the title, by the way, of one of the very few analytic works that focuses on health [Liebman 1946]) or ataraxia, thinkers must first learn to suspend judgment. It is of note that in recent discussions of the scientific merits of psychoanalysis, falsifiability has become such a controversial topic. I wonder: When we interpret to our patients, whether in therapeutic analyses or training analyses, do we establish a model for such skepticism or do we pit our own conviction against the resistance of the patient? Young children do appreciate the firm hand of those who know or who, at least, claim to know. But what. I must wonder, precipitates from treatment by an analyst who knows? And what model of health is birthed from such treatments? One can but fascinate about such matters, though some recent work (e.g., Tessman 2003) on the training analytic relationship does examine the impact of the training analyst’s style on that of the candidate in later life.

Skepticism is related to intersubjectivity and plays a central role for Young-Eisendrath as well. In order to maintain an intersubjective stance in which the Other’s relationship to their own thoughts and models may be considered and betimes even embraced, one must be able to transcend a narcissistic position that views one’s views as incontrovertible, undeniable or unfalsifiable. Skepticism and intersubjectivity are interdependent. Young-Eisendrath, in her own way, works to balance the need for subjectivity and agency (particularly in Part 2, “Gender and Desire”) against the need for the intersubjective position. Consider the following:

One is not more independent but more mature in one’s dependence on others. (p. 59) [and] Objective empathy … is the ability to put oneself in another’s perspective or point of view. (p. 112) [Or, citing Zen Master, Dogen:] Self and other are ultimately interdependent; the self does not exist prior to, or outside of, the other; we have only the possibility of experiencing self or other through relationship. (p. 159)

I wonder: Is it possible to recast our understanding of the curative factors in psychoanalytic treatment? Perhaps, it is not solely where Unconscious was let there be Conscious or where Es-It-Id was let there be Ich-I-Ego! Instead, might not the treatment process be conceptualized as one in which two protagonists—one locked into relating unwittingly on the basis of their relational history and another equally locked into both relational history and theoretical specificity—come to slowly abandon their cherished and self-referenced positions and to work to value each others’ inner worlds and to accept each other as unique others, as subjects, each in their own right? And might this not parri passu alter a defensive structure that, in the most general terms, replaces relating with autoplastic changes, be they of the obsessional, hysteric or more obviously narcissistic variety. These thoughts became prominent components of my silent discussion with Young-Eisendrath.

In commenting on Subject to Change, I shall be satisfied in introducing one additional constituent part of health that she shares with and cites from Jung, Ogden and Stephen Mitchell and that may both impact our understanding of the treatment process and relate back to the earlier mentioned sanguine value of skepticism. Dr. Young-Eisendrath notes (p. 211 and also cited p. 64):

To move from painful enactments of complexes into the transcendent function [Jung’s expression] or dialectical space [Ogden’s expression] is, as I see it, the major work of a long term psychotherapy or analysis. Stephen Mitchell seems to agree when he writes, “the capacity to bear, hold and play with an interpretation, neither surrendering to it as powerful magic nor rejecting it as dangerous poison – [is] … a criterion of readiness to terminate.”

Indeed, this idea is not new and the author connects it even to ancient Buddhist thought. Feldman (1974), for instance, suggested that analysis provided a “psychoanalytic addition to human nature” that went beyond restoring someone to a previous stasis. Instead, he proposed that the ability to free associate within the realm of feelings was a novel creation of the psychoanalytic process. An impulse was no longer simply a forerunner of an action but now could be a jumping-off point for a series of associations to affects that might or might not bring one to either action or a conclusion. Hereby we see as well a connection to Young-Eisendrath’s emphasis on skepticism. The impulse, thought or feeling, in becoming a datum for further exploration (and pointedly not explanation), particularly within a relational context, is no longer locked into a narcissistic evaluation of correct or incorrect, or mine or yours, but opens up into the exploration that psychoanalysis, at its best, promotes.

The introduction into our analyses of skepticism, a balance between subjectivity and intersubjectivity, and the capacity to transcend the biological immediacy (intrinsic to instinctual behavior) that draws us to premature closure (explanation) rather than exploration of our rich inner lives might go a long way toward producing new generations of psychoanalysts who can work together without falling prey to the “step family mentality” that has politicized the relations between the heirs to Freud’s legacy.

It is odd, isn’t it, that we expend so much energy on infighting. After all, what our patients carry away from treatment, the analytic instrument or introspect, is so much more than a cache of interpretations. Dr. Young-Eisendrath does indeed paint a picture of the sanguine existence, as she freely borrows from a spectrum of Jungian, Freudian, Ego-Psychological
and Object Relations thinkers, as if there were no boundaries between Jungian and Freudian camps, and as if we all share in her/our being a “person, woman, Jungian Psychoanalyst, feminist, Buddhist and developmental psychologist.” I’ve much enjoyed conversing with her.

References

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**The Long Dark Road: Bill King and Murder in Jasper, Texas, by Ricardo C. Ainslie. Austin, TX: University of Texas Press, 2004; 236 pages, $24.95.**

Ricardo Ainslie tells a good story. He writes well, leading the reader along. It is a first rate true life detective story, written by a perceptive psychoanalytic observer who sticks close to the facts—what people actually say and what are ascertainable facts. Nonetheless, his sensitive descriptions and the pictures evoke the feeling tone. He does not embellish the story with arbitrary speculations or abstractions, but gives enough information so that the reader can readily speculate in a number of reasonable directions.

This is the story of what is generally considered the most recent lynching of an African-American by whites in the United States, the murder by dragging behind a truck for over two miles of a man fastened to a chain. It happened in Jasper, Texas, in the early hours of Sunday, June 7, 1998. What was left of the body was left in front of an African-American church on the edge of town. However, while in good repair, the church was no longer used for services other than funerals (it was near the cemetery), so the intent to terrify the African-American community, if that was the intent, was not efficiently carried out.

The investigation and the people who carried it out are described in their own words. The difficulty in doing a thorough job and the wish to be thorough come through. The law enforcement people are haunted by the past of Texas in general, and of the Jasper area. The phrase “This is not 1920” echoes again and again. In 1920, in one of two local lynchings, an African-American was dragged to death behind a truck. Everyone knew who did the lynchings, no one was ever arrested, and the perpetrators were proud.

The sheriff, DA, and other law enforcement personnel described more recent lynchings that their fathers talked about, where their fathers felt guilty about not doing anything.

There were now African-American policemen and an African-American mayor in Jasper. But the sheriff, the DA, the prosecutors, and the judge were white. All seemed to be genuinely concerned with doing the right thing. They complained of the glare of outside publicity and that the media of the world were there in Jasper watching, making their job more difficult. Ainslie accepts their statements as accurate, that they were genuinely concerned about doing the right thing, and that Texas had changed. But he also reports, accurately, that no white person anywhere in Texas until this trial (1999) had ever been convicted of capital murder for killing an African-American.

It was the local sheriff who made a point of bringing the FBI in immediately, which helped greatly in terms of resources for investigation. Bringing in the FBI was also intended as a signal that the local authorities were not going to cover up such a heinous crime. But the FBI did not want to bring federal charges. It was left to the local authorities to prosecute.

The story of the investigation and of the trial are fascinating. The three perpetrators are interesting. One of them, manager of the local movie theatre, was not considered racist by African-Americans who testified for him as character witnesses. But the most interesting character is Bill King, the apparent ring leader, a likeable intelligent man who it is hard to believe was the actual perpetrator. Ainslie reports his own feelings of wanting to believe him, and then the realization that King’s words are inconsistent with too many facts and are even inconsistent with King’s own accounts.

This is not a psychoanalytic case history. King was not a patient. Ainslie did have interviews with him on death row, and he had a chance to talk to those who knew him. He presents what they said, and does not try to create a fictional reality.

The most important trauma was that he was adopted, but was not told until he was thirteen. Before that he did well in
school. He was doted on by his mother (stepmother), and King referred to himself as “a mama’s boy.” Shortly afterwards, his mother died. On her deathbed, his much older brother, whom King described as mean and who had not lived with the family at any time in King’s life, visited her and she seemed pleased, which King took as evidence that only her biological son mattered. His school performance deteriorated after her death, and he dropped out before finishing high school. He got into minor scrapes with the law, eventually was sent to “boot camp” for seventy-five days, came out seeming improved, quit a job because the boss “was giving him favors” (as a favor to his father), was sent to a “restitutions center” where his tough guy attitude got him sent to prison for two years. In prison this 5’9” man was soon beaten up by African-Americans (as was usual in that unit to see if he could and would fight back) and proved himself by fighting back even though he got hurt, and he joined a white gang, the Confederate Knights of America. (There were two other larger white racist gangs, and several Mexican-American gangs. However, half of all the inmates were African-American and they were the largest gangs.)

In that prison you were either a “wood” (tough guy), a “ho” (sexual object), or someone who paid for protection (which they might not get anyway). Tattooing was illegal in prison, so all the “woods” were tattooed, including “patches” that proved your gang identity. He had elaborate tattoos over his arms and body and even penis. He eventually became head of his Confederate Knights, and he learned some of the racist ideology. The man he displaced as head was later one of his confederates in the Jasper murder.

It is clear from Ainslie’s description, that while King was a disturbed adolescent and man, it was his experiences in the prison that most shaped his sadism and his racism. Ainslie’s description of the prison includes only what is easily ascertainable, but we can be sure it was hell. As is usual in prisons, guards did not (or could not) protect prisoners from each other. In prison, African-American gangs were the majority, and whites were an embattled minority. Among the inmates the sadists of any ethnic group were the people in charge. A racist view of the world seemed true.

One inference which Ainslie does not make is that King may have believed that Texas whites would accept him as a hero and cover for him. After all, a similar lynching in the old days was well known and the perpetrators of much more recent lynchings were known, and undoubtedly heroes in some parts of the white population. It seemed like this single act of sadism might well make him a hero. It was a poor judgment, but that is clear by hindsight, not necessarily clear given the white folklore of Jasper. The murder was an impulsive act, seemingly not planned before the night the opportunity arose.

In my experience, reformatories and prisons generally make inmates more criminal and more sadistic. Sadism is the supposed way to prove you are a man and not a homosexual, and that becomes more important than any other realistic consequence. When I was chief psychologist at a reformatory for male adolescents in the late ’50’s in a northern state, African-American inmates would frequently beat up white inmates, while some of the guards (white) would regularly beat up any African-American inmate who attempted to be friendly with whites or who acted as if they were equal to whites. Inmate beatings were punished if the offender was known. Officially the guard beatings never occurred; beaten inmates were transferred to isolation until the bruises healed. (Eventually, as the result the efforts of Henry David, the state’s chief psychologist, inmates in solitary began to be regularly examined by a physician, which limited guard beatings.)

There used to be a society for the Psychiatric Treatment of Criminal Offenders. Such an idea is no longer fashionable. First, psychodynamic treatment was abandoned for “simpler” therapies, then studies were done which found “therapy” did not help. But as Hans Toch, of the School of Criminal Justice at SUNY, Albany, has pointed out, studies included people without training, called “counselors,” whose duties included checking the laundry. Such people are not helpful. But there are data that when sensible treatments are made available, they are helpful. As inexpensive a treatment as Maxwell Jones’s therapeutic communities were used by Douglas Grant during the Korean War with naval personnel sentenced to prison with excellent results. The majority were returned to a full tour of duty without getting in trouble again. August Aichhorn (the title of whose book was puritanically mistranslated as Wayward Youth, instead of accurately as Lost Youth) frequently had good results. A. S. Neil, the author of Summerhill, said that he learned how to help children with problems from a therapeutic reformatory in England called the Little Commonwealth, which ceased when its originator died. When I was chief psychologist at a reformatory, I did a study to see what percentage of criminals were neurotic or psychotic. I was startled to discover, that of 40 consecutive first jailing, all 40 had been described by their teachers in school as emotionally disturbed before they had ever gotten in trouble with the law, had been sent to Child Guidance Centers (this was just before the beginning of Community Mental Health Centers) where they were evaluated, pieces of paper were written, no psychotherapy was offered, and they received no treatment or were referred for medication which wouldn’t help anyway and which they would not take even if it did help because it tends to make you more passive, and in their social groups you lose status when you become more passive.

In my experience criminals are very treatable, but society has never made a decision that it wants to treat and rehabilitate criminals or potential criminals. I examined 600 inmates, and discovered only 3 true psychopaths, one of whom was a senior member of the reformatory staff. The rest were neurotics, borderlines, or psychotics who committed crimes. Of course, you have to understand that a sequence of behavior, including a crime, can be a symptom, and not just DSM-IV label. But most psychoanalysts and psychoanalytic psychologists know that.
The first thing one cannot help but notice when picking up the second revised edition of *An Open Door Review of Outcome Studies in Psychoanalysis* prepared by the Research Committee of the IPA is its weight. Upon reviewing the descriptions of more than eighty empirical studies, I am reminded of a frequent refrain that goes something like this: “There is no empirical research to support psychoanalysis.” This refrain is oft-cited when discussing why insurance companies will not support psychoanalytic treatment and why psychoanalysis has fallen out of favor in the public eye as compared to newer, briefer, manualized, so-called empirically validated treatments. Clearly, this edition is a testimony to the inaccuracy of such claims. While there remain far fewer empirical studies of the outcome of psychoanalysis than say cognitive-behavioral therapy, there is a wealth of empirical data available supporting the effectiveness of psychoanalysis. The central question then becomes, “Why is no one listening?” One potential answer to this question is the lack of a central source of information about systematic research efforts in psychoanalysis that can be referenced easily. Fortunately, the members of the Research Committee of the IPA, all international leaders in psychoanalytic research, have taken on this monumental task. The latest revision of the book represents an impressive compilation of descriptions of empirical studies from across the world. The editor and contributors are commended for the work that they have done towards the common goal of using empirical research to validate the utility of psychoanalysis and psychoanalytic ideas while also advancing analytic theory and technique. The Open Door Review begins with reflections upon the epistemological and methodological context to psychoanalytic research—a conversation that is at once an appropriate and yet odd preface to the compendium of descriptions of empirical studies that follow. In one sense, it seems that this debate might be better suited to a different context entirely—especially since the ideas are not discussed or elaborated later in the book nor are the ideas related specifically to the empirical findings. There also exists an unmistakable incongruity between the epistemological discussion and the presentation of empirical findings. This incompatibility stems from the fact that the former takes place at a level of abstraction that could not be more different from that of the actual studies surveyed. The chasm between these foci seem to reflect the analytic community’s ambivalent relationship with empirical data amid concerns that quantitative research is inherently too reductionistic to capture the significant elements of psychoanalysis. This second revision of the book adds a significant contribution in the area of research methodology that will be a wonderful resource for researchers. The contributors provide a cogent description of the challenges inherent in researching psychoanalysis. Current methodological and statistical approaches are reviewed before discussing actual instruments. For those not steeped in the world of psychoanalytic research, however, it is important to note that this section details just a few of the myriad measurement instruments relevant to studying psychoanalysis. The appendix also describes several instruments that can be used to quantify psychotherapy process for empirical study. Again, it is important to note that the appendix does not represent an exhaustive list of such measures but, rather, a sampling of some of the most widely used. The dichotomous classification of these measures as either “therapy process” or “process-outcome” measures is, however, somewhat misleading. All of the measures listed describe therapy process and indeed all could be used to examine process correlates of outcome using correlational methods. For example, while the Psychotherapy Process Q-sort (PQS) is listed as a process-outcome measure, it is actually a process measure that produces quantitative data that can be analyzed to examine the relationship with independent outcome measures. The PQS itself is not a measure of therapy outcome. The Open Door Review concludes with an acknowledgement of the many limitations of the evidence presented. Any critical review of a research study can find considerable limitations. One important missing limitation to all of the studies described in this volume is that of allegiance effects. Allegiance effects color the results of almost every treatment outcome study conducted to date. Lester Luborsky has elegantly demonstrated empirically what most of us will admit to knowing intuitively—that the results of outcome studies tend to support those theories and modalities to which the researchers themselves prescribe. The power of allegiance effects underscores the ultimate need for dialogue and collaboration with researchers outside the world of psychoanalysis. Such partnership will also be necessary to validate psychoanalytic principles and treatment using comparative trials. The largest limitation of the research presented in this impressive volume remains, however, that, as stated earlier, no one seems to be listening—be it inside or outside the insular world of psychoanalysis. One of the most noted psychotherapy researchers of the last century, Hans Strupp, keenly observed that, despite thousands of studies attesting to the effectiveness of different psychotherapeutic approaches, we continue to focus on proving outcomes, and each new study documenting the effectiveness of psychotherapy is met with a mix of excitement and surprise. With research on the effectiveness
of psychoanalysis still in its relative infancy, would it not be a great shame to invest millions of dollars and years of effort to prove what we already know—that psychoanalysis works and works about as well as other forms of treatment—only to have the findings largely ignored? Why does no one take note? Within the analytic community, a cynical answer is that no one cares—that clinicians know the value of what they do and are insulted that empirical evidence should take precedence over clinical experience and case reports which represent data of another sort. Another possible answer is that even the summaries of findings in this review are too inaccessible to clinicians. In the next edition, might it be possible to ask the authors of each study to summarize their findings for clinicians and highlight their clinical relevance? Outside the analytic community, the problem likely revolves around prevailing perceptions of psychoanalysis. Results of the American Psychoanalytic Association’s Strategic Marketing Initiative (2002) suggested that the value of psychoanalytic theory remains widely appreciated despite the fact that analysts are seen as not relating well to other mental health professionals, as arrogant, intimidating and uninterested in what others have to say, and that the analytic community is viewed as isolated, patronizing, not open to new ideas, resistant to change, and not interested in dialogue. Even if these impressions are inaccurate, unfortunately, it is unlikely that any amount of empirical data will overcome the strength of resistance stemming from such misconceptions. If empirical data are to help reinstate psychoanalysis’ deserving place, then steps also must be taken to communicate more openly and effectively with those outside the community.

Another reason for the skepticism about empirical findings has to do with the design of many studies themselves. The state of the art for empirically validating treatment approaches is inherently biased against approaches that are not brief or circumscribed in their approach. In fact, the more flexible and heterogeneous the theory and the treatment approach, the less likely it can be studied effectively using the method of randomized, controlled clinical trials. For example, since there are no treatment manuals for psychoanalysis, psychoanalysis is by default excluded from any controlled clinical trials. Furthermore, recent research suggests that results of controlled clinical trials of manualized treatments can also be highly misleading even for brief, manualized treatments. Therapies that are hypothetically distinct may be quite similar in their clinical application. For example, interpersonal psychotherapy (IPT) and cognitive-behavioral therapy (CBT) are two empirically validated psychotherapies for depression that hypothetically seem quite different. But empirical research comparing IPT and CBT has shown that the clinical application of the two approaches is quite similar (Ablon & Jones, 1999; Ablon & Jones, 2002). Important areas of overlap have also been observed when comparing empirically the process of CBT and the process of brief psychodynamic psychotherapy. Psychodynamic therapists applied a notable amount of both psychodynamic and cognitive-behavioral strategies (Ablon & Jones, 1998). In fact, in one sample of brief psychodynamic psychotherapy there was no significant difference in the amount of psychodynamic and cognitive-behavioral process that was fostered. While the CBT treatments followed a cognitive-behavioral model more strictly, when the cognitive-behavioral therapists did foster a psychodynamic process, it was this process that was correlated significantly with positive treatment outcome. Even small “doses” of processes borrowed from other approaches can be powerful predictors of outcome. Thus, treatment process cannot be fully controlled and, as a result, brand names of therapy can be quite misleading. When evaluating psychotherapy outcomes, it is increasingly clear that one must first characterize a treatment accurately by examining what actually goes on between patient and therapist.

Clinicians are right to be skeptical of studies which attempt to control the process of interactions between patient and therapist—both because such controls restrict the extent to which a good clinician customizes treatment according to the characteristics and needs of the patient and because human interactions cannot possibly be scripted even with the most comprehensive of treatment manuals. Furthermore, the very idea of manualization implies that therapists simply apply techniques to patients, rather than recognizing that the therapeutic process is co-created by patient and therapist. It is highly likely that the results of empirical research would be of much greater value to clinicians if they focused on identifying change processes that are correlated with positive outcome that already exist in naturalistic treatments, as opposed to trying to artificially control the therapeutic process in order to study it.

Indeed, psychoanalytic researchers have always struggled with the arduous and often thankless task of trying to use empirical methods to quantify incredibly rich, complicated and subtle constructs and processes in accurate and meaningful ways that advance theory and technique. The *Open Door Review* is a testimony to the current dilemma of balancing the need to prove the efficacy of the analytic approach while staying true to the roots of psychoanalysis, which always aimed to better understand human thoughts, feelings, and behaviors. Taken together, the more than eighty empirical studies described in this volume balance those agendas nicely. For the future of psychoanalytic treatment research, however, it is clear that the most powerful method for addressing these competing agendas simultaneously lies in the naturalistic study of change processes (not treatments) that promise to improve therapeutic effectiveness while furthering our understanding about how psychoanalysis works.

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COMMITTEE REPORTS: FINANCE

Martin Manosevitz, Ph.D., ABPP

The good news is that the Division’s operations for 2004 ended with a positive balance. As you may recall, we had anticipated a deficit, but due to changes in income and expenses, we were able to end the year in the black. Our dues revenue was somewhat less than anticipated (approximately $9,000) and our income from the Spring Meeting was less ($15,000) than anticipated. We did receive unanticipated income from the journal, Psychoanalytic Psychology, due to its being available in electronic format and the Division receiving royalties, increased ad revenues from Psychologist-Psychoanalyst, and income received in 2004 from the 2003 Spring Meeting in Minneapolis. In addition, the cost of producing Psychoanalytic Psychology in 2004 was less than budgeted. Thus, we ended the year with a balance of approximately $7,000. This balance can be used to rebuild our cash reserve funds, which has been depleted over the past few years. Our current cash reserves are approximately $160,000. This is less than one year’s operating expenses.

The committee’s responsibility is to ensure the health of the Division’s finances. This includes developing sources of revenue and funding the Division’s activities in accordance with the Division’s priorities. The Finance Committee does this by estimating revenue for each year and then developing a budget that is consistent with that revenue. Many of the Division’s expenses are fixed, for example the cost of running the central office, having board meetings, etc. Thus, we only make bookkeeping easier. Each year all sections must report in accurate tax information to the Internal Revenue Service. The APA is a large and complex organization with an operating budget well over $90,000,000. All components of APA must report accurately so that the auditors can send to the Internal Revenue Service. Since Sections frequently change treasurers and record keeping is not easy, David Ramirez, current Division President is urging all Sections to use CBIZ by the end of 2005. Using CBIZ does not change any decision making of a Section. It only makes bookkeeping easier. Each section would maintain its autonomy and decision making in running the Section.

A future goal for the Division is to find ways to increase revenue so that we can rebuild our reserves and have funds available to support new and exciting initiatives.

MEMBERSHIP

Louis Rothschild, PhD

The following new members joined the Division between March 1 and May 31, 2005. See if any of your colleagues has joined; and be sure to welcome them to the Division.

Suzi Naiburg, PhD
Michael Nash, PhD
Renee Natvig, BS
Lillian Norton, MD
Fernando Obledo, PhD
Susan Pasternak
Andrea Remez, PhD
Moira Ripley, PsyD
Debra Roelke, PhD
Burton Setler, PhD
Faith Sheiber, PhD
Laura Sheridan, MA
Dawn Shifreen-Pomerantz, MA
Julia Stein, MA
Thomas Stern, PhD
Marguerite Stewart, PsyD
Brian Welch, BA
Matthew Whitehead, BS
Rose Zayco
Ricardo Arango, MD
Michael Axelman, PhD
John Brunner, PhD
Susan Chance, PhD
Doreen Di Fiore, MA
Robin Donath, MSW
Todd Germain, LCSW
Judith Glassgold, PsyD
Marlene Goldsmith, PhD
William Gottdiener, PhD
Steven Graham, PhD
Susan Gutwill, MSW
Robert Hubbell, MS
Jonathan Huston-Wong, PsyD
David Ingle, PsyD
Sharon Kuperfish, MA
Amalia La Porta, MSW
Joseph Laino, PsyD
Ivan J. Miller, PhD

NOMINATIONS AND ELECTIONS

Jaine Darwin, PsyD

The Nominations Committee would like to announce the results of the 2005 election to the Board of Directors. The following candidates have been elected by the membership:

President-Elect: Nancy McWilliams
Treasurer: Marsha McCary
Council of Representatives: Dolores Morris
Members-at-Large: Judith Logue, Bill MacGillivray, Henry Seiden

In addition, Marilyn Metzl has been appointed to complete the remaining 2 years of Nancy McWilliam’s term as Member-at-Large. Congratulations to the new board officers and thanks to all those who competed in the elections.
OUTREACH: AN OPEN LETTER TO MEMBERS

The Division is pleased to establish a companion website at http://www.div39outreach.org that will highlight the outreach activities of our members. The new site will be linked to the existing Division website at http://www.division39.org. Over the past two years the Outreach Committee has learned of the exciting and remarkably varied ways members of Division 39 have expanded the impact of psychoanalysis and its ideas. Initiated by Jaime Darwin and currently sponsored by David Ramirez, the Division leadership and Board are determined to make the wider community more aware of our accomplishments. The Outreach Website’s main feature is an online database of specialized services based within a psychoanalytic framework, including education, consultation efforts, clinical treatment for underserved groups, pro bono work, and other applications that move psychoanalysis beyond the consulting room and into the community. When completed, the website will bring psychoanalytically oriented resources to the public, to other professionals, and to our own members who may wish to network or join ongoing projects. Please take a moment to visit this site and add to our database or review your information to be certain that our data is complete, accurate and current. If you have not already contributed to the Outreach Website, please follow these simple and quick steps:

STEFHAN A. MITCHELL AWARD

Papers are invited for the fifth annual Stephen A. Mitchell Award. Established by Psychoanalytic Psychology and the Board of the Division of Psychoanalysis, the award honors our esteemed colleague as well as a graduate student whose paper is deemed exemplary by a panel of judges, all journal editors and Division 39 members. The award includes a $500 cash prize, airfare and registration for the Division Spring Meeting, at which the paper will be read, and publication in Psychoanalytic Psychology. Deadline for submission is July 1, 2006, and presentation of the paper will be at the 2007 Spring Meeting in Toronto. Five printouts of the paper should be submitted to me according to the procedure for submission to Psychoanalytic Psychology and should include a cover letter indicating that the paper is being submitted for the Stephen A. Mitchell Award. Division members with academic affiliations, in particular, as well as all members are strongly encouraged to invite graduate students to submit papers. There are no restrictions as to topic or theoretical orientation, although the papers must be of a psychoanalytic nature. Manuscripts and questions should be addressed to the editor: Joseph Reppen, PhD, ABPP, Editor, Psychoanalytic Psychology, 211 East 70 Street, New York, NY 10021-5207, 212/288-7530 (voice), 212/628-8453 (fax), jreppen@datagram.com (email).

DEADLINE: JULY 1, 2006

Marylou Lionells, PhD

• Step 1: Visit http://www.div39outreach.org (Note: there is some information currently on the site so you can use the search engine to see how the site can be navigated)
• Step 2: Click on the "Contribute To Database" link located at the top of the home page. (If you participate in an agency or other organization please contact your director to approve the contribution and avoid duplication.)
• Step 3: Fill out the "Contribution Form" page in its entirety. Please complete a new form for each activity you wish to include.
• Step 4: Click on the "Submit" button at the end of this form. This is crucial for your information to be transmitted. As soon as your form is processed by the website, you will receive a confirmation. If you fail to receive this notice, please return to Step 1 and resubmit your information.

Your contribution is important to the continuing advancement of psychoanalysis. When it is added to the website database we will send you a link to your information so that you may verify its accuracy, and make any necessary additions or corrections. The Committee will appreciate learning of any difficulties you have with the contribution process, the categories, or with navigating the website. Your suggestions are welcomed and may be easily incorporated.

• Marylou Lionells, PhD Chair, Division 39 Outreach Committee Telephone: 201-837-3796 mailto:mlionells@psychoanalysis.netmlionells@psychoanalysis.net
• Royce Jalazo, PsyD Division 39 Outreach Mistress, Telephone 931-801-8464 mailto:admin@div39outreach.org admin@div39outreach.org

CONTINUED FROM PAGE 80

References


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SECTION REPORTS: PSYCHOANALYTIC RESEARCH SOCIETY

PAMELA A. FOELSCH, PHD

A RENEWED CALL TO ARMS FOR SECTION VI: While the Psychoanalytic Research Society was established to cultivate a research environment in 1989, our mission remains just as challenging today. Despite the ever-increasing dialog about the move toward “evidence-based practice” in the mental health field and in clinical training, we continue to struggle with the task of demonstrating to the larger community what we “know to be true” based on our longstanding clinical experience, that psychoanalysis and psychoanalytic psychotherapy are effective treatments. When I speak of the larger community it also means us, within Division 39. The members of Section VI take this as a personal challenge. We work to empirically demonstrate the effectiveness of our treatments, as we wrestle with the articulation and operationalization of our cherished constructs. The Research Society encourages dialogues between and among researchers and clinicians in many ways. Section VI participates in professional meetings, supporting collaborative publications, disseminating information, and supporting the development and training of psychoanalytically oriented researchers.

The current Section VI Board members are as follows: Pamela Foelsch, president; Ken Levy, president-elect; Joel Weinberger, secretary; Foyna Helm, treasurer; Gwen Gerber, division representative; Lisa Pomeroy, past-president; J. Stuart Ablon, John Auerbach, Sidney Blatt, Robert Bornstein, Michael Sperling, Johann Tabin, are members-at-large; Patrick Luyton, Sherwood Waldron, Gerald Stechler, Drew Westin and Andrew Gerber, serve as honorary advisors.

During this Board’s term of office, we are working toward maintaining an active presence in the Division 39 meetings as we continue to actively promote psychoanalytic research of an empirical, theoretical and clinical nature. We will continue to provide a newsletter, facilitating communication between colleagues. We are currently offering another opportunity for students to obtain funding support for their empirical research. The current deadline for submission is November 1st 2005. And we hope to establish a Psychoanalytic Research website, so that we can more easily disseminate the latest research findings and educate practitioners and others of advances in the clinical work.

During the APA Convention, we will be having a Board Meeting on Thursday August 18 at 6 PM. Anyone who is interested in the work we are doing is welcome to join us. The specific room the meeting will be held in will be announced at the conference. We will also have a panel at the Division 39 Spring Meeting in April 2006.

We “call” all those who are interested in the future of empirical research, in order to support the rich clinical traditions of psychoanalysis and psychoanalytic psychotherapy, to join us. You may contact either Gwendolyn Gerber, Section VI representative to Division 39 at gwgerber@aol.com or Pamela Foelsch, President of Division 39 Section VI at paf@tfptherapy.com

Psychoanalytic Research Fund Dissertation Research Award

Section VI: Psychoanalytic Research Society has established a fund to support empirical doctoral dissertation research related to psychoanalytic theory and technique. Depending on the number of worthy submissions, awards will be in the $1000-$1500 range. Proposals postmarked by November 1, 2005 are accepted for consideration from any student member of The Psychoanalytic Research Society of Division 39 of the APA. The proposal should be clear, concise, and not more than 10 doubled spaced typewritten pages, including a budget, time schedule and references. Follow the APA Publication Manual for style, grammar, punctuation, etc. Send four copies of the proposal to Dr. Kenneth N. Levy, Department of Psychology, 240 Moore Building, Pennsylvania State University, University Park, PA 16802 The Fund’s Advisory Committee consists of: Kenneth N. Levy, chair; Stuart Ablon, Andrew Gerber, Gwen Gerber, and Pamela Foelsch. Additional information is available on the website, http://www.division39.org/div39_sects.php?sectid=6 or by contacting Ken Levy at klevy@psu.edu.

DEADLINE: FEBRUARY 1, 2006

COUPLE AND FAMILY THERAPY AND PSYCHOANALYSIS DISSERTATION GRANT

Section VIII, Couple and Family Therapy and Psychoanalysis, is pleased to announce a $500 grant to support a dissertation exploring couple or family issues within a psychoanalytic or psychodynamic framework. Any doctoral student in Division 39, Division 43, or Division 44 whose dissertation proposal has been approved is eligible to apply. The deadline for submitting your application is February 1, 2006. To apply, send three (3) copies of a letter describing the proposal and its relationship to the section’s interests, and proof that the proposal has been approved. Address letters to Gerald Stechler, PhD, 18Whittier Rd., Lexington MA 02420. Inquiries may be emailed to stechler@bu.edu

DEADLINE: NOVEMBER 1, 2005
LOCAl CHaPters: nortHern CaLifornia: nCSPP

Scott LIines, PHd and Francisco gonzaLez, MD

The Northern California Society for Psychoanalytic Psychology begins its eighteenth year as a local chapter of Division 39 with a wealth and diversity of educational offerings to the San Francisco Bay Area communities, incorporating San Francisco, the East Bay, and Silicon Valley and Sacramento Valley areas.

In keeping with the request to summarize recent history in this chapter report, the last ten years are reflective of NCSPP’s phenomenal growth, and its impact on the quality of psychoanalytic education in Northern California. Ten years ago, our educational offerings were brought forward by an education committee, responsible for courses and workshops; a program committee, which hosted an annual lecture featuring a locally or nationally notable analyst; and an editorial committee, responsible for publishing a semi-annual, eight-page newsletter.

There are several developments in this time of growth of which we’re particularly proud. First is the increased breadth of our educational offerings, both geographically and in terms of content. Based on the needs of our far-flung membership, we created discrete education committees in both the South Bay, encompassing Silicon Valley, Palo Alto, San Jose and the Peninsula, and in the Sacramento Valley, encompassing Sacramento and Davis. Each of these entities offers courses and symposia featuring both local clinicians and internationally noted theorists, among them Hanna Segal, Jessica Benjamin, James Fossage and James Grotstein. These names are added to the growing list of internationally revered theorists-teachers that NCSPP has brought to the Bay Area in the last several years. A partial list includes André Green, Gregorio Kohon, Robert Oelsner, Glen Gabbard, Ron Britton, Horacio Etchegoyen, Juliet Mitchell, Joyce McDougall, Neville Symington and Christopher Bollas.

Second is the expansion of our Intensive Study Groups from year-long survey courses comparing psychoanalytic schools, i.e., eight weeks on drive theory, eight weeks on object relations, et cetera, to year-long, in-depth study of a particular psychoanalytic school/topic/theorist, e.g., the “Kleinian Development,” the British Middle School, Wilfred Bion, the death drive. These study groups, offered simultaneously in San Francisco, the East Bay and the South Bay, are regularly oversubscribed and often provide a kind of tributary into the larger stream of formal psychoanalytic training through the various psychoanalytic institutes in the Bay Area. Due to their popularity, these study groups have in recent years provided us with fiscal growth and increased latitude to pursue course offerings that branch into non-clinical disciplines, i.e., philosophy, film, technology and the arts. This series of symposia, Out of the Tower, Off of the Couch, created by the Interdisciplinary Education Committee, endeavors to reach beyond the consulting room into the academy, the arts and cultural criticism in order to weave cross-currents of common interest between psychoanalysis and the larger culture. Our current challenge with this project is to broaden our usual conversations to include other individuals and disciplines; in other words, how to sell this thing we’ve created! We are experts at marketing our course offerings to clinician-members who have come to rely on us as their principle source of continuing education, but less expert at fostering engaging dialogue with other disciplines, whether scholarly or artistic. We feel that for psychoanalysis to survive as a force for cultural change and growth, we simply must find ways to engage with the larger community.

The former eight-page local newsletter is now an internationally recognized journal, fort da, which features papers of clinical, theoretical, and cultural interest from the international psychoanalytic spectrum. Yet, it also retains its regional flavor and provides publishing opportunities to members. In keeping with our current interest in cross-discipline dialogue, fort da has begun in the last few issues to branch into the arts with a series, “Conversation with the Arts,” featuring local artists and their work.

From this rich and exciting past we look to our mission—of encouraging interest in and study of psychoanalytic psychology in the professional and general communities—as a guide to our future course. In many ways, NCSPP has been a functional holding environment for the development of psychoanalytic thinking in Northern California. We wish to develop and strengthen this function. With an annual operating budget of $200,000 and regional membership of about 650, we are well positioned to do so. In this coming year the organization is launching various initiatives that we hope will promote the well being of our psychoanalytic community. First among these is the publication of a monthly electronic newsletter that, in addition to showcasing NCSPP offerings, will also post events of interest from all area institutes and psychoanalytic organizations. Our wish is to distribute this list widely. The e-newsletter forms a cornerstone of our project to “open the doors wide” in an attempt to create a vibrant dialogue among the network of the psychoanalytically curious in the region. In addition to the e-newsletter, we have recently begun organizing a group of clinicians in the Marin County area. The goal here is in keeping with much of the driving force behind NCSPP initiatives, namely to foster networks of interested participants with the goal of creating community. We believe this sort of grassroots organizing is vital to the continued vitality of psychoanalysis. Finally, we want to deepen our attempts to reach into sectors of the mental health
system that we have lost touch with in psychoanalysis, especially community mental health. We believe that psychoanalysis has much to learn and much to offer in what we might call a dialogue with the world. In the coming years at NCSPP we aim to further that ongoing dialogue in the best psychoanalytic spirit—with a sense of exploration and the conviction that talking with each other makes an enormous difference.

MINNESOTA: SPS  JANE MCNAUGHT, PhD

The Minnesota Chapter of Division 39, Society for Psychoanalytic Studies (SPS), has had an active 2004-2005 program year. We have 100 members. Our chapter again offered two major workshops throughout the year. These were well attended by our members as well as many professionals outside of our membership. This year’s speakers were Daniel Stern and Jonathan Slavin. Within the past five years we have invited Owen Rennik, Frank Summers, Jim Hertzog, June and Alan Stroufe, Nancy Williams, Linda Share and Susan Williams, Jody Davies and Irwin Z. Hoffman. Next year our first speaker will be Alan Schore. These workshops have continued to provide a strong financial basis for our organization.

Our chapter has for a number of years also sponsored a film series entitled Psychoanalysis Goes to the Movies. These sessions begin with refreshments followed by the presentation of the film as well as a subsequent discussion. This year the films chosen were: The Celebration, Mr. and Mrs. Bride and The Piano Teacher.

Our chapter also sponsored monthly “firesides.” The SPS Firesides are a venue for experienced and new clinicians to present their clinical thoughts and experiences in a safe, reception environment. Presentations this year by clinicians in the community included:

- Working with the Unconscious
- Empathy, Agency and Internal Working Models: How Empathy Functions as an Intersubjective Experience
- Coloring Outside the Lines is Prohibited: Creative Individual and Uncreative Environments
- Demystifying Working with Dreams
- Growing Up is Hard to Do: Regression and Its Vicissitudes
- Uncle Sam’s Anamnesis: A Small Contribution to the Understand of the Psychology of Nation Identity
- Whose Internal Objects Are They Anyway: Practical Applications of a Psychodynamic Treatment of the Child and Adolescent

Our chapter is also involved in developing a website where members can renew their membership on line, a full directory of members, and an organization by specialty and locality.

WASHINGTON: WPSP  CONNIE HALLIGAN, PhD

This year has been a busy one for Washington Professionals for the Study of Psychoanalysis (WPSP). As in the past we have had a very active Board and Program Committee. Our meetings and seminars have been well received. The theme of our general meetings this year has been Being An Artist and Working as a Therapist: Impact and Interface. Psychotherapists who are also actors, painters, poets, writers, musicians, photographers and potters shared how these dual callings enriched their work and their lives. Throughout the series we gained new insights about how the artist’s creative process awakens, and how it is similar to what occurs in the consulting room.

We again offered a variety of seminars. The presenter at our annual Fall Conference, Buddhism and Psychoanalysis: A Creative Dialogue, was Polly Young-Eisendrath. We also collaborated with a local group of Jungian analysts who offered a seminar, On Shame and Intimacy.

One of our student members, Sarah Brandel, was selected to receive a stipend from Section IV to attend the Spring Meeting in New York City. Sally was also honored for her dissertation by Section III, Women, Gender and Psychoanalysis.

In order to facilitate communication within WPSP and to increase our members ability to learn of the rich psychoanalytic offerings in the Baltimore-Washington area we developed a website which is linked to other psychoanalytic groups.

Despite all of these very positive signs of health, in the past few years it has been increasingly difficult to fill major leadership positions. For this reason, the major focus of the past year has been on this leadership vacuum and the viability of our chapter. All Board members from 2003-4 agreed to continue to serve through this year’s. Ruth Neubauer a recent past-president, agreed to serve another one-year term to lead us through this challenging process. We consulted with Bill MacGillivray, Section IV Membership Chair, who offered suggestions based upon other local chapters experiences with, and solution to, similar problems. We addressed this issue with our membership through letters, individual phone calls, and a town meeting. We attempted to involve the membership in delineating the problems, the consequences and the solutions.

This process reaffirmed our belief that WPSP continues to provide an important contribution to our members and the psychoanalytic community in the Baltimore-Washington area. Happily, several members generously responded to our need for continued leadership! Fonya Helm will be our new president, Wendy Berns, our new treasurer, and Lora Daniels, our new Secretary. Maurine Kelly has agreed to serve as our second Division 39 representative. They bring new ideas and energy to WPSP. Several members of this year’s Board will continue as Board members to support and help create new direction for WPSP for the future. We look forward to continuing to be an active and meaningful chapter of Division 39.
Oklahoma: OSPS
Michael Kampschaefer, PsyD

The Oklahoma Society of Psychoanalytic Studies (OSPS) has had a busy and productive year. Our membership remains at about 50 with five new members this past year. We should have our website up and running August 1, 2005. The web address will be www.osps.info and will include a current calendar of events, list of board members and membership directory, in addition to a description of the Society, our mission and goals.

The Board and members voted and passed a change in our bylaws to include an Endowment Committee, which will oversee an Endowment Fund. The purpose of the Fund will be to provide an additional vehicle for donations to fund well-known speakers for educational purposes.

Our calendar of events for next year is complete and the topics to be covered during our monthly seminars include an Ethics Seminar with Ellen Luepker, a paper given by a university professor of theology who also has an interest in psychoanalysis; a presentation on eating disorders; a seminar featuring Michael Diamond on masculinity through the life cycle; two analysts from Los Angeles who will speak on work with foster children and a case presentation from a Kleinian perspective; movie month; and a paper presented on termination.

We hope to broaden our presence in Oklahoma this year, creating a more visible presence throughout the state and continue to make our organization appealing and easily accessible to students.

Kansas City: KCAPP
David Donovan, PhD and Marilyn Metzl, PhD

The Kansas City Association for Psychoanalytic Psychology (KCAPP) became a local chapter of Division 39 in July 1999. The purpose of KCAPP is the promotion of psychoanalytic dialogue through traditional educational formats, as well as unique offerings that reflect the creativity and diversity of our membership.

Our educational offerings in 2004 included an 8 week live video broadcast seminar with David Scharff on affect regulation and metallization, treatment of psychotic and borderline processes, and contemporary work in dreams. We also presented seminars on the psychological meanings in Don Giovanni with Evan Luskin, the artistic director of the Lyric Opera; an insider’s look from Marc Solomon head of the Gay Marriage Coalition in Massachusetts, discussing why the gay marriage issue is such a difficult one; and a panel discussion chaired by Stephen Sirridge on the topic of unrequited love.

In 2005, we offered several exciting and thought-provoking discussion topics. Continuing with our “love” theme we presented “Making Love Last: Nurturing Romantic Relationships” with Barbara Baer and David Donovan. We had Bernard Beitman present on “Neural Circuitry from a Psychotherapeutic Perspective”; and Martin Leichtman presented “The Influence of Siblings on the Separation/Individuation Process Revisited.” In May, Ida Abbott, an attorney in the field of lawyers professional development, presented “From the Law Firm to the Couch: What Drives Lawyers to Therapy.” In September, Steven Knoblauch will present “Attending to the Music Behind the Lyrics: A Workshop on Non-Semantic Communication in Psychoanalysis.”

KCAPP joins several other analytic organizations within the metropolitan area dedicated to deepening the understanding and personal experience of analytic work for ourselves and those who seek our service. KCAPP desires to be inclusive, and anyone from any discipline with an analytic interest is welcome. We believe we all benefit with more dialogue and community education about the evolving theory and practice of the psychoanalytic process.

Guidelines for Submitting Material

Submissions, including references, need to be in APA style. Email your submission in an attached Word or WordPerfect file to the Editor. If you do not have attached file capabilities, mail the disc to the Editor. Hard copies are not needed. Please write one or two sentences about yourself for placement at the end of the article and indicate what address information you would like published. Submissions should be no longer than 2500 words. All materials are subject to editing at the discretion of the Editor. Unless otherwise stated, the views expressed by the authors are those of the authors and do not reflect official policy of the Division of Psychoanalysis. Priority is given to articles that are original and have not been submitted for publication elsewhere.

Advertising

Psychologist-Psychoanalyst accepts advertising from professional groups, educational and training programs, publishers, etc. Ad copy must be in camera-ready form and correct size. Rates and size requirements are: $400 full page 7 1/2” x 9 1/8”; $250 half page 7 1/2” x 4 1/2”; $150 quarter page 5” x 4 1/2”. Checks should be made payable to Division 39 and mailed along with camera-ready copy.

Deadlines

Deadline for all submissions is January 1, April 1, July 1 or October 1. Issues generally appear 5-6 weeks after deadline date.

Copyright Policy

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DIVISION OF PSYCHOANALYSIS
BOARD OF DIRECTORS MEETING MINUTES
JANUARY 29, 2005 HOLLYWOOD CALIFORNIA


I. Call to Order: The meeting was called to order at 8:45 a.m. by Dr. Darwin. Dr. Darwin passed the gavel to Dr. Ramirez, 2005-2006 Division President. Dr. Ramirez thanked Dr. Darwin and other past presidents who have been instrumental in growing and moving the Division forward.

II. Attendance: Absent - Dr. Gerber, L. Pomeroy to substitute; Dr. Corn, D. Downing to substitute; Dr. Barbanel - Excused; Dr. Shimmerlik - Excused

III. Approval of draft minutes

Motion 1: To approve the minutes of the draft minutes of the July 30, 2004 Board of Directors meeting. Action: Yes – 23 No – 0 Abst. – 0 Passed

IV. Welcome and Orientation: Dr. Ramirez discussed his goals and ideas for moving the Division forward and opened the floor for comment and introduction to each board member.

V. Introduction of Board Members and Statement of Priorities/Interests: Each member was given a few minutes to introduce themselves and give a brief summary of their interests and goals.

VI. President’s Directions: Dr. Ramirez discussed his directions for the board. He will encourage the board members to take responsibility for important tasks within the Division. Dr. Levant joined the meeting and gave a brief summary of his activities since being elected to APA President. Dr. Ramirez gave a brief summary of the APA Leadership Meeting he recently attended.

A. Task Force on Post-Doctoral and Early Career Psychologists
B. Psychologists/ Psychoanalysts
C. Division Leadership Conference Report
D. National Multicultural Conference and Summit Report
E. Forging Links w/Other Divisions to Promote Diversity
F. Increasing Visibility Within APA
G. Building on Previous Presidential Initiatives (Outreach, Education & Training, Consortium, and Membership): Dr. Ramirez acknowledged the initiatives and the progress of their initiatives. He stated he was grateful for the type of initiatives and the success thus far of those initiatives.

H. Increasing Organizational Efficiency: Referring to his directions and initiatives Dr. Ramirez will appoint a task force to look at the needs of and ways to encourage participation in the Division of the postdoctoral psychologists and early career psychologists. He has appointed Marilyn Charles and Winnie Eng to co-chair this task force. He is looking at ideas of decreasing many of the fee structures within the Division, i.e., dues, meeting registration, etc. for early career psychologists to encourage membership of these individuals in the Division.

He will charge the task force to look at the number of graduate student members who, once graduated, continue their membership with the Division, as well as looking at ways to encourage membership in the Division for early career psychologists. Additionally, he has appointed Lalani Crane to serve as liaison to the APAGS newsletter.

He also will work to promote recognition and opportunities for published articles in the APA Monitor. An article will appear in the Monitor in October, due to the timely manner in which M. Jacobs submitted the Division’s annual report last year. Dr. Ramirez is looking for a chair for the Public Information Committee. He sees this committee as an outreach to the community and to psychologists in a variety of ways. He hopes this committee will be more practically helpful to early career psychologists and graduate students, as well as the public at large.
VII. Committee Reports
A. Consortium/New York State Legislature: Dr. Wagner reported that the November Consortium meeting went well. Division 39’s alliance with the NMCOP and the American Academy of Psychoanalysis and Dynamic Psychiatry is strong. The American Psychoanalytic Association dispelled concerns regarding some of its recent activities related to the NY licensing law in psychoanalysis. The main outcome of the meeting was unanimous support for ACPE in the form of a $25,000 contribution. Each organization’s portion of the $25,000 is determined by their membership numbers. It is expected that this $25,000 will cover ACPE expenses for at least the next three years. The Consortium members agreed that if ACPE had been up and running earlier there might well have been a different and better result regarding the New York licensing of psychoanalysis.

Motion 2: The Board of Division 39 empowers the President and Executive Committee of the Division to a) Participate in actions addressing issues of Licensure and Certification for Psychoanalysis as an Independent Mental Health Profession on the State Level and to b) Disseminate Information about Standards for Psychoanalytic Training to State Governing Bodies. Action: Yes – 24 No – 0 Abst. - 0 Passed

B. Internet: Dr. Zelnick apprised the board of recent changes and improvements on the website. Registration for Spring meeting can now be done online. Clearer information is available. There is a revised CE manual online. The Section newsletters can now be online for downloading and back issues of newsletters are archived and can be viewed by members only.

C. Nominations and Elections: Dr. Darwin announced the slate of candidates: President-Elect – Nancy McWilliams and Mary Beth Cresci; Treasurer – Marsha McCary; Council Rep – Martin Manosevitz and Dolores Morris; Members-at-Large – Judith Logue, Bill MacGillivray, Marilyn Metzl, Mary Pharis, Henry Seiden.

VIII. Budget: Dr. Manosevitz reviewed the 2004 financial statement and stated that he believed the Division would end the year in the black. He summarized the 2005 budget and answered questions. He noted that the Division’s reserve account balance is approximately $150,000. He stated that this is short of a year’s operating budget and the goal should be to have at least one year’s operating budget amount in reserve. Concern was expressed regarding the lack of funding for the Task Force on Managed Care.

Motion 3: To reconsider the Task Force on Managed Care’s request for $400 funding for 2005 and fund the Task Force. Action: Yes – 11 No – 9 Abst. – 5 Passed.

Motion 4: To approve the Budget as revised by the Treasurer for Fiscal Year 2005. Action: Yes – 23 No – 0 Abst. – 0 Passed

Motion 5: To approve the 2006 Spring Meeting Budget as submitted. Action: Yes – 24 No – 0 Abst. – 0 Passed

IX. Projects of the Division
A. 2005 Spring Meeting (New York): Dr. Darwin encouraged members to attend the Spring Meeting

B. 2005 APA Meeting (Washington, DC): Dr. Ruth reported that his committee is made up of multidiscipline individuals. There was a strong number of submissions, many of which were from the Sections. He has found a meeting space for the Board meeting that is complimentary and will help with the bottom line on the budget. He is working to find a unique space for the Division reception. Division 39 has the third highest number of hours within the APA meeting.

C. Outreach Programs: Dr. Lionells reported on the progress of her committee and their efforts to gather information on programs which will be uploaded on the website in the near future. Outreach activities will be spotlighted on the website on a regular basis.

D. Yale/New Haven Research Study: The Division will participate in this study with a $1000 contribution. The Division will appear as a sponsor of this effort and will give the Division excellent recognition.

E. Study on National Security and Psychological Practice: Dr. Summers expounded on his report that was in the agenda packet and gave a summary of the types of concerns he and his task force regarding the ethics of what has transpired regarding professional psychologists who have served as consultants for prisoner interrogation.

F. Appointment of Kim Leary, PhD, to EBT Task Force

G. Psychoanalytic Psychology newsletter update

H. PsyBC Update: Dr. Seiden updated the board on the activities with PsyBC in regard to the agreement with them offering Continuing Education units through their system to Division members, utilizing programming from Spring Meeting.
I. APA Monitor article: Dr. Jacobs reported that she will draft the article and be working with the President and the Past President.

J. Multicultural Summit: Dr. Ramirez reported on the two presentations by the Division during the Summit. One of the programs was a Poster Session by Toni Heineman, “Home Within” – a program for pro bono therapy sessions for children in foster care. This was a very successful program and was well received as a poster session. The second program was “Race Based Conflicts” by Rico Ainslie, a presentation which was also very well received. The enthusiastic support by the Division of this summit and having important presentations at the summit is very beneficial to the Division.

X. Governance Issues

A. Section Banking and Accounting Changes: Dr. Manosevitz informed the board that all Sections have agreed to turn over their accounting to APA. Section II and Section IX are already using the APA accounting.

B. Task Force to Establish Mechanism to Elect an Allied Professional to Division Board: Deferred this item to April. Dr. Ramirez gave a brief summary of the history of the need for a task force to look at this issue.

C. Ethics Committee Chair appointment: Karen Marroda has agreed to chair the Ethics Committee. She will work on an Ethics CE program during the spring meeting for the 2006 meeting.

D. Nominations Process of APA Boards and Committees: Dr. Altman discussed the process of making nominations to boards and committees within APA. Resolutions made during Council are sent to the boards and committees. It is in the interest of the Division to be represented as many of those boards and committees as possible.

E. IG and CAPP Report: Dr. Manosevitz gave a brief report on the activities of IG and CAPP. He will also submit an article/report for the Division newsletter. He discussed dues assessments increases and structure. A new Public Education campaign will be launched “Talk to a Psychologist.” They have approached the Division leadership for input and review. A HIPAA security regulation will be coming out in April—In essence, securing your files will be required.

The Practice Directorate is working on a website that members will be able to add to/edit in information and utilize this as their own personal website for a nominal fee. A locator system will be developed that will be open to the public to be able to find a psychologist in that person’s area—and they will be able to link to your personal website.

XI. Other Reports

A. Membership: Written report included in agenda packet

B. Continuing Education: Written report included in agenda packet

C. Interdivisional Task Force Managed Care/Health Reform: Written report included in agenda packet.

D. Publications: Dr. McWilliams referred to her written report in the agenda packet. They are working now on getting the abstracts more publicity. The relationship with APA has been very positive.

E. Section III Book: Dr. Toronto asked for ideas for marketing this book. Members shared ideas and suggestions. Members were asked to think about other ideas and share them with Dr. Toronto.

XII. Master Calendar

A. Calendar of Events: Division Program Meetings
   1. 2005 Spring Meeting (4/12-4/17) New York, NY
      Chairs: Drs. Zicht/Hart
      Chair: Dr. Ruth
      Chairs: Drs. Debiak/Burton
      Chair: Dr. MacGillivray
   5. 2007 Spring Meeting (4/18-4/23) Toronto, ON
      Chairs: Drs. Ipp/Kobrick

B. Calendar of Events: Division Business Meetings
   1. Executive Committee
      a. April 15, 2005 New York, NY
      b. August 18, 2005 Washington, DC
      c. November 11, 2005 New York, NY
   2. Board Meetings
      a. April 16, 2005 New York, NY
      b. August 19, 2005 Washington, DC
      c. January 21, 2005 New York, NY

XIII. Adjournment: There being no further business to come before the board at this time the meeting was adjourned 3:50 p.m.

Secretary: Marilyn S. Jacobs, PhD
Recorder: Ruth E. Helein
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- **Neil Altman, PhD** - neilaltman@hotmail.com (2004-2006)
- **Laura Barbanel** - lbarbanel@earthlink.net (2004-2006)
- **Bertram Karon, PhD** - karon@msu.edu (2004-2006)
- **Harriette Kaley, PhD** - Dr.H.Kaley@worldnet.att.net (2004-2006)
- **Laurel Bass Wagner** - lbwagner@comcast.net (2004-2006)

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- **Section II** - Richard Ruth - rruh@erols.com (2004-2006)
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- **Section IX** - Frank Summers, PhD - FrankSum@aol.com (2004-2006)

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- **Continuing Education** - Patricia Strasberg, EdD, ABPP - pstras@cox.net
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- **Ethics & Professional Issues** - Vacant
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- **Federal Advocacy Coordinator** - Frank Goldberg, PhD - flghgpbd@optionline.net
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- **Program Committee** - Elaine Martin, PhD - esmart@psychoanalysis.net
- **Psychoanalytic Consortium** - Laurel Bass Wagner, PhD - lbwagner@flash.net
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- **Public Information** - Vacant
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- **Specialization and Accreditation** - George Goldman, PhD - drgdgoldman@aol.com & Nat Stockhamer, PhD - nstockhamer@earthlink.net
FROM THE PRESIDENT
David Ramirez................................................1
Division Program at APA Convention..................................3

LETTERS THE EDITOR
Doris Silverman..............................................4
Lawrence Hedges...........................................5
John Auerbach...............................................5
Howard Covitz..............................................5

Dream of a Common Language, Part I
Bill MacGillivray...............................................9

Dream of a Common Language, Part II
Karen Shore................................................10

Art of the Ordinary
Henry Seiden................................................11

BEING AND BECOMING: PANEL AND PAPER SUMMARIES
FROM THE 25TH SPRING MEETING, NYC, APRIL 2005
Awards..........................................................13
Section Panels..............................................22
Juried and Invited Panels................................22
Paper Summaries..........................................48

PSYCHOANALYTIC BOOKS
Salman Arkat and Vamik Volkan’s Mental Zoo:
Animals in the Human Mind and Its Pathology
Jorge Arieh-Madaro........................................54
Jill Bellinson’s Children’s Use of Board Games
Karen Zelan..................................................57

Judith Mishne’s Multiculturism and Therapeutic Process; and Joan Berdoff, et al.’s Inside Out
and Outside In: Psychodynamic Clinical Theory
Mary Ellen Griffin.........................................60
Daphne DeMennefe’s Maternal Desire: On Children, Love and the Inner Life
Mary Pharis..................................................63
Bruce Shadow et al.’s Analysts in the Trenches:
Streets, Schools, War Zones
Jeff Goldan...................................................65
Joseph Reppen, et al.’s Way Beyond Freud:
Postmodern Psychoanalysis Observed
Louis Rothschild...........................................66
Robert Waks’s Primitive Experiences of Loss
Andrew Eis....................................................68
Jonas Leide’s Therapeutic Action: An Earnest Plea for Irony
Rochelle G. Kainer..........................................69
George F. Hinerman’s Invention of Hysteria
Marvin Jacobs..............................................72
Polly Young-Eisendrath’s Subject to Change
Howard Covitz..............................................74
Ricardo Ainslie’s Long Dark Road: Bill King and Murder in Jasper, Texas
Bertram Baron................................................77
Peter Fonagy, et al.’s An Open Door Review
Stuart Ablon..................................................79

COMMITTEE REPORTS
Finance
Martin Manosevit.............................82
Membership
Louis Rothschild.............................82
Nominations and Elections
Jane Darwin.............................82
Outreach
Mary Lou Lionelli..........................83

SECTION REPORTS
Section IV: Psychoanalytic Research Society
Pamela Folsch...........................................84

LOCAL CHAPTER REPORTS
Northern California - NCSPP
Scott Lines and Francisco Gonzales........85
Minnesota - SPS
Jane McNulty.................................86
Washington - WPSP
Connie Halligan.................................86
Oklahoma - OSPS
Mike Kampshafer...............................87
Kansas City - KCSPPP
Mary Ann Weitz and David Donovan.......87

BOARD MEETING MINUTES
January 2004...........................................88

DIRECTORY
Board Members and Committee Chairs .....91

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