FROM THE PRESIDENT

A HOLE IN THE FENCE

Do you know that kind of fence, made of wire, with the diamond shaped weave mounted on galvanized poles? It is common around ballparks and playgrounds; there are extremely long stretches of it on the United States–Mexico border (though not along the United States–Canada border). Where I am from it was called cyclone fencing, apparently in reference to its ability to weather some serious winds.

This kind of fence can be cruel in a way that a solid wall is not: this kind of fence not only creates an insider/outsider distinction, it also allows the outsiders to see what they do not have. In the case of those wishing to live on the other side, it forms the border of their longing, the edge of what they hope for lies on the other side. If the longing is strong enough, the outsider looks for a hole in the fence.

Should one find or make a hole and get inside, a new challenge develops. The interloper is confronted with the need if not to disappear, at least to find a way to become a part of what’s inside. Inexorably, identity is challenged and reshaped as a function of the changed circumstances. This metamorphosis is experienced by many who become analysts, a change tantamount to becoming a member of a new culture, the culture of psychoanalysis.

This president’s message is written by one whose family came from one culture to another, Mexican to North American and who found the hole in the fence that enabled his intellectual cultural emigration to psychoanalysis. My experience of this passage shadows me as I begin this new role as a psychologist/psychoanalyst. Increasingly, ethnic, racial and sexual minorities are visible within our ranks. These voices articulate perspectives that contribute to the development of intellectual diversity within Division 39, sometimes challenging the status quo in a way that broadens our collective sense of the role that sexuality, race and culture play in the way we think of our psychoanalytic work. This diversification of psychoanalysis was foreshadowed by one of a different sort. In many ways, the conflict over who gets to call themselves psychoanalysts is a central piece of the story of the division.

The 25th Anniversary of the Division of Psychoanalysis invites reflection as well as a consideration of what is to come. Division 39 was launched when that verb referred mostly to rockets, as there were no personal computers or public Internet, when undergraduate and graduate schools of psychology counted psychoanalytic scientist-practitioners among their ranks and psychoanalytic theories in their curricula. Also historic is the time when many psychologists and social workers who were interested in formal psychoanalytic training stood at a fence, looking at the institutes of the American Psychoanalytic Association with an eye toward getting inside. Division 39 helped make a hole in that fence with the now legendary GAPPP lawsuit.

Other efforts, no less significant but somewhat less recognized, furthered the opportunities for psychologists in Division 39 to consolidate identities as psychoanalyst practitioners and clinicians. Visionary leaders within Division 39 worked within our APA to achieve specialty recognition for psychoanalytic psychology, on a par with clinical psychology, counseling psychology and school psychology. They also succeeded in developing diplomate status, elevating our discipline to the pinnacle of professional recognition.

As is perhaps inevitable in the development of an identity shared by thousands of thoughtful, often impassioned, individuals, conflicts emerged regarding the core elements defining a psychoanalyst. Ultimately, the consensus within Division 39 was to promote intellectual pluralism, acknowledging the many disparate permutations of practice and theory. Thus, in the span of 25 years, a distinct identity grounded in the theories and practices of clinical psychoanalysis has been fostered and consolidated. Within the overall culture of psychoanalysis, preservation and promotion of its “subcultures” was achieved.

Coincident and integral to these developments was the formation within the Division of Section IV, Local

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1 Thanks to Leanh Nguyen for her paper at the 2004 Miami Spring Meeting: Recognizing the Other, Narrating the Self.
A quarter-century ago, psychoanalyst members of the American Psychological Association founded Division 39, the Division of Psychoanalysis. This landmark event solidified an intellectual community for American psychologists engaged with psychoanalytic theory and practice. Today Division 39 constitutes a vibrant, pluralistic entity, one from which vital contributions to the world of psychoanalysis regularly emerge. We now come together in New York City to consider where we have been in these twenty-five years and where we will go in the future.

At once looking back and looking forward, we endeavor to examine our history and to articulate what might be next. We intend to eschew nostalgia yet reckon with the past with open minds and hearts. We balance our aspirations to reach for the limits of what is knowable with an awareness of the demands of the here and now in our work. In parallel to the generative process of psychoanalysis, we seek to create fresh understandings and new directions out of an exploration of our work and ourselves. What the psychoanalytic process teaches us about continuity and change in the processes of being and becoming implores us to appreciate that complacency may portend our demise. Just as psychoanalysis is arguably thriving it also remains vulnerable to challenges from without and within. Let us take this celebration of our anniversary as an opportunity to renew and enliven both our spirit and our message to the wider world.

Join us in New York City to honor our past while looking ahead to new directions in theory and practice.

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Chapters. Throughout the United States, and in Canada, psychologists established groups organized to provide a kind of intellectual home to those interested in psychoanalysis. Some of these chapters founded separate training institutes; all offered venues for the presentation of educational and scientific programs and papers.

The vitality of these chapters did not go unnoticed by other mental health professionals interested in psychoanalysis who were now metaphorically outside the fence: they wanted in. Local chapters began to consider diversifying their identity to include non-psychologists.

Most chapters went on to offer membership to other mental health professionals; some made the hole in the fence even bigger, extending membership to those without postgraduate degrees in mental health disciplines. Eventually, the holes in the local chapter fences brought the membership issue to the leadership of the Division. After consideration, rejection, then reconsideration, the Division’s fence opened and non-psychologists began to join Division 39.

As our organization turns the corner on 25 years, questions related to who is in, and who is not, persist. New fences spring up. Undergraduate and graduate programs in psychology have relegated psychoanalytic theories to a place outside the fence of core curricula. States, most notably New York, have promulgated regulations that could have a long-term effect on what it means to be a psychoanalyst.

We who were once outside and are now inside the fence of psychoanalytic identity face a daunting challenge: to show the holes in the fence to those on the outside, most notably graduate students and early career professionals in psychology and social work. It is harder for them to find their way to a psychoanalytic identity now. For students and graduates from non-mainstream cultural and ethnic backgrounds the path may be even more convoluted and harder to see. Across the board, our work to dispel the calcified myth of a monolithic psychoanalytic theory is necessary to make a hole, create a gap. Inviting these sojourners into our organization requires that we make room for the changes their inclusion will create.

With our 9 Sections and 27 Local Chapters, the Division of Psychoanalysis of the American Psychological Association represents an astounding diversity of intellectuals, clinicians and scholars. Inside our professional community lies a broad range of possible psychoanalytic identities, a kind of diversity that keeps things lively. At this symbolic turning point of 25 years, let us draw inspiration from the past and stay open to a future that cannot be fully imagined, and by all means let us mind our fences, not to keep others out, but to help them find a way in.

### Membership Directory - 2005

As most of you know, the Membership Directory is available on our website, www.division39.org. What you need to remember, however, is that it is your responsibility to update the directory with any changes you wish to make. Even if you have sent in an address change to APA or to Ruth Heinlein with our central office, only you can make the changes to our online directory. It is very easy. Please take the time to visit the website and check your information and add or correct information as needed.

### 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.

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### Deadlines

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

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LETTERS TO THE EDITOR

Operative Groups: A Reply to Macario Giraldo

A couple of weeks ago, we were happily surprised to find and read Macario Giraldo’s thoughtful and sympathetic review of our book Operative Groups: The Latin-American Approach to Group Analysis, published in the Fall 2004 issue of Psychologist-Psychoanalyst. This was a thoroughly academic, deep, and reflective comment on our text, and for this we can only be thankful to the author. But the latter also poses some very interesting questions about our approach to group analysis, and takes exception at some of the possible consequences that he infers might derive from the clinical application of this perspective. This certainly deserves a reply.

As Giraldo clearly points out “the inspiration for the book appears to be an attempt to bring to the English-speaking world the personality and the work of a remarkable Swiss born Argentine psychoanalyst, Enrique Pichon-Rivière.” This is indeed the case, but our goals for this presentation were wider that that, since we also strove to present our own ideas and experiences in this field and to illustrate the way in which theoretical and technical concepts are used in the real-life work with concrete groups. And this is precisely the locus of the reviewer’s questioning.

In passing, we should acknowledge that the author is absolutely right is pointing out the similarity between Pichon-Rivière’s approach and that of Harry Stack Sullivan’s interpersonal theory of psychiatry. Pichon-Rivière was certainly influenced by Sullivan, but more than that, he had a profound influence of several American authors who were part of the intellectual climate that nourished Sullivan’s thinking, such as George Herbert Mead and Kurt Lewin. Both Sullivan and Pichon-Riviere were the offspring of American pragmatism, as derived from the writings and views of William James and Charles Sanders Peirce.

Giraldo also regrets the scarcity of “more detailed clinical examples of the application of the basic concept of CROS [Conceptual, Referential, and Operative Schema] to the small psychoanalytic group […] as opposed to the larger groups and the learning groups” (Giraldo, 2004, p. 66). In this he is again right. As we noted in the book’s Preface, we had intended to include instances of our work with therapeutic groups and families, but this proved to be materially impossible, since it would have required too large a volume, in terms of editorial policy. We therefore decided to leave these most interesting subjects for our next book, actually in preparation, whose tentative title is The Shared Unconscious: The Application of Operative Groups to Therapeutic Group Analysis and Family Therapy. Until this new project is finished and published, perhaps this brief text may clarify our stance on the subject.

But the reviewer’s most interesting questions focus on the compatibility of an approach that he feels overtly intellectual, with the sort of inquiry into the unconscious that takes place in the small psychoanalytic group. This he clearly states in the following quotation:

> It is questionable to this reviewer whether this approach can truly utilize the basic tenets of psychoanalysis, transference, repetition, the drive, and especially the unconscious, and in contemporary trends, intersubjectivity as a central direction in doing clinical work especially with the small psychoanalytic group. The way the approach is described would indicate that the free flow of process in the psychoanalytic group is interfered with an assigned rational task. If that is so, one would question to what extent this method used in the small psychoanalytic group enhances appreciation for the mysteries of the unconscious, for a journey into the “unthought known.” (Giraldo, 2004, p. 66)

Such queries are surely worthy of a thorough discussion. It is true that Pichon-Rivière language and style sometimes gives the impression of an extremely rational approach to analysis. Like Sullivan, he was a staunch believer in the scientific method and thinking, but this was only one of the roots of his world view and thought. Having been raised in the Chaco region of Northeastern Argentina, he was immersed, from the beginning of his life, in the mythical culture of the Guaraní Indians:

He believed that his vocation for the Human Sciences derived from an attempt to solve the obscurities of a conflict between two cultures. As a result of his parents’ immigration, he was, from his fourth year onwards “a witness and a participant in the insertion of an European minority group in a primitive life style” (Pichon-Rivière, 1971, p. 7, our translation). […] He was, from that time on, forever split between two conceptions of the world. One of them stemmed from his European roots: it was strictly rationalistic and found its way in scientific research. The other was derived from his contact with the Guaraní culture, which was magical and mythical, and it was expressed in his love for poetry, and his passion for surrealism and the uncanny poems of
This concept of the Weltanschauung is similar to what Erwin Singer (1965) called the patient’s “image of the world.” In his analysis, such image was derived from early personal interactions with significant others, and it was the patient’s attempt to incorporate the analyst into his or her consistent image of the world, which generated transference. Of course, there is a part of the Weltanschauung that is clearly idiosyncratic to the individual’s experience of personal relations, but there is also another one that stems from the conscious and unconscious aspects of culture, and this is most difficult to identify in an analysis, since such assumptions are usually common to both parties.

It has been said that a fish would be the last animal to discover water, since it is always there, around it. The same is true for our relation with our culture: it is always around us and inside us, and most of it is thoroughly unconscious. We believe that such cultural aspects are easier to detect and analyze in a group setting, than in the classical bipersonal psychoanalytic setup. They are also a most important part of our motivational system, and of our deepest conflicts.
In this, much depends on the meaning that we assign to the term “unconscious.” Stephen Mitchell and Lewis Aron (1999) have noted that “ideas tend to come in clusters, and great ideas often burst forth in complex packages” (p. 77). The fact that Freud’s discovery of the unconscious emerged together with his ideas about drives, sexuality, and the Oedipus complex, tends to suggest that all these concepts must necessarily come together. This is not the case; Freud always defined the unconscious, not by its contents, but by its inaccessibility to our inquiry, which could only succeed after overcoming an active effort that avoided its becoming conscious.

The problem with the term “unconscious” is that it may be either an adjective or a noun. In Spanish, we have the advantage of the differentiation between lo inconsciente (“that what is unconscious”) and el inconsciente (“an entity called ‘unconscious’”); in other words, it is the difference between the nominal and the adjectival uses of the term. In English, the use of the definite article “the” suggests the idea of the unconscious as a concrete part of the self, some sort of internal organ. We believe that, on the contrary, “unconscious” should only be used as an adjective or an adverb (“unconsciously”). The unconscious that Freud discovered is a whole new dimension of existence, which is necessarily present in all human affairs, whether they are experienced in solitude, in a bipersonal encounter, in small or large groups, institutions, communities, or international relations.

The bipersonal psychoanalytic situation is particularly adequate for making conscious the unconscious relational phenomena that constitute the transference-countertransference field, and their relation to the intrapersonal processing of mental phenomena The small group is the best setting for exploring the articulation between intrapersonal, interpersonal, and transpersonal mental phenomena. The large group, on the other hand, throws the transpersonal (institutional, cultural, and societal) phenomena into a sharp relief, while letting the individual aspects of experience fall into the background. We do not yet have a devise for making conscious the unconscious aspects of regional, national, or international mental processes, although Bion (1948-51) suggested a possible way of investigating them by means of demographic information. Therefore, from our point of view, what we do in our groups is an inquiry into “the mysteries of the unconscious,” and the “unthought known.” Of course, this implies that the unconscious is not coextensive with the individual self, and that there are mental processes—both conscious and unconscious—that do not have a subject. In other words, the unconscious may not even be “mine,” or “yours,” but “ours” (Tubert-Oklander, 2005).

One last point to discuss is that of Pichon-Rivière’s concept of the “group task,” which seems to conflict with S. H. Foulkes’ (1948, 1964) assertion that, in therapeutic group analysis, there should be no formal task, since this would hamper the spontaneous flow of free-floating discussion, which is essential to gaining access to the group’s unconscious processes. But Pichon-Rivière’s idea of a task did not necessarily mean an explicit rational agreement. For him, every human group meets around a task, which is partly conscious—the explicit task, i.e., the visible activity that they are trying to accomplish—and partly unconscious—the implicit task, i.e., the therapeutic change that the group has to attain in order to fulfill its goals. This is clear in the following quotation:

The group technique that we have created—called operative groups—is […] explicitly centered on a task, which can be learning, healing (thus including therapeutic groups), diagnosing difficulties in a work place, creative work in an advertising company, etc. Under this explicit task lies another implicit task, which tries to break, by means of elucidation, the stereotyped patterns that impede learning and communication, thus acting as an obstacle to any progress or change [Pichon-Rivière, 1969, pp. 152-153, our translation].

Therefore, a small therapeutic group has the task of attaining the healing and the maturation of its members, and a
family therapy is a group which is trying to help the family to aid its members so that they may overcome their sufferings and lead a better life. This sort of explicit group task is obviously of a greater level of abstraction—what Gregory Bateson (1972) used to call a higher logical type—than any concrete behavioral activity. So, the kind of therapeutic task which sets the goal for small group-analytic groups may well be accomplished by means of the apparently aimless interchange among the members that Foulsen called “free-floating discussion.”

Once again, we want to thank Dr. Giraldo for his splendid comment, and we hope that we may have clarified some of his queries with this reply.

REFERENCES

Reyna Hernández de Tubert and Juan Tubert-Oklander

Reyna Hernández de Tubert and Juan Tubert-Oklander are physicians, psychoanalysts, and group analysts, with a private practice in Mexico City.

The Paradox of Loss: A Reply to Henry Seiden

I have read Henry Seiden’s review of Marilyn McCabe’s book The Paradox of Loss: Toward a Relational Theory of Grief, appearing in the Fall 2004 issue of Psychologist-Psychoanalyst. I believe that the review does not portray adequately the book’s content and meaning: it misrepresents the overarching purpose of the book, casts unwarranted aspersions on the intellectual integrity of the author, and violates several well-accepted standards of scholarly discourse within psychology and psychoanalysis.

Seiden at the outset misconceives the book’s scholarship and approach, and he does so on a fallacious premise. He asserts that “because the conclusion precedes the argument, much of what looks like scholarship in The Paradox of Loss really isn’t.” This is curious reasoning, for it is in fact a common practice for an author to put forth a proposition and then to adduce evidence in support of the proposition. But Seiden, on the basis of this mistaken premise, discounts the book’s original and assiduous scholarship and deprives the reader of a fair assessment. Seiden claims, the problem with the book is that it is framed as scholarly—studded as it is with references, quotes from, and citations of, anyone and everyone who has anything to say about the subject... what it serves is the author’s wish and longing...McCabe struggles mightily, and leaves no reference behind, in her further attempts to square the circle... McCabe struggles mightily, and leaves no reference behind, in her further attempts to square the circle... [and]... The pile upon pile of citations adds up to an obsessive (and sometimes querulous) argument.”

The foregoing description paints an ad hominem and distorted picture of McCabe, as if she chose references indiscriminately and without clear scholarly purpose. The review is not a portrait; it is a caricature. He delegitimizes the book by asserting claims about the author’s psychological state.

McCabe, however, has explained explicitly her use of references and her choice of writing mode. With respect to structure, she writes that her “aim was to develop a model that is more reflective of actual grief experience and is compatible with related bodies of knowledge. I therefore focus on a reframing of the epistemological and philosophical approach to grief by shifting from a positivist to a constructivist, postmodern knowledge paradigm” (p. 7). With respect to content, she writes: “In chapters 5 and 6 I look to bodies of knowledge that, although significant for a theoretical understanding of grief, have not been fully utilized in the past, most particularly, ... empirical and theoretical study of the areas of memory, emotion, and cognition (p. 8).”

The foregoing organized approach hardly fits the
helter-skelter arrangement that Seiden attributes to the book. McCabe’s chosen method of inquiry is phenomenological in part, emphasizing the importance of autobiographical accounts and subjective experience in understanding grief. The phenomenological and qualitative mode of inquiry are particularly relevant to feminist scholarship, which call our attention to the importance of relationship and connection, to the acceptance of a diversity of viewpoints and voices, and to affective experience as a way of knowing. It would seem that Seiden’s objections are based on a perspective that misses these nuances.

While asserting that her approach, and indeed any theory of grief, cannot be universalized, McCabe prizes exploring individual voices in their contexts, and she does not back away from the use of subjectivity and affective expression. Inclusion of emotions in a scholarly work apparently horrify and “embarrass” Seiden, who does not seem to value integrating personal experience with other forms of inquiry—an approach first initiated in psychoanalysis by Freud himself, and continued by numerous other highly respected psychoanalytic thinkers.

Unfortunately, it appears that because of Seiden’s lack of sympathy for the qualitative approach to understanding deep experience, he fails to put forth to the reader one of the most useful and pressing themes of the book: the importance of dialogue and dynamic, though fluctuating, relationships with those we have lost. Further, Seiden seems to view the concept of “relationship” in purely physical terms, ignoring the imaginal, transferential aspects of relationship that McCabe stresses. He ignores her emphasis that for many grievers, though of course not all, there is a paradox in the experience of the deceased as both palpably absent yet psychologically present, and that even this sense of paradox changes as grievers continue to develop and change.

The Paradox of Loss is indeed a book. It begins with grief—and then goes on to a scholarly study of grief, seeking for the larger meaning and understanding of grief in our society. Such a hybrid work may not appeal to Seiden’s bias, but it deserves a serious reading.

About fifty years ago the APA flagship book review journal Contemporary Psychology came into being, with E.G. Boring as its first editor. He devised guidelines for acceptable reviews. Two guidelines were as follows: “Personal aspersions are taboo...let all criticism be ad verbum, never ad hominem”; and “CP does not provide space for the discussion of the intelligence or integrity of the author.”

These same guidelines exist today. They are just as pertinent now as they were fifty years ago.

Julius Seeman, PhD

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**Paradox of Loss: Reply to Jules Seeman**

Here is the problem: Marilyn McCabe offers her own experience as the primary data in her book. In order to discuss the book and that data, I had to talk about her struggle to make psychological order out of personal agony—especially to an audience of psychoanalysts. A consideration of the author’s process and motives could hardly be avoided. That does not make such consideration an “ad hominem” attack. In fact, I thought I bent over backwards to be fair to McCabe—and sympathetic. I credited what I felt I could credit, in particular the clinical accuracy of her critique of stage theories of grief.

I did not question her intelligence or integrity—I disagreed with her understanding of what scholarship is. I continue to feel that The Paradox of Loss is a good deal less scholarly than it claims to be: a pile of references is not necessarily scholarship—feminist, phenomenological, post-modern or otherwise. I suppose we will have to leave it to other readers to decide.

As far as my being “horrified by the inclusion of personal emotions in a scholarly work,” no, that’s not it. Ironically, Seeman ignores my words. What I said was that McCabe’s “self-revelations are excessive, maudlin, and ultimately embarrassing.” And, “painful to read because there is no enlightenment sufficient to justify the endless dwelling on the details of the agony.”

I do not have a “bias,” I have a position, which is this: If one wants to use one’s private experience in a public way, there is a variety of forms available. The loss of one’s mother might make the raw material for an autobiographical novel or a memoir or a series of poems or even a clinical paper documenting one person’s grief and mourning. Any of these might find a welcoming public response. A psychological theory based on private experience, however, must pass a very different, and more stringent, test. The theory should illuminate other people’s experience in a systematic way. McCabe, for me, doesn’t do that. Seeman is right, of course, that Freud did it... but Freud was Freud. It would make an interesting intellectual exercise to consider which other theorists have succeeded at finding useful theory in private experience—and to what degree. I am afraid, to be carefully ad verbum about it, McCabe does not succeed in this book.

Henry Seiden, PhD
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**Psychoanalytic Profiles: George Goldman**

**My Background in Division 39**
I want to start this article by telling you my history with Division 39. In the late 1940s Bob Lane, Reuben Fine and I worked together at the Bronx VA Hospital and we became friends. When Reuben got the idea for forming a Division of Psychoanalysis in the APA, Bob and I worked with him. When the Division was formed, Reuben Fine was the acting President, Bob Lane, the acting Vice President, and I was the acting Secretary-Treasurer. In the first election the Dean at Adelphi University, Gordon Derner became the first elected President, Bob Lane the President-elect, and I the Secretary-Treasurer. I was the third elected President of the division. During my term I started ABPsap as the credentialing body for psychologists psychoanalysts. I was later elected to APA Council for two terms, I headed the International Relations Committee and I started the local chapter committee. Nat Stockhamer and I became the two-man accreditation team that got Psychoanalysis reorganized as a specialty in the APA and then in the American Board of Professional Psychology. For all of this work I was awarded the Psychologist of the Year Service award and the Division’s Distinguished Service-Lifetime Achievement award. As an aside, with the first four Presidents of the Division of Psychoanalysis being faculty members of the Adelphi University Post Doctoral Program in Psychotherapy and Psychoanalysis, our Dean, Gordon Derner allowed the Division Central Office to be at Adelphi.

Now that you know a partial reason why Bill MacGillivray asked me to write this article, let me tell you about who I am as a person and as a psychologist.

**My Early Life**
I was born on January 8, 1923 in the Bronx, the first of two sons of a working class second generation American family. My father, whose intellectual achievement I was very proud of, had gone to Townsend Harris High School, and the City College in New York City, both schools for the city’s intellectual elite. My mother, a native New Yorker, had a high school education, which was atypical for women of that time. During the early years of my life, we moved from apartment to apartment, and lived in a considerable economic struggle. My father, despite his education and intelligence, had settled for a job as a glorified shipping clerk in the men’s garment industry. During these early years of my life, the family did without, and ours was a marginal existence. This will give you, as psychoanalysts, insight into my overwhelming desire to use my potential to its fullest and to be a role model for my children. It also contributed to why I settled in one home that I owned for 40 years.

I entered New York’s City College soon after my 16th birthday and graduated before my 20th. I had, while at DeWitt Clinton High School, decided to emulate my high school mentor by becoming a psychologist. So, I was a psychology major. Even though City College was tuition free, to remain in college it was an economic necessity to have a job. This I did through my acceptance into the Franklin D. Roosevelt-era National Youth Administration (NYA) that paid fifty cents an hour for 30 hours a month to poor college students. I was assigned to the then Chair of the Psychology Department, Gardner Murphy as his NYA assistant. Professor Murphy became my mentor, my friend, my advisor, and the person who most influenced my early life as a psychologist. As an aside, my 1943 graduating class at City College, produced Roy Schafer, Art Feiner, Marty Mayman, and Phil Holzman, among others who became psychologists psychoanalysts. On my 20th birthday, I received a notice to report to the army induction center. After 13 weeks of basic training, I was sent as an infantry replacement to North Africa. From there, I was sent to Naples, Italy as a member of the 36th Infantry Division. I fought in the Italian campaign, and made the invasion of Southern France landing at H-120, or 120 minutes after H hour when the invasion started. I went on with them through France and Germany. I earned the Bronze Star, Purple Heart with Oak Leaf Cluster, Combat Infantry Badge, five campaign ribbons, and an arrowhead for participating in an invasion. I was honorably discharged on November 16, 1945.

Soon after returning home, in January 1946, I entered graduate school at New York University where I got my Ph.D. in Clinical Psychology in 1950. I was one of NYU’s first VA trainees where I was assigned to the Bronx Veterans Administration Hospital. I had gone to graduate school under Public Law 16 (Vocational Rehabilitation for disabled veterans) and this enabled me to finish my doctorate. In 1950 when the FDR Veterans Hospital opened, I became their first staff psychologist. I kept that job for 18 months. I worked on the Woman’s Ward as the ward psychologist. I eventually had all of the patients in group therapy. In 1953 when I went into full time private practice.

In the interval between 1946 when I started graduate school and 1953 when I went into full time private
practice, a lot happened. At NYU I was first appointed to be a graduate assistant, then a Teaching Fellow, and finally, an Instructor. At CCNY I was appointed to be a Fellow and Instructor as well. So, while working at the VA Hospital, I was a full time graduate student, and an Instructor at CCNY and NYU. This probably tells you something about my ambition and ability to handle multiple tasks as well as my desire to fully use my potential.

**The William Alanson White Institute Era**
The New York scene for analytic training in the late 1940s was bleak. Psychoanalysis was for the most part a medical specialty. The William Alanson White Institute started giving non-matriculated students lecture classes in a mid-town lecture hall. People like Erich Fromm, Frieda Fromm Reichman, and Harry Stack Sullivan, would lecture. Eventually 500 clinical psychologists were taking courses there on this non-matriculated student basis. In 1950 they started to accept a 10 person class of matriculated students, five psychiatrists and five clinical psychologists. They did not differentiate as to the training but the psychologists they chose had to have a strong teaching and research background, a well as a strong clinical background. Almost all of the non-matriculated students applied and five psychologists were chosen for that first class. Some of the names are very familiar to Division 39 members: Bernie Kalinkowitz, Ben Wolstein and me, were three of them. The three of us got in in 1950 and all of us graduated in 1958. Graduation was difficult. First, the faculty sometimes dropped candidates even after as much as seven years. In addition, during my time at White, there was a movement to try to join the American Psychoanalytic Association, which wouldn’t accept psychologists, or an institute that trained them. Therefore, there was also a movement among some faculty to throw the psychologists out. Clara Thompson and Erich Fromm won out, and it did not happen. Over the years, psychologists at the White Institute have had gradually more and more power so that by now there are more psychologists than psychiatrists. And psychologists have major roles in the Institute.

When I left the FDR Hospital in Montrose, NY in 1963, the White Institute Clinical Services filled my practice with their referrals, and I maintained a full practice for 40 years. Now I only work two days a week, about 20 hours.

**A Very Important Addendum**
In 1948, while I was a 25 year-old graduate student, I met the woman I was always looking for, Belle Hans. We were married on September 11, 1948. We have three children, Ira, Carol, and Deberah. Ira and Carol are MD’s, while Debbie is a Ph.D. psychologist-psychoanalyst. They each married and have two children apiece. Thus Belle and I, who have been married 56 years, have six grandchildren who are very important to us. Belle worked as a Psychiatric Social Worker for many years. In 1994 I retired from Adelphi and she retired from her job at Nassau County Medical Center. We moved from Jericho, LI, after 40 years, to Manhattan, where we live today on the Upper East Side.

**My Life at Adelphi**
In 1958, being the first WAW graduate psychologist living in Nassau County, NY, Gordon Derner, who was one of those New York psychologists who had gone to the White Institute as a non-matriculated student, asked me to join the Adelphi graduate faculty. I taught case conferences and supervised graduate students in Psychotherapy until 1963, when we started the Postdoctoral Program in Psychotherapy and Psychoanalysis.

Gordon got a group of psychologists who lived on Long Island to form the Post-Doctoral Program advisory committee and eventually, the faculty. The full time staff involved was Jack Huber, Harry Kalish, Paul Frisch, Don Milman, and Gordon Derner. The others were Bob Lane, Ken Fisher, Harold Pivnick, and I. We represented all the major training institutes in the New York area. Of the full time people, only Gordon and Don joined the Post-Doctoral Program faculty. Gordon became the nominal Director, but Don Milman as the Assistant Director, actually ran the program. I was the Director of the Post-Doctoral Psychotherapy Center, which was the clinical arm of the program.

An event of major importance in my life and something of significance to all psychologists in private practice in the U.S. occurred on March 4, 1964. The Nassau County Neuropsychiatric Society sued Adelphi University and me for practicing medicine without a license, and Adelphi for acting as a medical school.

The University’s attorney initially defended me, but soon NYSPA’s attorney John Mariano took over, withthurman Arnold (of Arnold, Porter and Fortas of Washington, DC), the APA’s attorney, as Amicus Curiae. We won in State Supreme Court, but the Nassau County Neuropsychiatric Society brought it first to the Appellate Division, and then to the Court of Appeals, the highest court in the New York State. Adelphi and I won in all three courts and it became the county’s test case for psychologists’ ability to practice psychotherapy in private practice.

Don Milman and I retired in 1994 with Joe Newirth taking over as the Director, and as of now, Estelle Rapaport as Clinic Director. The program has expanded to Group, Family, Child and Adolescent, and Marriage, and School programs. It is well respected and well attended. I want to note that while at Adelphi, I, working with Don Milman, edited 13 books on psychoanalysis, and in addition, work-
ing with George Stricker, we did two more for a total of 15 books.

**MY LIFE WITH ABPsAP**

As President of Division 39 in 1983, I made overtures to the American Board of Professional Psychology to accept Psychoanalysis as a Specialty Board. In principle, they agreed to do so. We needed to do three things: get APA approved as a specialty, get ABPP approval as a specialty, and show the ABPP Board that ABPsAP truly represented all of Psychology-Psychoanalysis. As I mentioned earlier, Nat Stockhamer and I single handedly did both the first two, but the last took about 13 years. The problem was clocks, calendars and furniture. How long was an analytic session? How many times a week did you have to come to see the analyst to make it real analysis? And, if you weren’t on a couch, could it be declared a real psychoanalysis? Eventually, it got down to the issue of frequency.

Bernie Kalinkowitz and Don Milman, as directors of the NYU and Adelphi Postdoctoral Programs felt that if ABPsAP mandated three times a week as necessary it would interfere with their programs and their academic freedom. Specifically if the board demanded it, the programs would eventually have to change to conform to ABPsAP standards. No progress was made for years. Finally, on my own, I determined to do something. Adelphi had already independently agreed to a three time a week analysis as its requirement for graduation. Bernie Kalinkowitz suggested we cast a wide net and let anyone who considered themselves to be an analyst eligible for the exam. If they passed the exam they could be awarded the ABPP diploma.

With this being agreed to by the Division 39 Board, nothing appeared to be standing in our way. I talked with Nat Stockhamer and Ken Isaacs, ABPsAP’s President and Board Chair respectively, and asked if I could get exams underway. I had our board’s permission. When they said yes, I talked with ABPP and found how to get started. If I could get some psychoanalytically oriented clinical diplomats to give our exam in psychoanalysis to three of us, we would have three examiners as our nuclear exam group. Bernie Leibman, Ruth Ochroch, and Esther Mullen examined me and Bob Lane initially, and then Ruth and Esther were examined. We were in business.

Since then, we have become a viable Specialty Board. I have been the National Examinations Chair since the beginning. (Bob Lane and I had headed the initial Examination Committee.) I am now the Specialty Board representative to the Board of Trustees of ABPP. Thomas Ross is our 2004 President, Delores Morris is our 2005 President, and Harriet Basseches is our 2006 President. For 2005, the ABPsAP Board also has Ruth Ochroch as our Secretary-Treasurer, and I am continuing through 2006 as Board of Trustees representative. Our Board has Sylvia Ginsparg, Frank Goldberg and Johanna Tabin as members at large. The Academy of Psychoanalysis, our membership organization, has Arnold Schneider as the 2004 President, Laura Barbanel as the 2005 President, and Joe Reppen as the 2006 President.

The ABPsAP diploma is becoming more and more valuable. We are trying to get mobility for state licensing being associated with the ABPP diploma. The VA and Defense Department give salary bonuses to members who have a diploma, there are lowered malpractice insurance premiums for diplomats and most importantly, it is the only APA recognized credential to show peer examination as a basis for individual credentialing. I strongly urge all Division 39 members to apply for this ABPP diploma in Psychoanalysis by calling our central office at 1-800-255-7792.

**THE PRESENT**

On January 8, 2005, I turned 82, and I am still working and loving it. I have, as I mentioned, a 20 hour practice but it’s different than it used to be. I make house calls to people who are housebound, and whose lives are empty and lonely. I do volunteer work for the Disabled American Veterans (DAV) office located at the New York (City) regional office of the VA. I see veterans with psychological problems and try to get VA disability awards for those who are eligible. I am the Chair of the Mental Health Committee, and on the Executive Committee of “Escota,” the East Side Council on the Aging. This is an organization of mental health professionals and agencies that specialize in working with the older adult.

Non-professionally, Belle and I go to the theater, opera, concerts, and museums and enjoy living in New York City. I also have a second chance at being a good parent, or at least a good grandparent, with my six grandchildren. It’s really great to be with them, playing, talking, advising and loving them. We have our old friends, not as many, but still enough and we lead a good life.

In closing, I want to thank Bill for asking me to write this piece. I hope that in seeing the progression in my life, personally and professionally, you can also see the parallel growth in psychology-psychoanalysis that I have been so integrally involved in. I have tried very hard to do both well, and I feel that I have succeeded.
Almost two years into the conflicts in Iraq and Afghanistan, we become aware each day of the physical, psychological and financial toll, this is taking on our armed services and their families. As the war wages on, we are also becoming aware of the legacy of problems, these soldiers may bear upon their return. On December 16, 2004, the New York Times published an article, “A Flood of Troubled Soldiers Is in the Offing, Experts Predict,” in which the anticipated rate of Post Traumatic Stress Syndrome would be one in every six returning soldier. More than seventy five percent of our fighting forces are drawn from the Army Reserves and the National Guard. The families of the Guard and the Reservists do not benefit from the insurance available to families of members of the regular armed services.

PCFINE, the Psychoanalytic Couples and Family Institute of New England, is an institute that is affiliated with all three of the psychoanalytic institutes in the Boston area, BPSI, MIP, and PINE, and is committed to integrating family systems and psychoanalytically informed theory into treatment of couples and families. The idea to create community outreach projects, that is, apply psychoanalytic and family systems theories and concepts toward working with professionals in community organizations assisting families, is another organizing feature of PCFINE’s mission. Potentially the largest project planned is a direct service outreach program involving volunteer clinicians from many Boston Institutes and the MAPP, the Division 39 local chapter, offering their services to families, couples and family members of service men and women from Army Reserve units, deployed in Iraq and Afghanistan.

Developing a networking capacity within the military was a major challenge as part of laying the groundwork for the outreach project. After some months of hitting deadends, Ken was fortunate to be given the name of the Civilian Assistant to the Secretary of the Army (CASA) in New Hampshire who referred him to the equivalent person in Massachusetts. He explained the mission of PCFINE and our various Training, Outreach and Preventative (TOP) programs we were planning. The Massachusetts CASA in turn referred Ken to a retired Brigadier General, who finally recommended he speak to the Director of the National Guard Family Support Services Center. The attempts to work with the National Guard office went very slowly, so Ken decided to re-engage the Massachusetts CASA for his help. This time he referred Ken to a Lt. Colonel attached to the New England Judge Advocate General’s office (JAG). He was quite helpful. After reviewing PCFINE’s mission and exercising due diligence, he proposed this project to the two-star commanding General of the JAG unit that oversees the National Guard and Reserve who subsequently approved the project. In addition, the Surgeon General and his equivalent for clergy have participated in a planning meeting. Division 39 Past President Jane Darwin, because of her interest in outreach as expressed through her presidential initiative, joined in these planning discussions and is now co-chairing the project. As part of building an infrastructure, Ken was also able to procure pro bono legal services from Ropes and Grey, a major Boston law firm.

We are now ready to provide services. We have over fifty volunteers credentialed, that is we have licensing and malpractice insurance available from them. We have an introduction to a Family Readiness Group, an organization of family members of soldiers. These groups are privately organized and run but receive some support from the com-

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mand. We plan to meet with the leaders of this group to offer a psycho education presentation as a way of letting them get to know us at the same time we offer them the services of our program, now named SOFAR: So Good, Support and Outreach to Families of Army Reservists.

Clinicians who have recently been in Iraq or have been involved in Desert Storm or Vietnam have expressed willingness to prepare volunteers for the difficult work with members of soldier’s families. Additionally, a cadre of supervisors will be available to work with the volunteers along with volunteer administrative personnel. We are also recruiting psychologists from the VA who specialize in PTSD and faculty from the Child Witness to Violence Project of Boston Medical Center, a program which also offers training on trauma with children and one of the programs to which PCFINE offers pro bono consultation. They are willing to donate their time to offer trainings for our volunteer clinicians. We are working on ways to promote awareness of our services through PR efforts outside the military to encourage more volunteers and potential sources of funding to pay for the support staff and equipment necessary to run this program. No clinician will be reimbursed for services.

We participated in a roundtable discussion at the Winter Meetings of the American Psychoanalytic Association, “Support and Outreach to Families of Army Reservists: So Far, So Good: Applications of Psychoanalysis to Families of Deployed Soldiers Serving in Iraq and Afghanistan.” We are also presenting a panel at the Division Spring Meeting, “Creating Capacity By Surrendering Complacency: Outreach As A Means of Propagating Psychoanalytic Ideas,” in which we will be joined by Gerry Stechler, president of Section VIII and Chairman of PCFINE.

If successful in Massachusetts, this project will be replicated in other states through Div 39 local chapters and psychoanalytic institutes throughout the United States. We are available to talk with others thinking about participating and can be reached via email, Ken, IRA7007@aol.com and Jaine, jldarwin@aol.com.
IN THE SHADOW OF FAME

Sue Bloland’s memoirs of her life with her famous father was recently published by Viking Books. The following is an excerpt from this work. The editor.

FAME AND THE FAIRY TALE

I have been preoccupied for many years with the subject of fame. My father became famous when I was thirteen, and his celebrity has since affected virtually every aspect of my life. Dad was never well known in the way that movie or television personalities become publicly recognizable. He was a psychoanalyst whose ideas and style of writing appealed to many people outside his own field to scholars in a wide range of disciplines and to the lay public making him one of the most widely read and influential psychoanalysts in the world.

At the peak of his renown in the United States, Dad was thought of as a cultural icon, and his face appeared from time to time in the pages of the New York Times or on the cover of Newsweek or other widely read magazines. Because of this media exposure, he would occasionally be recognized in a restaurant, for example, where people at nearby tables would whisper to each other as he was seated, or a flustered waitress, perhaps having read his best-known book, Childhood and Society, in her college psychology course, would ask for his autograph. Such celebrity sightings could be erroneous, however. Dad was so distinguished looking, with his blue eyes and shock of long white hair, that he elicited attention in public places from people who weren’t really sure who he was but were sure he must be somebody. (Sometimes they guessed that he was Arthur Fiedler, whom he slightly resembled, for many years the popular conductor of the Boston Pops.)

It was not the breadth of my father’s reputation the sheer number of people who knew his work that affected me the most profoundly: it was the intensity of the reaction to his writing, to him as a person, or even to the mention of his name whenever my connection with him was revealed. He was a brilliant man who also wrote and lectured about psychological issues in a way that affected people very deeply. He was perceived as a powerful father figure: compassionate, kind, and possessed of unique wisdom about some of the most difficult challenges of being human. He was revered by his readers as well as by those who interacted with him on a more direct professional or personal basis. Dad’s public aura overwhelmed and bewildered me. Was he really something of a god, imbued with the magical powers his admirers ascribed to him? Or was he the complex person whose human vulnerabilities had always been so apparent to me? My more intimate image of him was difficult to reconcile with the public persona. And to the extent that he was perceived by the public as being larger than life, his idealized image posed a threat to my own sense of self-worth as a life-sized and less charismatic human being, destined to make much less of an impact on the world. Living in the shadow of his fame, I was confronted with the challenge of having to search for a meaningful nonheroic way to be, turning to sources of gratification and self-affirmation quite different from those on which he relied.

It has gradually occurred to me that the task of creating a purposeful and satisfying life in the shadow of my father’s renown is not a problem unique to me or even to those who have grown up in proximity to someone famous. It is faced by nearly everyone growing up in a culture obsessed by celebrity in which so many people are affected by the godlike images of public figures that daily loom over our lives. We have become convinced that fame is the ultimate in human achievement that there is no more absolute measure of a person’s worth than the attainment of celebrity. We imagine that the famous not only have achieved a unique social status, but actually have triumphed over the exigencies of the human condition. The gods have smiled upon them, granting them special gifts extraordinary beauty, talent, intelligence, wisdom which we assume have set them free from the relentless self-doubts and desperate strivings that afflict the rest of us. They have arrived at a special state of grace.

Human beings have always needed to believe in heroes who appear to have triumphed over the hardships of life. Our current fascination with the real-life heroes whose images are transmitted to us through the modern media serves much the same psychological function as the more traditional fascination with fairy-tale heroes, whose images dominated human cultural life through the simpler medium of storytelling for thousands of years. But unlike the media-generated idols of today, fairy-tale heroes were not real human beings living in the real world. They were symbolic figures sometimes in nonhuman form living in an enchanted land quite different in character from the world we actually inhabit. Their heroic exploits were symbolic representations of man’s struggle to overcome the obstacles to happiness in the real world.

The scholar Max Luthi suggests that “the fairy tale is a universe in miniature,” which portrays man in confrontation with the world. The fairy-tale hero confronts terrifying dangers and solves impossible problems in a journey toward the attainment of the ultimate rewards of life: “marriage with the prince or princess, . . . kingship or gold and
It strikes me that media-generated stories about the famous play a remarkably similar role in our lives today. We, like our ancestors, are fascinated with news about “people who are as beautiful, wise and fortunate as human beings could be,” and who appear to have arrived at the pinnacle of success. In the traditional fairy tale, it is ascendency to the throne that signifies the greatest imaginable triumph of the human soul. In the real world of today, it is fame that has become the symbol of ultimate success and self-realization. And images of the famous convey to us what the fairy tale once promised: “that we [too] can become kings and queens, or lords of our own destinies . . . that we can seize possibilities and opportunities to transform ourselves and our worlds.”

But the eminent psychoanalyst Bruno Bettelheim reminds us of a profound difference between fairy-tale heroes and our real-life contemporary idols. As symbolic representations of man, fairy-tale heroes are, by nature, one-dimensional figures who lack the complexity that characterizes real human beings. In fairy tales the difference between good and bad characters is oversimplified, making it easier for the listener to identify with the good and reject the bad. Writing about fairy tales as a time-honored medium for the entertainment and instruction of children, Bettelheim points out that “presenting . . . polarities of character permits the child to comprehend easily the difference between [good and bad fairy-tale characters], which he could not do as readily were the figures drawn more true to life . . .”

Because of my father’s celebrity, I have had an unusual opportunity to observe the way in which modern-day fairy tales are constructed around real-life people who have achieved fame. An idealized and oversimplified image is generated by the media with the help of the celebrity and the eagerly receptive public an image with which people can easily identify and from which they can draw vicarious strength and inspiration. But such images are not realistic representations of human beings. On the contrary, they conceal the real complexity of the people around whom they are constructed.

It is hard for us to accept that our most beloved celebrities are as complicated and difficult to really know as the rest of us, that their personalities contain as many contradictions as our own. It is difficult to believe that those who appear dazzlingly self-confident in public or in the demonstration of their extraordinary talents can also feel frightened, vulnerable, and inadequate in their personal lives; and that the most celebrated are as plagued as the rest of us by serious difficulties in living and relating, despite their charisma, their astounding abilities, and their awe-inspiring achievements. We cherish the magical excitement and the profound reassurance that our idealization of celebrities brings to our lives, and we fear that greater insight into their human vulnerabilities will deprive the magic of its power. Is there any compelling reason, then, for us to push past this fear and look more closely at the distortion inherent in our idolizations?

When we substitute the glorified images of real human beings for the symbolic heroes of old, we pay a seldom-recognized price. No one is deceived by fairy tales into believing that a small child could literally be as brave and resourceful as Jack the Giant Killer, or that a young woman could be as uniquely beautiful and pure as Snow White or as exquisitely sensitive as the princess in the story of the Princess and the Pea. However, when fairy tales are constructed around the images of contemporary celebrities, our perception of reality is distorted and we embrace a deception. We allow ourselves to believe that the people behind illustrious public images are exactly like, and every bit as admirable as, their public representations would make them seem. We are convinced that we can know the famous intimately through our experience of their appearances (or performances) in public or through the splendor of their creative works. But this is, of course, an illusion. Real human beings, no matter how attractive, gifted, or celebrated, can never be as one-dimensional or as easy to know as the imaginary heroes of the fairy tale. The true emotional complexity of our idols is blocked from our awareness by our powerful need to believe in such purely heroic figures.

I have always been amazed at the conviction with which people have maintained their image of my father as a person. The intimate quality and tone of his writing, combined with his personal charisma, suggested to his admirers that in his most intimate relationships Dad must have been exactly as he seemed in his books and in his public persona. Yet this image of him was inevitably more one-dimensional than a real person could possibly be. It obscured the true complexity of the man.

The cost of such distortion, I believe, is that people have compared themselves to the idealized image of my father (as they have to countless other celebrities) in a way that the heroic figures in the fairy tale never invited the listener to do. It has always been clear to me that many of my father’s admirers held themselves to be less successful than he was not only as thinkers but also as human beings. This awareness led me to realize how often in modern life we compare ourselves to the glorified images of the famous and feel diminished personally by the comparison. We are
are undeniably personal. I have needed to free myself from the fairy tale and reality where fame is concerned. My reasons preoccupied with trying to clarify the distinction between my intimate experience of them with the more magical tale version of their lives, I found it difficult to reconcile the painful memories that they had carried with them into adulthood. Knowing of the pain concealed behind the fairy-tale imagery that heightens the magical aura of a public figure and distracts us from the more human underside of the person we revere. Both my mother and father loved to tell stories about their early lives that depicted them as being very like figures in a fairy tale who had transcended experiences of childhood rejection to find idyllic, romantic love with each other and to ascend together to the modern-day equivalent of the throne: fame. The real story of my father’s childhood lent itself readily to such tales of enchantment, since he never knew who his biological father was, and actually imagined in his youth that this mysterious person might have been a member of the Danish royal family. How often in the European fairy tale does the hero emerge from childhood obscurity to his rightful position (or next to) the royal throne? My parents also loved to recount how they had first met at a masked ball at a palace on the outskirts of Vienna clearly reminiscent of the setting in which Cinderella and her prince had magically found each other.

These stories and many others, oft told through the years, delighted my parents’ friends and admirers and added enormous charm to their image as a couple. But they were demoralizing to me. They so heightened the magical aura of my parents’ life together, and my father’s rise to fame, that they made the real world, and everyone in it, seem mundane and colorless by comparison; and it was in the real world that I needed to make my own life and find my own place. Just as confusing, these romantic tales obscured the more complicated emotional reality of my parents’ past and their relationship to each other. It is not that these accounts deliberately obfuscated the truth, but that they represented my parents’ way of defending against the painful memories that they had carried with them into adulthood. Knowing of the pain concealed behind the fairy-tale version of their lives, I found it difficult to reconcile my intimate experience of them with the more magical account of the road they had traveled to fame.

Perhaps it is understandable, then, that I have been preoccupied with trying to clarify the distinction between fairy tale and reality where fame is concerned. My reasons are undeniably personal. I have needed to free myself from the overwhelming effect of my father’s public persona. But I have also needed a means of connecting more intimately with both my parents as real human beings (even now, after their deaths) because of the way in which their own investment in fairy tales and their public image distanced them from me. I have felt compelled to try to understand my parents better through the lens of my own experience to help me reconcile the more magical public image of them with my personal reality. This search has helped me to appreciate the complexity of the people who brought me up and gave me so much, and it has deepened my love for them.

In the process of this quest, I have been inexorably drawn to a broader examination of the nature of fame and the reality behind the public images of celebrities other than my father. What I have learned about the emotional lives of other people of renown has helped me, in turn, to better understand my parents.

In the Shadow of Fame is an account of my lifelong effort to make sense of and come to terms with my experience of my father’s fame. It is my hope that the story of my own struggle will be a source of insight for others who must also come to terms, in their own way, with the glorified images of the famous that pervade all of our lives.
The 2005 Workshop Series and Annual Conference are co-sponsored by the National Association for the Advancement of Psychoanalysis (NAAP) and the Object Relations Institute for Psychotherapy and Psychoanalysis. NAAP is approved by the American Psychological Association to offer continuing education for psychologists. NAAP maintains responsibility for the program. Fees are $50 per event for non-students and $25 for students. There will be an additional $20 fee for any event that is taken for continuing education credit. Registration is limited and pre-registration is advised. For complete descriptions and locations, please visit our website at www.ORINYC.org, or call (212) 268-8638 to request a brochure. Please see our ad in this publication for a description of our programs.

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PSYCHOANALYTIC RESEARCH: PROGRESS & PROCESS
NOTES FROM ALLAN SCHORE’S GROUPS IN DEVELOPMENTAL AFFECTIVE NEUROSCIENCE
AND CLINICAL PRACTICE

Exactly one year ago this column contained articles by members of my Los Angeles groups on a common theme—the clinical applications of advances in developmental psychoanalysis and neuropsychoanalysis to models of marital therapy. In this issue, those same authors report updates of their work on the treatment of dysregulated intimate relationships. Stan Tatkin creatively integrates attachment theory, interpersonal neurobiology, and systems concepts to offer further thoughts about working with the regulatory dynamics of secure and insecure marital dyads. And in a second contribution, Sondra Goldstein and Susan Thau deftly expand their neuropsychoanalytically informed, developmentally oriented model of couple therapy to the treatment of marital dyads in which one partner is experiencing chronic physical illness.

These contributions highlight a number of clinical issues, but I’d like to touch upon two themes that have run throughout this series. The first is the central role of attachment experiences and the early interactive regulation of bodily states of psychobiological stress to models of mental health and psychopathology. But even beyond mental health and mental illness, there is now a consensus that early environmental factors influence the propensity for physical disease in adulthood. Research in developmental biology and physiology now strongly supports a model of the “developmental origins of health and disease” (Gluckman & Hanson, 2004). In parallel, a growing number of studies in the psychological sciences underscore a strong association between attachment, stress, and disease (Luecken, 1998; Maunder & Hunter, 2001; Schmidt et al., 2003). This data has clinical relevance to the treatment of psychosomatic disorders, especially to therapy models that focus on affect, stress regulation, and attachment dynamics.

A second theme that comes to the foreground in these articles on marital work is gender. Neuroscience is now contributing to our knowledge of this problem, an area that in the past has been a source of considerable criticism to psychoanalysis. In a very recent Positron Emission Tomography study of sex differences in processing emotions, Hall and his colleagues (2004) demonstrate that with increased emotion processing demands “women may be differentially responsive...to emotional stimuli” while “men may take a more analytic approach than women to the processing of facial emotion.” Or, as the eminent neuroscientist Paul MacLean (1996) described gender differences in hemisphericity, “I will draw upon findings of continuing research that provide both anatomical and functional evidence that the minds of women sail in a vessel tilted less to the left than do those of men.” As the authors show in the following articles an understanding of these stylistic differences in coping with jointly created dysregulated emotional states is important in couples therapy.

I would like to briefly mention a few other matters relating to our groups and to the clinical themes addressed over the course of this series. As a follow up to the last column I recommend readers take a look at Julie Kane’s excellent recent publication, “Poetry as right-hemispheric language.” Also, I am pleased to announce the formation of another Study Group, in San Francisco. I look forward to future contributions to this column from them as well as from the Seattle and Los Angeles Groups. And, lastly I would like to inform Division members of two upcoming conferences that I will be part of: UCLA Extension and Lifespan Learning Institute’s How Psychodynamic Psychotherapies Change the Mind and the Brain, with the Boston Change Process Study group and others, on March 12-13 in Los Angeles; and Harvard Medical School’s Attachment and Related Disorders, with Karlen Lyons-Ruth, Peter Fonagy, Bessel van der Kolk, Miriam Steele and others, on May 6-7 in Boston.

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“There is nothing in this world more difficult than another person.” – Shinzen Young, Buddhist Monk

It could be argued that no other relationship reanimates issues of early attachment as does the committed romantic relationship. It is especially notable that within the context of marriage infantile needs and fears from early childhood can and do emerge with high potency and persistence. The secure mother-infant and the secure romantic relationship share similar conditions and capacities. However, unlike the mother-infant couple, romantic partners enter the relationship equally dependent on one another and operate under a mutually constructed social contract. That difference aside, the similarities are such that attributions of secure and insecure can accurately apply to both partnerships as representing a primary attachment relationship. The secure primary relationship (mother–infant and adult romantic) commonly forms and maintains a shared exclusive mental-emotional space, protected from the outside world within which it generates frequent and extended periods of mutually amplified positive feeling, regulates negative emotional states by attenuating their intensity and shortening their duration, and tracks emotional state transitions via periodic unbroken attention. Partners are mutually influenceable and psycho–neuro–biologically connected with powerful but invisible bilateral “projections” that thicken over time. In this way, they begin to hardwire together.

A vital outcome of a mother’s primary preoccupation with her infant is the structural–functional development of socio-affective systems in the baby’s brain. This forms the foundation upon which all further development depends, and provides the pre-verbal, pre-cognitive landscape of the infant’s inner and outer representational world. Infant–mother interaction through prolonged face-to-face, skin-to-skin contact creates a demand for more neural complexity within the infant’s brain (Porges, 1998; Schore, 1994, 2003b). Only through interaction with a more complex human brain can this type of learning take place.

Relevant to adult conflict management is the early socio–affective development of right hemispheric limbic structures, most notably, amygdala, hippocampus, cingulate gyrus, insula, and orbitofrontal cortex. Much has been written about the right hemispheric dominance of these brain structures and their humanizing functions. Neuroimaging research currently offers an abundance of findings that underscore their importance throughout the life span (e.g., Adolphs, 2001; Gainotti, 2001; Schore, 2003a,b; Tucker et al., 1999). Via sensorimotor pathways, these structures hierarchically impact and regulate arousal and affect and determine capacities for theory of mind, empathy, interoceptive sensitivity, self and other affective appraisal, autobiographical memory, frustration tolerance, and impulse control.

Successful conflict management by couples requires these same capacities, particularly when the couple is under stress. The couple’s capacity to regulate negative affective states varies according to individual attachment orientations. These orientations range from secure to insecure with and without co-morbid disorganization as elaborated by attachment researchers. For the purposes of this paper, these designations are applied to the couple system itself, thus allowing for a more representational view of dyadic regulation. Armed with attachment theory, the psychobiologically aware clinician can fashion interventions that help insecure couples develop more security through their approach to conflict management.

STRESS REGULATION IN SECURE VS. INSECURE COUPLES
Secure couples rely upon interactive regulation, a prosocial, symmetrical, reciprocal strategy whether or not they are under stress. Interactive regulation is a proto-conscious, rapid two-person process whereby two nervous systems continually attune, misattune, and re-attune through sensorimotor pathways. These pathways, or co-regulators, include vision, sound, smell, touch, and taste—with vision and sound playing a major role in conflict management.

In contrast, insecure couples, when under stress, default to less pro-social strategies of regulation that are distinctly asymmetric and non-reciprocal, such as distancing and clinging. Interactive regulation is a much more efficient system for calming and soothing than pathological autoregulation, which is a primitive homeostatic mechanism of self-stimulation and self-soothing that, by definition, involves massive withdrawal from a two-person system. Distancing defenses, including dissociation, fall under the heading of pathological autoregulation. Clinging defenses, including Talian rage, demand interaction as a one-way strategy for internal state regulation often without the simultaneous ability to provide a reciprocal function. Insecure couples utilize avoidant disengagement and intrusive over-engagement as strategies to manage conflict, resulting in frequent and increasing bouts of mutual dysregulation.

Secure couples are better at generating mutually experienced positive feeling and repairing and shortening periods of mutually experienced negative feelings. Theirs is a process of proximity seeking and contact maintenance. Insecure couples eventually reverse this formula by with-
drawing efforts to generate shared positive feelings while producing frequent and extended periods of amplified negative states. Theirs is a process of proximity and contact avoiding that is as much cause as effect.

**Regulation-Focused Conflict Management**

Secure partners realize that they cannot thrive in the couple system by ignoring the affect-arousal state of the other. They approach “areas of importance” with some measure of care and mindfulness, mutually titrating levels of tension and relaxation. They can move in and out of conflict without the use of extensive avoidance and withdrawal and are able to revisit areas of importance without fear of becoming overwhelmed.

Because they are attending to one another’s eyes and face, partners are literally in an exquisite position to “read” each other’s nervous systems. Doing this while not dissociating enables a true interactive regulatory process that is inherently empathic to the immediate somatoaffective resonance through the face and eyes of the partner. Full moment-to-moment engagement in this fast-acting process limits the influence of negative internal representations and helps reduce misappraisals of intent. If, however, either partner moves into hyper- or hypo-arousal (fight, flight, freeze or conservation withdrawal), they will likely disengage from the interactive process (e.g. drop face-to-face contact) which will likely lead to dysregulation of the couple system itself.

The insecure couple may develop an avoidance of face-to-face conflict management and disengage from real interactive regulation in response to threat. Dysregulation results from their inability to alternate between tension and relaxation. Together they poorly manage intensity and duration of negative arousal and this process psychobiologically snowballs into a learned threat response with partners eventually viewing one another as predators. The clinician must understand this psychobiological phenomenon as a condition unique to insecure and/or disorganized couples (in which either or both partners have an unresolved trauma history).

Effective interventions with these couples are interventions that have a regulatory impact on the couple system. One such intervention is the clinician’s expectation that partners exercise their capacity to hold impulses and wait their turn, as well as limit the duration of the turn they take. Long narratives create flooding in the waiting partner. Dysregulated couples typically do not hold, wait, or balance expansion and contraction, at least not very well. Holding, waiting, and limiting expansiveness are vital self-regulatory, executive functions of the right orbitofrontal cortex, an area of the brain that shuts down in situations of hyper and hypo arousal. The therapist must help the dysregulated couple regain and increase their capacity for holding and waiting if couples therapy is to move forward.

**Neurobiology of Marital Conflicts and Reconstruction of Events**

Insecure couples often become entangled in arguments involving the reconstruction of past events. They will present in the clinician’s office with wildly differing recollections as to content, sequence, and intent. They seem locked into a painful, isolated reality of violent misattunement and persecution. The dysregulated couple’s unrelenting attempt at reconstruction is itself a re-traumatization of a traumatizing event. As previously mentioned, intense and repeated dyadic dysregulation is traumatizing and leads to threat-related psychobiological reorganization within and between partners (Charney, 2004). Memory undergoes a reconsolidation process whereby visual and auditory reactivating cues associated with earlier dysregulated events become reintegrated “into an ongoing perceptual and emotional experience and becomes part of a new memory.” (Charney, 2004, p. 207) These cueing memories (stored in the amygdala) affect fear memory (stored in the hippocampus) that is contextual and associated with inhibitory avoidance mechanisms (Charney, 2004). This is a system essentially driven by the amygdala with a right hemisphere acuity for rapid appraisals of threatening facial and prosodic cues (Kimura et al., 2004; Nomura et al., 2004).

In extreme hyper- or hypo-aroused states that accompany severe marital conflict, hierarchical neuro-regulatory processes involving the ventral-medial prefrontal cortex give way to subcortical processes to insure survival.
During these periods of dysregulation, the hippocampal declarative memorial ability to accurately represent and sequence events is highly compromised; so too is the ability to appraise intention. It is impossible for partners to “set the record straight” and as such, the couple cannot adequately regulate via this method. Attempts at repair must also fail as long as both partners believe recall of such events is possible. The therapist would be unkind to allow this process to continue. Instead, the therapist should attend to the dysregulation occurring in the here-and-now.

The clinician should assess highly dysregulated couples for prior histories of relational trauma. It is important to pay special attention to histories of neglect as, more often than not, neglect results in alexithymia, focal affective blindness, and other socio-cognitive and socio-affective disabilities. Early relational neglect can often result in a psychobiological intolerance of close physical contact of even brief duration. As in physical and sexual abuse, traumatized individuals can appear physically and sexually compliant with their partners but are dissociating in order to do so. For this reason, the clinician should gear the pace of treatment to the person least able to tolerate closeness, both in terms of physical proximity and duration.

It is important to note that organized forms of moderate to severe insecure attachment look similar to disorders of the self. Indeed, both evolve out of pathological infant object relations; however, the former more clearly implicates a disordered two-person system. These personality (or attachment) organizations lack complexity due to their predictable, rigid adherence to rules of engagement and disengagement with another person. Though one or both partners of an insecure couple may be personality disordered, that knowledge by itself might be of little help and may even be defeating to the clinician dealing with couples. Rather, the designation of “insecurely attached” couple provides a systems context from which the therapist can work. In addition, engagement and disengagement within an insecure dyadic system, in or out of conflict, involve issues of psychobiological dysregulation that the clinician must track and address. Chronic dyadic dysregulation as a product of an insecure couple system, radically increases over time and becomes the central challenge to delayed therapy, and as such, degrades prognosis. Nevertheless, it is entirely feasible, even likely, that couples therapy can succeed by helping partners view themselves as a regulatory team, moving them toward improved competence in this area. By doing so, safety and security within the couple system will improve as well.

References

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Couples and Health: The Roles of Attachment, Neurobiology, and Gender

Part I: Attachment Bonds and Neurobiology in Couples Facing Illness

The saying “Life is what happens to you while you’re busy making other plans” is never more true than when illness strikes in an unpredictable and unwelcome way. The vicissitudes of life can be difficult and stressful, creating challenges which require rigorous coping skills. Although marriage (or being in a committed couple relationship) bodes well for overall longevity the state of being in a couple relationship does not ward off ill health. When one partner faces illness, acute or chronic, the other partner in the couple relationship is also affected. In this two-part paper we will address the role of the couple’s attachment bonds and gender differences as they affect both the neurobiology of illness and the couple’s ability to regulate affect together in the face of a stressful health challenge. Although couple relationships may serve stress buffering and supportive functions, a dysfunctional intimate relationship may become an additional stressor as couples face illness together. The importance of couple therapy in both prevention and treatment of health issues will also be addressed.

Secure vs. Insecure Marital Attachments and Illness

Illness may be conceptualized as a stressful activator of the attachment system in a couple relationship. As Bowlby (1973) described, a behavioral attachment system is present throughout life and is activated when individuals are stressed, injured, or feel in danger. Hazen and Shaver (1987) found that attachment bonds and styles (secure, insecure-avoidant, and insecure-ambivalent) in adult intimate relationships are comparable to those between infants and their primary caregivers. Secure partners with secure partners are a common paring, but secure partners with insecure partners (insecure-avoidant or insecure-ambivalent) are also often found. Another relatively frequent pairing is a relationship between ambivalent and avoidant partners (Kirkpatrick & Davis, 1994).

The nature of attachment bonds in couples’ relationships is an important factor in considering how effectively (or not) a couple will face the illness of one partner in the relationship. Schore (2003) notes that secure attachment would predict resilience in the face of stress, which involves the capacity to flexibly regulate emotional states through auto-regulation and interactive regulation through a cycle of attunement, misattunement, and repair. However, early social environments that result in insecure attachments inhibit the growth of a neurobiological affective control system and decrease adaptive coping functions and flexibility. Because spouses are on the front lines of support, both partners face the challenge of dealing with social, financial, care giving, and parenting changes. In order to face these changes adequately, resilience and flexible problem solving are needed by both partners, with mutual empathy for each other’s feelings in facing the partner’s illness.

Relationships between two secure partners are best equipped to cope with the illness of one partner since both partners have the ability to autoregulate positive and negative emotions, yet can allow for interactive emotional regulation within their relationship. Each secure partner tends to feel comfortable with being in the dependent as well as the depended upon positions, relative to legitimate health needs in the present. The couples’ flexible reciprocity allows them to effectively problem solve together, unimpeded by rigid patterns of relatedness. In attachment terms, the couple relationship is serving as a secure base or safe haven for the partners (Goldstein & Thau, 2004a). Thus, the relationship between two secure partners offers the optimal social environment within which to interactively regulate the emotions emerging from the process of facing illness together. Research by Schmidt et al. (2002) concludes that in each phase of coping with illness, attachment styles affect the way in which stressful events are managed and how information is processed. Because securely attached patients seek social support and have flexible coping strategies, a secure attachment can be considered “an important inner resource in the emotional adaptation to chronic disease” (Schmidt, et al., 2002).

Insecure partners (ambivalent and avoidant) have attachment histories that have made them especially susceptible to anxiety, separation, and rejection. They may be prone to interpret ambiguous behavior by a partner as rejecting and unsupportive. Also, insecure partners may show little awareness of the nature of the partner’s experiences or effects of these experiences on either the self or other. Roles are rigid within the relationship, with a marked degree of asymmetry, e.g., one partner in the dependent and the other in the depended-upon position, and little flexibility in these roles. Thus, when an insecure partner becomes ill, it may be difficult for him/her to accept care from the partner; it may also be difficult for the partner to give care, especially if this involves a reversal of their usual roles within the relationship. Individuals with insecure-ambivalent attachment styles excessively process emotion and engage in hyperactivating strategies of coping. Avoidantly attached personalities isolate, cut off emotion, and show deactivating strategies of coping including diverting and distancing from the threat of illness.

In addition to affecting the coping styles of couples...
facing illness, the nature of attachment bonds in couples appears to have indirect effects upon the health of the individuals. Insecure attachment styles have been linked to depression, dissatisfaction, and increased conflict in partnerships, all of which create conditions of chronic stress or Type 2 allostatic load which is a risk factor for illness (Carr, 2004). Negative dyadic interactions can be a significant source of stress, resulting in acute and/or chronic physiological change. Research indicates that people in distressed marriages, compared with partners in nondistressed marriages, have lower immune responses and that stressful marital interactions increase physiological arousal (Kiecolt-Glaser et al., 2001). Heightened physiological arousal resulting from couple conflict may decrease immune functioning, lowering resistance to disease.

Individuals with insecure attachment styles are characterized by difficulty in regulating negative affect, particularly when stressed. Thus, couples with insecure attachment bonds are at a dual disadvantage: (1) the increased level of conflict in their relationship may lower their resistance to illness and increase the possibility of chronic illness; (2) their ability to cope effectively with illness is limited by the avoidant or anxious attachment styles, thereby interfering with taking in comfort from the partner. Therefore, the important goals of couple therapy with insecure couples facing illness of one partner would include exploration of the couples’ current coping strategies and strengthening of more secure attachment behaviors such as empathy, reciprocity, and mutual concern which have the to potential to lessen conflict in the dyad, and thus reduce stressful physiological reactions in each partner. The health promoting benefits of couple therapy when one partner faces illness may be enhanced by incorporating knowledge of each partner’s attachment style as it influences affect and arousal co-regulation in the couple dynamics.

PART II: GENDER AND NEUROBIOLOGY IN COUPLES FACING ILLNESS

Matrimony, the union of two individuals, creates many complex dynamics with issues of intimacy and dependency affecting both partners’ nervous systems (Goldstein & Thau, 2004a). An understanding of the neurobiology of attachment deepens our ability to recognize these dynamics as they are enacted between partners dealing with the vicissitudes of life, especially illnesses, whether chronic or single incident. Using the concepts of neuropsychobiology and of attachment promotes a way of viewing conjoint treatment consistent with psychoanalytic principles. In both paradigms the therapist’s role is to provide a secure base where both partners can safely reflect their own mutual contributions, both on conscious and unconscious levels (Thau, 2004). Through the application of these conceptualizations of attachment and neurobiology, the chaotic dynamics that accompany dyadic stress can be seen as more discrete patterns of response.

Two different dyads will be presented as prototypes of couples impacted by this psychoneurobiological system. These couples’ dynamics illustrate some of the complex interactive effects of attachment issues, neuropsychobiology, health, and gender. These patterns have been considered carefully in laboratory and therapeutic settings, and both conclude that female partners are generally the ones who express sensitivity to their mate’s emotional state and the condition of their marriage (Kiecolt-Glaser et al., 2001). In addition, these conditions cause changes over time in the cardiovascular, immune, and endocrine systems, potentially affecting the individual’s quality of life and possibly even mortality.

GENDER DIFFERENCES IN PROCESSING AFFECTIVE INFORMATION

It has been posited that females generally experience more arousal because of the greater intensity, duration, and speed of norepinephrine production (Kiecolt-Glaser & Newton, 2001). Despite early controversies, gender differences in the limbic and autonomic nervous systems may account for formerly controversial observations that women hold their feelings longer and with more intensity and that men are more contained and linear. These data do suggest that any shift emotionally in a dyad may have greater reverberation for female partners.

Current brain research details male difficulty in reading nonverbal expression, especially those more powerful negative emotions of sadness and pain. This is fundamentally different from the intuitive way that a woman takes in the expressions on her partners’ face. These expressions cue her as to the mood and emotional availability of her partner. The male in this relationship often does not have the same need for this signaling and is frequently less mindful of his partner’s state of being. Women traditionally are more troubled by these differences in sensitivity (Ewart et al., 1991). Partners will often take these differences personally rather than recognize patterns of behavior that are governed by the differences in male and female neuropsychobiology and early attachment histories.

Gender differences in coping strategies are evident in the way each sex handles stressful situations. Taylor and associates (2000) examined the “tend and befriend” behavior that is characteristic of females in a stressful situation. While females in distress seek bonding, males in similar situations of threat may behave as if alerted to an aroused aggressive state. Gender differences have also been reported in a recent MRI study where women were found to have higher volume in their orbital frontal cortex as compared to males (Gur, 2002). This marked difference is associated with women’s capacity for greater emotional regulation and dampening aggression. If the condition of illness is considered to be a
destabilizing stressor, then gender differences will likely contribute to the chaotic disruption of marital attachment dynamics. In conditions of stress resulting from illness, a woman may seek connection and befriending while the male’s process is to move into high alert problem solving, aggressively confronting the condition as a situation to be solved. These differences in processing may create a relational and emotional gulf between the partners.

**Attachment-focused Marital Therapy and Chronic Back Pain**

Jane and Bob always had what would be considered a tumultuous marriage. When Jane developed degenerative disc problems, she began to withdraw, decreasing her availability for interactive regulation. Because of his avoidant attachment history with an overbearing, inconsistent primary object, Bob read these behaviors as punishing him for his not good enough connection, and as a result, he became increasingly depressed. He would ruminate about the injustice of her treatment of him, thus fueling his distress and avoidant behavior. In his mind, he would alternate between wanting to make her better and withdrawing in hurt and anger. In this defensive style, one can see the activation of his attachment schema of feeling that his connections were conditionally-based and only available when he was being pleasing to the other. In effect, his nervous system was shifting increasingly into sympathetic dominance as he became hypervigilant and irritable. “I know that your back hurts, but I don’t believe that you really want to be with me.”

Even in the early years of their marriage, Jane often was unable to be reassuring and would herself become angry at her husband’s attachment needs. Once she developed chronic back problems, her tolerance for his attempts to engage her became almost non-existent. Whenever he began his pleading behavior, she would grimace, sigh, and express disdain for his concerns: “What’s the matter with you? Can’t you see that I am in pain and am in no position to do anything for you? You’re being such a baby!” Over time, Bob became increasingly more hopeless and demoralized. His response was to minimize his needs knowing that most often his wife’s condition made her emotionally unavailable. In couple therapy, he revealed that internally he was telling himself not to care and not to need while outwardly he appeared completely unaffected. What was the point of having any needs?

The initial phase of therapy involved establishing the idea of the treatment process as providing a safe base (Goldstein & Thau, 2004b). The two partners had become so isolated in their pain that they no longer served each other’s emotional needs. In effect, neither could tolerate the other’s needs. Time had to be spent on grieving the loss of their life as it was before Jane’s severe back problems. Next, the dyad

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focused on learning about the dynamics of their relationship and how they would actually arouse each other into states of great distress. As they began to understand the triggers in their patterns of disruption, they were more open to the notion of repair, as something they could actually accomplish rather than dreading their interactions. Jane’s growing awareness of Bob’s needs for connection made it possible for her to handle his bids for connection differently. Bob in turn began to be more interested in Jane’s pain management and together they enrolled in a pain management program offered through a local hospital.

This couple was able to interrupt the cycle of punishing behavior and this in turn led to a renewed sense of commitment to the marriage. Interrupting this cycle has benefits not only for the partnership but for the pain patient as well. There are in fact a number of research studies that link negative, punishing responses, marital dissatisfaction and the potential for increased perception of pain (Saarijarvi et al., 1990, Schwartz et. al., 1994). In fact, the hopelessness and helplessness experienced by Bob in reaction to Jane’s condition is a frequent syndrome endured by caregivers in relation to their partner who is ill. In effect, there are two patients since both partners are impacted and neither is able to comfort the other.

**Attachment-focused Marital Therapy and Chronic Hypertension**

Conjoint therapy with John and Claire explores the interactive effect of problems of regulation and attachment style as they affect medical problems of dysregulation such as chronic high blood pressure. As humans, we function best when our body is in balance, in the state of homeostasis. In contrast, the body’s regulatory system is disturbed whenever there is intense arousal. This is especially detrimental if this arousal is not only intense but also chronic and frequent. In this situation, the body’s autonomic nervous system responds as if a battle is being waged. Chronic high blood pressure is a condition that is susceptible to such physiological dysregulation with negative and hostile behavior causing this repetitive arousal. In conditions of chronic hostility women are most vulnerable to changes in blood pressure, with resulting depression (Ewart et al., 1991).

Claire and John were referred for conjoint treatment because Claire, in her forties, was being treated for increasingly high blood pressure. Claire’s family doctor became concerned when he saw a significant change over the period of only a year. When asked what might be contributing to this, Claire volunteered that her husband had been traveling more. John and Claire were reluctant to be seen for marital therapy. Neither expressed much understanding of what brought them to the initial consultation. When asked if they had marital problems, neither indicated concern. But upon further inquiry about what might have changed between them, John volunteered that they were fighting more often. John explained that when they had met he felt very protective of Claire because her father had abandoned her when she was two. He acknowledged that lately he had become fed up with her because all she did was yell and complain about his business trips. This pattern was enacted regularly with her hostility becoming explosive. John in turn became increasingly annoyed because it made no sense to him that she was so uncontained. “What’s the matter with you since you know I have to travel for my job. Why are you doing this to me?”

When John talked about this, his unresponsive face appeared almost mask-like, revealing no trace of understanding or concern. In reaction to this, Claire would escalate into more extreme agitation. When asked later about his lack of facial expression, he explained that his wife’s sense of his unavailability was accurate since he would stop being present at the least sign of her dissatisfaction. “I read her face, mouth, body posture and eyes. All this tells me to keep away since I don’t like what I feel towards her.” Claire explained that not only was she feeling abandoned and unloved, but also because of the regularity of this hostility, she was repeatedly feeling aroused and upset. “I guess this is literally making by blood boil.”

This couple had no idea that John’s travel had stirred up frightening abandonment feelings for his wife. He had never seen her fear about his leaving as related to her sense of being secure. In addition, John had not realized how he his unresponsiveness was actually frightening Claire. He became interested in learning that women are very adept readers of nonverbal cues and his mask-like face actually said a lot. Reframing their interactions as co-created via mutual misattunement helped each to understand their contribution to the current difficulties. They had each reverted to their old patterns of defense when each felt uncared for by the other. Neurobiologically, each was in a state of disruption becoming increasingly aroused and upset. Once these connections were made, this couple had a good enough attachment to return to their earlier more attuned way of relating.

**Interpersonal Neurobiology and Emotional Communications Within the Marital Dyad**

So are these partners doomed to lives of desperation and conflict? We think not. Once again our neurology is in our favor since we are capable of reflecting upon our own behavior. Our purpose in treatment is to help partners learn more about their own relational neurobiology and its effect upon each other. In this model, treatment emphasizes repair, which is neurobiologically-based as it evolves out of partners learning to slow their aroused states down through reflection, and increased awareness of nonverbal and verbal communication. When partners can understand their own neurobiology and attach-
ment needs, they can create a union where both individuals actually function to the best of their respective capacities.

Couples are constantly reading each other for attachment signals of engagement or disengagement. The individual partners are nonconsciously transmitting signals, on a right brain-to-right brain basis, about their own emotional state while reading cues that are being transmitted back and forth within the dyad (Schore, 2003). These signals are subliminally received by the brain of each partner and are immediately processed at a physiological level causing bodily changes. But is important to note that facial expressions and bodily changes in heart rate and muscle tone may or may not be consciously perceptible to the partner. Women are generally more accurate and detailed readers of these changes in facial expressions, tone of voice, and body posture. These changes are simultaneously producing brain changes that are identified as conscious feelings. MacLean explains women’s brains this way: “women showed stronger crisscrossed function between hemispheres, men had stronger back-and-forth activity within the dominant hemisphere” (MacLean, 1996, p. 425). This may explain why women are more emotionally responsive.

One way of considering this is to designate emotions as what is being seen by one’s mate and feelings as what the individual being seen is experiencing internally (Bechara & Naqvi, 2004). Being able to understand feelings requires reflection, which is often less possible when conditions of illness may be all-consuming. Without reflection, partners have difficulty communicating feelings effectively to each other. The work of couple therapy in these cases is to understand how the conditions of illness are affecting the partner, and the nature of emotional transactions occurring from the illness. Since gender differences and attachment styles are part of this consideration, couples gain perspective in learning how these differences may be impacting their partnership. This knowledge may normalize the emotional maelstrom as the couple faces health issues together.

References
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THE WITCH’S TALE: PSYCHOANALYTIC METHOD, METHODOLOGY AND METAPSYCHOLOGY

“‘We must call on the Witch to our help after all!’”
Goethe, Faust, Part I, Scene 6. (in Freud, 1937, p 225)

“Freud wanted to feel assured that the ‘therapy will not destroy the science’ in psychoanalysis...” So begins a flier from a prominent New York-based psychoanalytic institute. With characteristic prescience, Freud had foreseen that the popularity of the clinical use of his scientific method would overshadow its function as a research methodology. In this way, psychoanalytic therapy would obfuscate psychoanalytic metapsychology, a term so rarely uttered these days that many people inside and outside the field don’t really know what it refers to. Yet by 1915, having established the broad conceptual dimensions and criteria for its application, Freud’s primary interest was not therapy but the metapsychological framework through which he hoped to find explanatory anchorage for the kinds of phenomena that his “conversational” method was bringing to light. He ended his life’s work severely disappointed in the Weltanschaung of his era, which, he bemoaned, was not really a science at all, since it could not provide him with the conceptual, explanatory underpinnings for his new science. He urged that those who followed should strive to update and revise the metapsychology as new knowledge and understanding was acquired.

His concerns proved to be justified; psychoanalysis has become synonymous with “therapy.” Attacked from within and without “Freud’s” psychoanalysis is demeaned as a science, devalued as a treatment mode, and derided, internally, for its presumed objectifying stance. The field has forged on, largely by dissension and fragmentation, producing a welter of clinical schools each with its own group of followers, all practicing some sort of dialogical method, while lacking a cohesive unifying metatheory that accounts for the outcome of what they are doing. Debates about the intriguing problems of metapsychology and how to go about attempting to resolve them had all but ended by the early sixties with the demise of David Rapaport, the great psychoanalytic thinker who spearheaded them.

Yet metapsychology, as Freud left it and Hartman expanded it, provided the multiperspectival, conceptual foundations for a broad-based “general psychology,” as Freud had foreseen it might become. The five metapsychological dimension requisite for a complete account of any psychoanalytic phenomenon pointed the way to a poly-perspectival approach as well as to the kind of interdisciplinarity that metapsychological explanations would require. Bypassed in most clinical discussions, they are now virtually ignored in any other arena as well. The fact is that while the therapy is practicable with any mental health degree, advancing our metatheoretical foundations requires extensive interdisciplinary study in human development, sociobiology, language, semiotics, narratology and dialogicality, a rudimentary familiarity with the neurosciences, and problems of epistemology and the philosophy of science, applied with passion and a devotion to abstract thought that is all but extinct in today’s hands-on, “subjectival” atmosphere. Moreover, even psychoanalytic training institutes largely ignore the need for the presence of such minds within their institutions, and fail to adequately enable this type of conceptual inquiry and scholarship to flourish, nurturing instead more and more clinicians without moving the metatheory forward. Most importantly, the necessity to find explanatory principles for the psychic transformations that occur in a dialogue where the unconscious is made conscious and the emergent, re-experienced past is worked-through in the present, has been all but obscured by the clinical emphasis on “intersubjectivity” and a two-person psychology. Yet it is in the analytic study of the functional processes of discourse semantics, semiotic forms, language, narratization and dialogicality, all modern disciplines that join hands with the philosophical revolutions of the past century that can help point the way to major epistemological revelations that are of paramount importance to our metapsychology.

The fact is that without solid, explanatory footing in its natural philosophical soil and scientific terrain, and a paradigm shift that reorients the conceptual foundations towards a process vocabulary that unifies method and methodology (and practice and metatheory), psychoanalysis risks continuing to be undervalued and fundamentally misunderstood by the scientific community and the culture at large. A few papers and the rare book on the subject emerge yearly, yet if they go unread and un-reviewed, the field will slowly allow its most crucial dimension to wither into oblivion. The field needs to renew its practitioner’s interest in metapsychology, to encourage the revisiting of questions asked by our great predecessors, and re-ignite discussion and dialogue around this pressing topic. As Freud (1917) clearly stated, “What characterizes psycho-analysis as a science is not the material which it handles but the technique with which it works” (p.389). The task he left was to find a conceptual framework and an appropriate scientific paradigm that could encompass and advance our understanding of the pluralistic phenomena and multidimensional yields of his method.

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<td><strong>Stephen Prior</strong> (2004). <em>Object Relations In Severe Trauma: Psychotherapy Of The Sexually Abused Child</em>. Lanham, MD: Jason Aronson; 188 pp., $27.95.</td>
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SEXUALITY, INTIMACY, POWER, by MURIEL DIMEN. HILLSDALE, NJ: ANALYTIC PRESS, 2003; 336 PAGES, $55.00.

Right in the middle of Sexuality, Intimacy, Power, Muriel Dimen comes to a halt in her lively discussion about gender and sexuality and takes stock of the huge project she has undertaken in writing a book that she hopes will “…create a space in which multiplicity can play” (p. 195). Dimen, I think, brilliantly succeeds at providing this open meeting place where people with diverse opinions from the past and present can come together and find a common ground. Her book reads at times like a heated discussion, or at other times like an intimate conversation, which Dimen conducts about themes that she has passionately cared for all her life. Whether it is the interrelationship between sex and gender, desire and need, masculinity and femininity, psychoanalysis and Marxism, anthropology and sociology, or love and hate, Dimen finds a serious, yet quirky tone to convey her own complex reflections.

Early on in the book Dimen warns that this space of play is not open for binary thinkers but instead invites postmodern thinkers who can argue in terms of dialectics, paradoxes and contingencies. It is her goal to transcend either/or categories and to think in terms of multiplicities and ambiguities, to stay in the knot of not knowing. She argues that, similar to psychoanalysis, her goal is not to offer solutions but to sustain tension and hold the paradox of simultaneity. Dimen writes, “Resolving dualism means neither splitting nor collapsing. Instead it means maintaining possibility: the mobile, dynamic space between binaries yields resolution that in turn give on to new complexity, to the third” (pp. 59-60).

What thirds does Dimen find? She locates feminism as a third between psychoanalysis and Marxism, desire as a third between need and demand, the clitoris as the third to penis and vagina, and the body as a third between being an object for others and a subject for oneself. For Dimen, the third is not an answer nor a resolution but “just a moment in the process in which new possibilities are generated” (p. 11). Her discussion of desire illustrates particularly well her definition of the indeterminate third as a site of uncertainties and multiplicities. Quoting Levenson, Dimen observes that desire, with its elusiveness and unpredictability, “fills Americans, pragmatists to the core, with dread” (p. 107).

A culture that is so saturated with ideals of independence, fortitude, and self-realization has no room for desire, which invokes absence, lack, and longing. Desire cannot be split into two, no matter how you want to slice it. Instead, it is discontinuous, and enigmatic; like, “invisible ink: it won’t show up unless it gets wet” (p. 107).

Dimen is inspired to return to Freud to retrace the loss of the concept of desire and to decipher why sexuality has disappeared so radically from the psychoanalytic landscape. Once the bread and butter of psychoanalysis, sex has been safely tucked away in good and bad object relationships and lost all its disturbing potency in the field of attachment theories. Dimen embarks on a fascinating detective mission as she searches for clues in Freud’s own writings for the ambiguous stance psychoanalysis has held with regard to pleasure and sexuality. She argues that Freud elected to use the more respectable term “libido” in order to promote a scientific stance towards the controversial topic of childhood sexuality, while sequestering the more passionate and commonly used term “Lust” to his footnote. Dimen argues that the word “Lust” was possibly too ambiguous and too common a concept for Freud since it denotes “both sexual need and its gratification” and in its doubled meaning disturbed the manifest content of Freud’s primary text. Dimen writes, “I suggest that the slippage between text and footnote corresponds to a doubled movement in sex that Freud senses but, committed to science and simplicity, cannot quite articulate. In making biology the ground for libido by likening libido to hunger, Freud trims his terms, obeying science’s demand for parsimony and consistency. In rejecting the doubleness of Lust, though, he strips sexuality of something vital” (p. 163).

I think much of Dimen’s inspiration for writing Sexuality, Intimacy, Power comes from her motivation to resurrect the sexiness that went underground in psychoanalysis. Although its founder made sexuality so central to psychoanalytic theory, Freud’s desire for scientific respectability restricted sexual energy to a psychic hydraulic system in which sexual substances were supposed to be discharged much like urine and feces, in order to sustain the psychic health of the individual. With the cathartic model of sexuality, the notion of excitement and suspended excitement as a source of jouissance went unrecognized. Had Freud retained the notion of “lust” in his writing, the passionate, unpredictable nature of desire might not have fallen to the wayside of psychoanalytic literature. It is precisely this intermediate space that the word “lust” provides that suits the current postmodern psychoanalytic practice in which the focus is not so much on cleansing oneself of excessive sexual desires but rather on reinvigorating a sexual desire that has been lost or gone awry. Dimen writes, “If libido fits the classical model of cure, then Lust—the unconsummated moment before—is a signifier more suited to the clinical
stance taken today. Think about current metaphors for the space of psychoanalytic work-transitional, potential, intermediate (Winnicott, Ogden, Bromberg)” (p. 175)

Dimen brings equal fervor to her clinical practice and is courageous enough to discuss clinical themes, which are traditionally left out of the canon of psychoanalytic case presentations. In her chapter on “The Body as a Rorschach,” Dimen provides an intimate case account of one of her male patients smelling his analyst’s (Dimen’s) shit in the bathroom. Initially mortified by her patient’s olfactory discovery, she overcomes her shame and provides her patient with a space in which he can eventually express his closeness to her, as well as his momentary pleasure at being the mocking adult treating his analyst as the helpless, weak child who had left behind a foul odor. Through this case example, Dimen illustrates to her patient, as well as to the reader, her unabashed readiness to use her own body as a site for symbolic representation and communicative capacity. Rather than backing away and hiding behind a shield of anonymity, Dimen claims her messy body and in so doing, allows her patient to explore his own intolerable fantasies about his bodily functions and impairments. She intimates that psychoanalysis cannot remain alive if sex, desire, and the body just remain empty concepts of a by-gone time; they need to be brought back to life in the consulting room between the analyst and the patient. For Dimen, the body is not just “a body that thinks but a body that also sometimes stinks” (p. 132). She boldly argues that these abject and excess pleasures need to be reintegrated into the analytic dialogue as a site of intersubjectivity in which the analyst’s body can intersect with the patient’s body as carriers of unsymbolizable affects.

As expected, Dimen argues forcefully for a deconstruction of gender, not as a realm of duality into masculinity and femininity but as a space in-between. Gender is not transparent, it is not “an essence but as a set of relations.” According to Dimen, gender becomes a complex third. “Contemplating this third reveals “gender” to be less a determinate category than something resembling a force field. Much like the atom, once thought of as substance but now construed as a set of interacting forces, so gender looks to consist not of essences but of complex and shifting relations among multiple contrasts or differences” (pp. 182-183).

More unexpected is Dimen’s sensitive discussion of need and desire. She warns that her chapter on “Power, Sexuality and Intimacy” had been condemned by one of her readers who considered it outdated and worthy of the trashcan. However, other colleagues encouraged her to include this chapter and thus we are fortunate to be able to read Dimen’s early ideas about the relationship between need and desire. Dimen draws a distinction between need, an expression of helpless dependency, and desire, an expression of active will. She explains that need and particularly its unpleasant subsidiary “neediness” has bad connotations,
particularly in intimate relationships. Once one partner in a
couple—usually the woman—is identified as needy, a whole
world of disgust opens up. Hardly any other language is
filled with as much contempt as English when it pronounces
the word “needy.” Dimen creatively deconstructs this “gend-
ered divorce of want from need” by identifying “want” as
belonging to active will and masculinity, and identifying
“need” as belonging to passive dependency and feminin-
ity. Need, Dimen argues, is always disquieting because it
evokes in everyone unconscious memories of helplessness.
When satisfaction is anticipated, need is not so bad, but
when frustration is foreseen, “…the feeling of need threats
to become a state of neediness, and therefore danger-
ous…As need goes, so does desire. When social conditions
render the gratification of adult needs uncertain, besmirch
dependency, and thwart realization of wants, wanting can
come to feel like needing; depending on others for satisfac-
tion becomes unwelcome; consequently longing seems alto-
gether unpleasant. As political and unconscious forces spiral
downward together, we try to get a grip on things. We try to
want without needing. But, having pulled in our psychologi-
cal belts, we find instead that we have diminished what we
were trying to preserve—desire—and with it sex, hope and
intimacy. When yearnings for the Other arise nonetheless,
they seem too complicated to acknowledge. As soon as such
ambiguity emerges, John Wayne gets on his horse and rides
off into the sunset” (p. 213).

In the aftermath of the 2004 presidential election, I
think that Dimen’s words, originally written in 1982, reso-
nate and hold out the possibility of explaining, in part, the
current massive turn to religion in this country. In the face
of economic uncertainty and national insecurity, more than
half of the American voters seem to have chosen an Other
who disavows ambiguity, derides careful reflection as flip-
flopping, and invokes himself as the steady commander
of an otherwise troubled world. Instead of riding off into
the sunset as John Wayne did, this new icon in the form
of G.W. Bush offers only one other bigger Other besides
himself into whom Americans are encouraged to place
their own anxieties and needs without risking to lose face.
Dimen’s careful analysis of desire as something Ameri-
cans abhor because it spells unpredictability, as well as her
sensitive discussion of the negative experience of feeling
needy, might help explain the degree to which this newly
elected government has turned against others at any sign of
weakness and instability. The show of military might—at
least at the beginning of the Iraq war—and of fanatical faith
in God has given the larger segment of the American popu-
lation a massive defensive shield behind which they can
deny their needs and conceal their desires.

Dimen has written a courageous and politically
timely book in which she consistently looks through a
postmodern lens at power, sexuality, and various themes
of intimacy, keeping ambiguity and paradox in play. My
only reservation is that I think that there are many moments
in the political, social, individual, and clinical sphere in
which “the standing in spaces” or the “holding of tension”
becomes counterproductive and does not lead to new solu-
tions. In Sexuality, Intimacy and Power, Dimen seeks to
replace certainty and authority with contingency. I believe
that there is a place for certainty as long as it is not con-
fused with arrogance and denial, and that there is a need
for authority, as long as the authority is not abused and cor-
rupted. Authority and certainty do not need to be replaced
by contingency and multiplicity but instead can be thought
of existing in a dialectical relationship with one another. In
the end, I can only state with some authority and no ambi-
guity that Dimen’s book is a powerful contribution to a
critical discussion that we urgently need to continue devel-
op ing at this time.

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in Gender and Sexuality, Contemporary Psychoanalysis and a con-
tributing editor to Psychoanalytic Dialogues.
Affect Regulation, Mentalization, and the Development of the Self, by Peter Fonagy, György Gergely, Elliot L. Jurist, and Mary Target. New York: Other Press, 2004; 577 pages, $65.00. John S. Auerbach, PhD

Rarely, but every so often, a book comes along in psychoanalysis that is widely hailed, from the moment of its publication, as transforming the field. Affect Regulation, Mentalization, and the Development of the Self, by Peter Fonagy, György Gergely, Elliot L. Jurist, and Mary Target, is such a volume, and justly so. All of a sudden at psychoanalytic conferences, everyone is talking about mentalization and reflective functioning, and for this we can thank Fonagy and his colleagues. To be sure, these were already widespread notions in the psychoanalytic literature, thanks again to the prodigious scholarly and research output of Fonagy et al., but now suddenly these concepts are everywhere, and it is almost certain that the publication of their perhaps overlong but nevertheless clinically, theoretically, and empirically rich volume is the main reason that so many of us are talking about these ideas.

In Affect Regulation, Fonagy et al. set for themselves the ambitious task of linking attachment theory, Bowlby’s Darwinian reformulation of psychoanalysis, to complex ideas about intersubjectivity and theory of mind that derive ultimately from Hegelian philosophy. Although a book as long and complex as this one defies easy summary, a brief account of Fonagy et al.’s central arguments is as follows: The authors posit that mentalization, which they define as “the capacity to envision mental states in self and others” (p. 23) and operationalize as reflective functioning, arises as a higher-order transformation of the attachment system in humans and in turn helps to organize human attachments.

Mentalization therefore emerges in the context of the infant–caregiver relationship through early affect mirroring and is essential to the development of intersubjectivity. That is, infants become independent subjects only if they are recognized as such—as beings with minds, wills, and feelings of their own—by their caregivers. Thus, a sensitive caregiver relates to her baby as a subject long before an infant has any conception of other minds and other subjectivities, let alone his or her own. To paraphrase Fonagy et al., an infant develops a mind because the caregivers have the baby’s mind in mind.

Fonagy et al. propose a social biofeedback model of affect mirroring as the mechanism through which infant affect regulation develops and attachment security (or lack thereof) is consolidated. On this theory, sensitive caregivers respond to their babies’ affective displays with contingent marked affective displays of their own, and this contin-

gent marked mirroring of the infant’s emotions is what enables the baby to modulate his or her own affect states. Psychoanalytic developmental research (e.g., Jaffe, Beebe, Feldstein, Crown, & Jasnow, 2002; Stern, 1985) has long held that moderate degrees of caregiver-infant contingency or coordination in affect states are optimal for the infant’s eventual development of adequate affect regulation and attachment security and that a caregiver-infant system with too much or too little contingency—too little or too much mirroring—results in developmental psychopathology.

Fonagy et al.’s unique contribution here is the concept of markedness, the exaggerated facial, vocal, and gestural displays that caregivers make when responding to babies. By marking their affective displays, sensitive caregivers differentiate as-if (or pretend) communications from realistic ones. They also help babies to find their own emotional states in the parent’s face, much as Winnicott (1971/1982) describes, and the baby therefore experiences the parent’s displayed affect as his or her own, rather than as the caregiver’s. Fonagy et al. argue that this process is especially important in the modulation of negative emotions and in the infant’s formation of a constitutional self. If, however, the caregiver fails to mark his or her emotional displays, the infant will see the parental response as reflecting the parent’s actual emotional state and can be traumatized by the uncontained affect if the caregiver’s response is negative. Or, if the caregiver’s response is marked but incongruent with the baby’s affect, the baby will identify with the incorrectly mirrored affect that he or she sees in the parent’s face and will begin to develop a false or, in Fonagy et al.’s terms, an alien self.

Fonagy et al. note that, because every childhood has some parental failures, everyone has aspects of the self that are alien or false, but when parental failures in contingent marked mirroring are pervasive and traumatic, the alien self forms as a structure that is experienced as persecutory and is defended against through mechanisms like dissociation and projective identification. Thus, the authors further argue that the formation of an alien self in the preverbal period disrupts the child’s eventual ability to take a mentalizing stance in understanding the actions both of self and others. Fonagy et al. posit the existence of an interpersonal interpretative mechanism that grows out of the attachment system and that enables people to understand both themselves and others as intentional beings in the philosophical sense of that term—as beings with
beliefs and desires, with the capacity for meaning. They further argue that young children, between ages 2 and 5, understand interpersonal meanings through two distinct representational systems: *pretend*, in which children decouple fantasies from realistic perceptions so that they can play with them, and *psychic equivalence*, in which fantasy and realistic perception are equated. Pretend functioning clearly descends from states in which caregivers respond to children with marked affect, and psychic equivalence descends states in which caregivers respond without markedness. In normal development, these two modes of functioning become integrated, around age 5, into a single system that enables a child to understand the difference between appearance and reality—to understand, therefore, that reality, or rather our understandings of it, is representational and intentional. Alternatively, children understand the separateness of their bodies sometime in the second year of life but do not understand the separateness of their minds until sometime in the fifth year (Mayes & Cohen, 1996), and it is only then that they can begin to integrate transitional fantasy with realistic cognition (Auerbach & Blatt, 2001, 2002).

Consistent with these propositions is empirical research cited by Fonagy et al. that securely attached children understand the appearance-reality distinction, belief-desire reasoning, and the nature of false beliefs earlier than children who are insecurely attached or have developed an alien self show disruptions of mentalization. They continue to function in psychic equivalence mode and therefore show a deficit in the ability, as Fonagy et al. put it, to play with reality. Such children often develop into adults with highly limited capacity to understand mental states and who are frequently diagnosed as borderline. They are often highly concrete in their understandings of human relationships, and their concreteness adds a certain desperateness to their attempts, via splitting, dissociation, and projective identification, to rid themselves of alien aspects of the self, for to such persons, alien aspects of the self feel real and cannot be regarded as fantasies to be played with.

In these last several pages, I have scarcely done justice to the complexity and subtlety of Fonagy et al.’s volume, and in my efforts to identify a single main line of argument in this book, I have unfortunately left out much of...
its richness. For example, I have not yet mentioned two of this book’s great strengths—that it takes an unapologetically Darwinian approach to its central concepts, affect regulation, mentalization, and the self and that, although of course arguing for the central role of parent-infant relationships in personality development, it takes seriously recent developments in behavioral genetics that indicate how much of personality is apparently inherited, prior to the influence of attachment. That is, Fonagy et al. are doing the hard work of reuniting psychoanalysis with the biological sciences. This is certainly a project with which Freud would have felt much sympathy, although he of course would have had a very different understanding of the link between psychoanalysis and biology than do Fonagy et al. Nevertheless, the attempt by Fonagy et al. to reconnect psychoanalysis to biology is crucial in an age which so many in the sciences think of psychoanalysis as unscientific and irrelevant and in which so many in psychoanalysis remain in denial regarding this problem.

Another strength of this volume is the radicalism of its intersubjectivist logic. Although I will note that Freud’s views on the nature of primary narcissism are far more complex and contradictory than is usually thought (see Auerbach, 1993, for a discussion of this issue), Fonagy et al. are to be commended for their explicit and thoroughgoing rejection of the view that the self arises from an original libidinal cathexis. In particular, they note, “For Freud in infancy and childhood others in the external world are extensions of the self. For us . . . it seems more accurate to see the self as originally an extension of experience of the other” (p. 266). The authors’ position here is entirely consistent with their rejection of a Cartesian view, in which the self is known through direct introspection, in favor of a Hegelian one, in which the self is constituted and known through relationships with others. In essence, Fonagy et al. ’s views are part of the relational revolution that has swept psychoanalysis in the last few decades, although this is perhaps not surprising, given the authors’ roots in Bowlby and attachment on the one hand and Hegel and intersubjectivity on the other.

Having said so many complimentary things about this book, I will note here that it is difficult for me to take a proper critical perspective in reviewing this work because, in my own writings (Auerbach, 1990, 1993, 1998) and together with Sidney Blatt (Auerbach & Blatt, 1996, 1997, 2001, 2002), have proposed ideas quite similar to those of Fonagy et al., indeed so much so that, in an online dialogue on Psy Broadcasting Corporation (PsyBC) in May 2004, it was difficult for us to come up with points of disagreement. Nevertheless, I do have some theoretical disputes with, or at least questions for, the authors, and I have some clinical concerns as well, and I will state them briefly in this review in an attempt to stimulate dialogue on some of the impor-
tant issues that Fonagy et al. raise.

For me, a main problem in this book is its heavy reliance on the concepts of internalization and externalization, concepts that I suspect virtually everyone in psychoanalysis, regardless of theoretical orientation, accepts. What follows here will be controversial, therefore. In their otherwise evocative clinical examples, the authors write frequently of how aspects of the self, especially the alien self, are externalized and internalized. In my view, internalization and externalization are concepts that are intelligible only within the context of the Cartesian split between subject and object, and as such, they are not actually compatible with arguments otherwise propounded by Fonagy et al. Similar considerations also to apply to Fonagy et al. ’s equation of fantasy and pretense with that which is “inner” and of perception and reality to that which is “outer.” Unfortunately, in the space available, I can only assert, not argue, this point. Nevertheless, I think that many passages in Affect Regulation might be clearer if, instead of internalize, the authors used terms like “appropriate,” “reappropriate,” “make one’s own,” or “make part of oneself” and if, instead of externalize, the authors used “attribute to others,” “assign to others,” or “disavow from oneself.” I also think that we can discuss the distinction between fantasy and perception without ever assuming that the former is internal to the mind and that the latter is external to it. The point here is that, even if readers (or Fonagy et al.) do not agree with my argument that internalization and externalization, inner and outer, are Cartesian residues, it is still the case that the authors’ clinical formulations would be clearer and more experiential if they recast their language, and they might be able to develop some new ways of thinking about the phenomenon of projective identification, a concept that is badly in need of rethinking because of its Cartesian heritage.

These considerations apply also to the authors’ use of the term alien self, which they repeatedly describe as being externalized and internalized, projected and introjected and to which they also attribute essentially agentive powers that are properly ascribed instead to a person or to the subject, rather than to a part of the personality. Here the problem is that the term self in contemporary psychoanalytic discourse, not just in the work of Fonagy et al., is used as a kind of homunculus or a subject behind the subject, much in the way that the term ego used to be, back in the heyday of ego psychology, but I think that the only activity that we can properly attribute to the self, or any representative construct for that matter, is that of organizing or guiding mental activity, not of initiating or causing it. Unfortunately, in our language, and in that of Fonagy et al., it is easy to slide from one meaning, the self’s organizing our understandings of the relational world, to the other, the self’s (rather than the person’s) acting in it. Consequently,
ultimately, the wisdom of framing interpretations in terms indicating how they addressed such threats to the treatment. As another way of viewing this linguistic problem, consider what would happen if Fonagy et al. substituted the term alien identity for alien self. Although these two concepts are roughly synonymous, we would have a hard time speaking of externalizing an alien identity or of an alien identity’s doing anything to cause or motivate behavior, rather than simply organizing it. To be fair, I would add in this context that the critique I making here of the terms internalization and externalization applies not only to Fonagy et al.’s work but to almost all psychoanalytic theories, but because the terms are so extensively used in this volume, this review is as good a place as any to call them into account.

Additionally, as I have stated, I have some questions about Fonagy et al.’s clinical approach. Although the terms of their developmental theory are clearly intersubjective, their technical stance appears to be largely Kleinian, with many interpretations of projective identification and of patients’ concerns with being crazy or mad. Much of the time in reading the authors’ clinical examples, I wondered what would happen if, for example, the clinician in question took a more, for lack of a better term, Kohutian stance, in which the interpretations focused on feelings of shame or of being damaged. More important, however, is that the interpretations provided seem almost always to focus on what the patient thinks is happening in his or her own mind and almost never on what the patient thinks might be happening in the mind of the analyst—on what the patient assumes (or fears or wishes) the analyst is thinking about him or her—and yet this is an area of experience that most intersubjective theorists (e.g., Aron, 1996; Bromberg, 1998; Mitchell, 2000; Orange, Atwood, & Stolorow, 1999) find essential to the psychoanalytic dialogue. In short, if the self is formed by appearing in the mind of the other, initially of the parent, it should follow that it is modified in accordance with the patient’s understanding of how it appears in the mind of the therapist.

On the other hand, another interesting clinical question concerns the authors’ treatment of borderline patients without the extensive limit-setting that the two most well-known and best-researched treatment approaches to borderline psychopathology—Linehan’s (1993) dialectical behavior therapy and Clarkin, Yeomans, and Kernberg’s (1999) transference-focused psychotherapy—hold is essential to the process. The authors describe extensive acting out on the part of their borderline patients without indicating how they addressed such threats to the treatment. Ultimately, the wisdom of framing interpretations in terms of damage or shame instead of madness or of using extensive limit-setting, rather than a less structured approach, in treating borderline patients is an empirical question, and because Fonagy et al. have been champions of empirical research in psychoanalysis, I am uncomfortable in criticizing them here. Nevertheless, their technical approach to treatment requires the same empirical scrutiny that they have given their theories of psychological development.

In any case, having made these criticisms, I can now close this review with words of high praise for the authors of this exemplary volume. Their work is truly a model for how to integrate theoretical and clinical sophistication in psychoanalysis with empirical research, and through their research, these writers have helped to reformulate psychoanalytic theory in ways that will be essential if psychoanalysis is to remain vital to the psychology and psychiatry of the 21st century. In short, I can conclude this review as I began it: Affect Regulation, Mentalization, and the Self is already a celebrated volume within psychoanalysis and justly so. It needs to be read by everyone who is interested in seeing the rebirth of psychoanalysis as a scientific discipline.

References

**Eaton:** First, I want to start by congratulating you on the publication of *The Sensitive Self*. I feel it is an important contribution. To those just coming to your work I think it will be exciting and eye opening. To those of us who follow your work I think the theme of the sensitive self makes explicit something that has been at the heart of your work from the beginning. As an introduction, let me remember that a long time ago, inspired by Bion, you wrote about the need to grow a mind capable of meeting the experiences that having a mind produces. The heart of what you explore in this new book, especially through your case descriptions, involves the role of sensitivity, the forms it takes, the impact of relationships, in growing a mind. Can we start here, then? How would you like to introduce the ideas of “the sensitive self”?

**Eigen:** Well, I guess it could come out in different ways. When I write, I write as best I can from my own heart, and from my patient’s heart, and, one thing I know about my own life is how sensitive we are. And it reverberates with many people that we are highly sensitive beings, highly sensitive souls, not just to slight or injury but to the amazing impact of the environment in all sorts of ways, to color, to sound, to affective nuances, interweavings between each other, emotional transmissions, even to the weather. So, sensitivity is central, a central fact of our existence, it gives us access to ourselves. It gives life so much form and color, so much radiance, so much horror, and everything in between. In reading Freud I was always struck by his access to his sensitive self. He had an extraordinary sensitivity to sensitivity. In *Studies in Hysteria* he writes about how phrases like stab to the heart or blow to the face aren’t just figurative, there is something very real to so called poetic language. A language of injury, a language of wounds, a language of imagery, these are in some way very real.

**Eaton:** One thing that occurs to me now as I listen to you talk about sensitivity, I think of some of the work being done by infant researchers at the interface between psychoanalysis and infant studies, the work of Stern, Beebe and Lachmann, for example. I wonder what you think of that sort of work?

**Eigen:** I think the more the better. There are so many ways of accessing and responding to and exploring and trying to learn about our sensitive beings and infant research has come up with some beautiful stuff. I’m not so keen on some of the verbal formulations. I have a pretty critical mind and I can find flaws with just about every verbal formulation (can’t you?), but I love totally movies of moment-to-moment baby mother structures of affect transmission. They’re so consciousness raising. I noticed in the *NY Times* today a little article about the failure of “get tough youth programs.” According to this article, the get-tough approach just hasn’t worked. What does work, it turns out, is intervention in the family by workers who work with the familial patterns of relationship. Sending workers into the home or having longish retreats, having contact with a family over a period of time, working on how one person relates to another does seem to have an impact. I certainly see the link between that kind of work and work with adolescents and the kind of work developmental researchers are doing with attachment and the delicacy and importance of affect transmission going on person to person moment-to-moment over time. That sort of approach is crucial.

**Eaton:** Let me ask you about how much over the course of your writing but also in *The Sensitive Self*, you’ve been developing the role of ideal experiences and even hallucination by asking a question about the fate of ideal experiences and even their hidden ubiquity.

**Eigen:** Well, let me see what comes now. First, there is a double edge. For myself, the importance of positive experiencing, of beatific experiencing, of ideal experiencing, however one wants to conceptualize it has been absolutely important. To have a positive core, to be able to access that core, a radiant core, that radiates in so many walks of life does uplift a life and inspires a life and grows into a faith that makes a difference, at least in some people. But ideal experiencing also can be lethal. It’s double edged. Again going back to Freud, his fantasy of a baby’s fantasy, or hallucination, that a baby hallucinates an ideal feed or a satisfying feed or a happy feed when in fact it is in distress, that one can, so to speak, bliss out, or try to bliss out, or try to hallucinate out unhappy or distressful or displeasurable states is very important. You get perhaps a parallel to this when Bush says that everything is going well, everything is good in this country, everything is okay over in Iraq. It’s a semblance of hallucinating, an appeal to hallucination in order to block out what is a terribly disturbing situation. So, this is one of the dangers of using an appeal to a positive state and its powerful hallucinatory potential. It’s sort of like the way Freud describes psychosis as a way of creating an alternate world in response to pain and loss in order to cover over pain and loss. We see it happening politically on a grand scale with great destruction potentially.
Eaton: This really links sensitivity to the theme of truth and lies, recalling Bion.

Eigen: You are asking?

Eaton: Yes, that’s actually a question.

Eigen: I’d like to say more about the trauma that psychotic states are part of. At the core of psychotic states is trauma and particularly what I see happening now is a kind of rape of ethical sensitivity in the world today. The core of trauma is disaster. A disaster has befallen the personality. Whether it is a chemical disaster, an inherited disaster, a physiological disaster, an environmental disaster, something awful has happened to one’s self, to one’s personality, to growth and development. Something is off, something catastrophic has happened, and one doesn’t know what to do with it, one is stuck with it, and it feels hopeless.

A danger on the social level is the tendency to respond to catastrophic processes with a messianic leader, a messianic ideology, a messianic program. One result is that you can get leaders who know how to psychopathically manipulate psychotic anxieties. I think something like that is happening in the world today on a grand scale. A difficulty is that messianic solutions tend to exacerbate catastrophic processes. Our current leadership knows how to mold messianic currents as a vehicle of power and, as a result is good at stirring disaster.

This is not an age of psychosis. It is a mad age to be sure. But, it’s really an age of psychopathy. Powerful subgroups have learned how to manipulate psychotic anxieties for their own ends, a mixture of ideological, economic, political and military manipulation, using tools of mass media, entertainment, and religion. Masters at stimulating and organizing disaster anxiety. Of course, disaster anxiety of one or another sort is already there. Life has lots of worries. But leaders rev up this anxiety and present themselves as saviors: “Rely on me and I’ll save you from lots of worries. But leaders rev up this anxiety and present themselves as saviors: “Rely on me and I’ll save you from lots of worries.”

This kind of promise has such deep roots. It is part of the psychology of trauma. Think of kids under sway of damaged bonds and toxic nourishment, a child strongly attached to the damaging parent. One becomes dependent on the damaging other for nourishment, existence, survival, salvation.

You have something like this writ large in the country at the present time, a fantastic dramatization of an aspect of what happens in trauma. A deformation or rape of sensitivity, a taking advantage of how sensitive we are, giving it a form and structure so that psychotic anxieties can be manipulated to escape what we must face.

Eaton: I think what you are saying is very intimidating and important to try and think about. And my association is something like that it is not as if there is an absence of alpha function in the culture, but that the psychopathic state of mind captures attention and organizes it and then one can’t orient oneself to other more life giving possibilities.

Eigen: It can be formulated in as many different kinds of ways as one has imagination for. I’ll piggy back on what you said for the moment, understanding that it might be said differently in another moment. You say it is not as if alpha function is absent in the culture and that’s true. I want to comment on two or three things. First, the negative leader. The current negative leadership is more a group than a single person, it’s really a system, a poisonous system in the psychic veins of the country, a very strong system, extremely powerful. It’s not that they don’t have alpha function, they do. Psychopaths have keen intelligence, they have keen abilities to figure out how to get their way, how to manipulate other people’s alpha function, how to put other peoples alpha function out of play, paralyze it like a spider poisoning its prey. They know how to make people feel helpless. One of the things people talk about is “why aren’t we being heard? Why don’t we seem to have an impact?” Why isn’t there more of an effect by those outraged by what is happening? This too is part of the psychology of very early trauma: we feel helpless toward the damaging other, we feel we can’t have an impact. The traumatized infant’s sense that it can’t make a difference, can’t change the traumatizing situation for the better creates a sense of underlying helplessness that others can tune into and manipulate later in life. I can’t change the damaging other. My true self can’t make an impact. No one hears or feels it: a helplessness that gets write large on the social stage.

Another side of negative leadership is use of a kind of negative alpha function to create images and visions of economic streams of power that look, sound, and taste like alpha function but have another aim. The main aim of alpha function for Bion was to process emotional experience. The exploitative, cooptive use of alpha function is exactly the opposite. It does not process emotional experience but uses it as a tool of power. An example would be use of a “moralistic” superego that is not bound to ethics but uses morality to achieve dominance aims. Seeing people as tools of self-interest rather than as ends in themselves makes it easier to send them to war or endure social abuse. A victory of insensitivity over sensitivity. In a few days, we have a national election in which we have a chance to choose, relatively speaking, between a man of peace and a man of war, a man more sensitive to the needs of others, and a man more sensitive to the needs of power. Which will we choose?
Eaton: The theme of murder, not to stay on a dark track, appears more and more in your recent books, including in this new one.

Eigen: That’s in the air, that’s in me, it’s been a theme in me ever since I was a little boy. I grew up in the Second World War. We played with guns, we played being dead, we shot each other. There were violent movies, horror movies, war movies. There wasn’t as much rampant crime. There is rampant crime now, I don’t care what the statistics say. I got mugged, a violent mugging, about a month ago on my way home from the subway. This is real. As I get older real questions, impossible questions, questions Kant and Plato ask, that Freud and Derrida ask press me. Questions about human goodness. You can sum it up by the Biblical injunction not to murder, an injunction by a murderous God. Is it possible for human beings not to murder each other? A world without murder? What makes murder inevitable, possible? What makes it necessary that we kill?

We are a pretty vicious species and we do kill each other. One of the important potential cultural contributions of psychoanalysis is that it brings things like murder to the table in ways that haven’t quite been accessed before. What do we do with out destructiveness? Are there approaches to human destructiveness we’ve overlooked or not gotten to, that need to evolve, that we may be in the process of midwifing? There is an ethical call, to treat ourselves and each other as ends in themselves. You, me, the Iraqis, the terrorists, even our negative leaders, everybody. We are all precious, God’s children who kill each other. I guess in our work we are part of a larger process, a subgroup that is trying to look at destructiveness and help evolve approaches that could make a difference. So far, we haven’t come up with what to do with our virulence. Maybe Freud and psychoanalysis is trying to help develop ways, indirect ways, like free association and free-floating attention, of approaching destructiveness with the aim of how to make us bad in better ways.

Eaton: That reminds me of a quote of yours that I like very much that says, “maybe therapy is in part the business of learning more and more about spontaneously recovering from ourselves.”

Eigen: I feel that. Bion’s, Winnicott’s, H. Elkin’s writings and others too many to mention, help me toward that. Winnicott talks about how a patient may pass through a sequence of trauma, breakdown and spontaneous recovery in sessions. And do this over and over again, until the sequence takes hold. That is, until one experiences the spontaneous recovery process and resilience becomes part of one’s life. We gradually learn, with hard work and practice, to abort ourselves less in the recovery process.

Eaton: The final thing is more of a statement than a question. I think in tracking the themes of a “basic rhythm of recovery,” “an area of faith,” “coming through” these things really create a much, much larger existential dimension to your work that I think must be what many of us must respond to. I want to read a little thing on page 8 that could be a sort of credo: “The impact of reality is far greater than our ability to process it. We can’t take too much reality. If we are lucky, persistent, patient, hungry enough for the real, our equipment grows into the job, building more capacity to work with what is. Nevertheless, we are always behind the impact of the moment, at best able to process crumbs broken off from the whole. But those crumbs can be rich indeed.” I want to thank you for the deep encouragement and fortitude your work inspires and ask you how you would like to end this interview?

Eigen: Well, that quote is good enough for me. I’m not after big things. I have a little life. I have my little way of doing things. I think every little bit that any of us can do, every little bit counts. Maybe at some point a critical mass will be reached in which these little bits that we contribute will somehow make a bigger difference in the cultural body as a whole, and somehow for the good.

CONSTRUCTING THE ONE FROM THE TWO
The straightforward title of this book is tellingly apt. The second half of the twentieth century was a period of intellectual ferment in psychoanalysis on many fronts and the extraordinary career of Merton Gill intersected many of the most fundamental problems in the discipline. This collection of papers in his honor may serve as overview, homage, and launching point for new areas of debate and inquiry. As such, it will be useful to students, scholars, and practitioners, serving to chronicle Gill’s influence, to place his work in the context of the development of contemporary psychoanalytic debate, and to highlight the new investigations implied in his work.

Contemporary readers will be most familiar with Gill’s more recent contributions on the analysis of transference. The editors’ introductory chapter in this volume helps place that work in the larger context of his efforts to investigate psychoanalysis at both the level of metapsychology and the level of clinical data. In the following section, the development of his ideas is illuminated by several personal reminiscences and by illustrating the significance of his ideas for many debates that remain lively in contemporary psychoanalytic thinking.

Merton Gill was born in Chicago in 1914 and he died there in 1994. He studied and worked at many prominent centers of critical thinking, including the University of Chicago, the Menninger Clinic, Austen Riggs Center, Yale, Berkeley, Downstate Medical Center (SUNY), and the Chicago Institute for Psychoanalysis. His path led him to his primary mentor, David Rappaport, as well as to many colleagues whose contributions defined psychoanalytic thinking of his era, including: Margaret Brenman, George Klein, Robert Holt, Robert Knight, Timothy Leary, Karl Pribram, Leo Goldberger, Philip Holzman, Robert Wallerstein, and Roy Schafer. The present book includes several accounts of Gill as scholar, friend, and challenging thinker from Rappaport, as well as to many colleagues whose contributions defined psychoanalytic thinking of his era, including: Margaret Brenman, George Klein, Robert Holt, Robert Knight, Timothy Leary, Karl Pribram, Leo Goldberger, Philip Holzman, Robert Wallerstein, and Roy Schafer. The present book includes several accounts of Gill as scholar, friend, and challenging thinker from Wallerstein, Holt, Holzman, Lawrence Friedman, and Henry Smith. From these personal reminiscences, Gill emerges as an incisive thinker who welcomed—and gave—complex challenges in the service of improving big ideas. Contributors speak as a chorus recalling Gill as tenacious, provocative, mentally tough, razor sharp, and unfailingly pursuing the deep truths. From his earliest professional work, he both dazzled and intimidated others with cogent critiques delivered with keen, eloquent wit. New acquaintances may have found him difficult to approach, but his close colleagues speak tenderly of warmth and sentimentality, which was reluctantly expressed yet deeply felt. They also recall his sometimes heroic struggles with episodes of profound despair and depression; even at these times he is recalled as a keen thinker who never lost sight of his intellectual goals.

These goals were many, but they are connected by a pragmatic desire to understand and improve treatment. Skeptical of abstractions, he was in the vanguard of thinkers who seek to push back reified and ill-defined constructs in order to focus our attention on what happens in the interactions between patient and analyst. Papers by Friedman, Smith, and Hoffman describe the various paths Gill followed in this effort. He viewed psychic structure as a continuum of impulse/defense, and argued that much of the metapsychology was a mistaken effort to cloak treatment in pseudo-biology. He became steadily more single-minded in advocating for the importance and centrality of transference as the key to treatment, moving away from the notion of blank-screen neutrality as he moved from metapsychology to immediate clinical data. The culmination of this development was his final efforts (with Irwin Hoffman) to examine the ways in which the transference is a joint creation of the patient and analyst.

A chapter by Hoffman provides a thorough review of the developments of Gill’s thinking. He highlights three aspects of Gill’s work: the renunciation or disregard of many aspects of metapsychology, his concern with technique, and his attitudes toward research. The remaining contributors return repeatedly to these themes as they outline their own agreements and departures from Gill’s thinking. It is a particular strength of this collection that so many contributors honor his memory by continuing the debates and discussions that flourished in any discussion with Gill.

While much of his early work (often with Margaret Brenman) explored hypnosis in therapy, Gill began, as early as 1954, to consider problems with metapsychology that were becoming the focus of debate within psychoanalysis. He rejected much of the natural science trappings of Freud’s metapsychology; he came to believe that concepts such as force, energy, and even biological determinism were not congruent with the domain of psychoanalytic inquiry. As several contributors note, this led Gill to champion psychoanalysis as an interpretive or hermeneutic science more concerned with meanings than with
linkages to the methods, theories, or findings of natural science. The hermeneutic position presented philosophical problems that Gill never fully resolved. For example, Holt quotes an interesting letter to Adolph Grunbaum in which Gill appears to repudiate true hermeneutics as anti-scientific, although Gill continued to invoke the concept later in his career (with perhaps a more circumscribed meaning). Contributions by Holt and Morris Eagle observe that Gill did not resolve the difficult philosophical problems raised by the notion that psychoanalysis is a form of social constructivism (and, because it deals with personal meanings, necessarily hermeneutic). Holt notes that Gill tried to avoid wholesale rejection of positivism by espousing a weak version of constructivism, rather than a more radical one, but in Holt’s view, the problem remains. Echoing this, Eagle suggests that Gill threw the baby out with the bathwater when he rejected the natural science constructs of metapsychology and sought to supplant the epistemology as well.

Concluding this section, Lawrence Friedman reminds us that rejection of the metapsychology paved the way for a fuller recognition of the subjectivity of the analyst, but he laments that no place is left for objectivity. While the mutual subjectivity of patient and analyst provide opportunity for essential interpretation and exploration, this is ultimately in the service of promoting autonomy and self-understanding that (one hopes) leads to a less defensive, more objective self-understanding.

Several contributors note Gill’s engagement of the tension between one-person vs. two-person psychology in psychoanalysis. Gill felt that everything that happens must be understood as being shaped by conscious and unconscious dynamics in both the therapist and the patient as they try to understand each other. Theodore Jacobs agrees with Gill that psychoanalysis can never be entirely based on a one-person understanding. The therapist cannot be entirely objective; the treatment is influenced by enactments that are a product of the conscious and unconscious perceptions of both therapist and patient. Where Gill sees these enactments pervading the therapy, Jacobs argues that such enactments arise only when the patient’s dynamics activate an unrecognized conflict in the analyst. This position seems to reflect the classical view of countertransference; Gill was concerned that this position places constraints on the analyst’s ability to fully understand the therapeutic interaction.

Silverman clarifies this: Gill believed in unconscious fantasy and in the importance of drives in understanding psychological development—certainly a one-person psychology. She reminds us that, while Gill was a tenacious advocate for a two-person understanding of what happens in therapy, he never completely abandoned the one-person psychology, and never successfully integrated these perspectives.

Gill’s focus on the interactions between patient and therapist—his appreciation for the interpersonal—leads us to consider the question of the distinctions between psychoanalysis and other interpersonally focused treatments. Three contributors address implications of Gill’s shift, later in his career, away from a bright distinction between psychoanalysis and psychotherapy. Robert Wallerstein recounts several exchanges he had with Gill attempting to clarify their respective positions on this distinction. Wallerstein accepts that psychoanalysis is interactional. While he therefore agrees that aspects of the two modalities are overlapping, he differs with Gill in that he believes that there are still sufficient technical bases for distinguishing psychoanalysis (relying principally on interpretation and analysis) from psychodynamic therapy augmented by supportive or expressive techniques. Paolo Migone suggests that much of the controversy arises from whether extrinsic or intrinsic criteria are used to distinguish psychoanalysis from psychotherapy. He reminds the reader that Freud considered that psychoanalysis had three, inseparable aspects: research method, clinical technique, and theory of the mind. Migone suggests that during early development of the institutes these functions became separated, resulting in the doctrinaire definition of psychoanalysis by external manifestations (number of sessions, use of the couch, formal distancing of analyst, etc) rather than by the patient’s experience. John Gedo argues against the notion that one technique will be suitable for clients at all levels of ego development. He

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suggests that the emphasis on transference is not inevitably particularly useful and may even be detrimental with some patients dominated by pre-oedipal pathology.

As Kernberg notes, Gill’s contributions on transference in *The Analysis of Transference* (with Hoffman), represent a significant attempt to integrate the transference models of ego psychology, the British and American object relations approaches, mainstream French psychoanalysis, and the interpersonal self-psychology approach. While he commends both Gill’s ideas and his research methods, Kernberg argues that there are several gaps in his understanding of transference and countertransference. Echoing comments in Gedo’s contribution, he regrets that Gill did not give more consideration to how the patient’s observing ego (or lack thereof) will enable the patient to experience the positive elements of transference, allowing treatment to go forward. Further, and in a more fundamental departure with Gill, Kernberg argues that the analytic situation works because the analyst is able to divide between an experiencing part that enters into transference/countertransference enactments and a split off observing part that contains the analyst’s technical skills, expert knowledge, and interest in the patient. For Kernberg, the analyst’s ability to be immersed in the dyadic experience while simultaneously being an objective observer is the essential condition of effective treatment. He implies that this is the essential position of any caregiver who must engage participatively while maintaining objectivity to disentangle distorted material. Gill might disagree, both that the client’s experience is a distortion and that the therapist is necessarily more objective.

Wolitzky’s review provides a careful and very scholarly summary of Gill’s arguments that transference is not distortion, but must rather be understood as the patient’s experience of the analyst, grounded at least in part in the reality of the interaction. This perspective moves the analyst away from the authoritarian, sometimes manipulative, positivist stance that appears to have been normative in the 1950s and toward a more constructivist view of the patient and the treatment. Some, including Mitchell and Hoffman, are ardent champions of the constructivist position, but Wolitzky notes that Gill began to move away from a purely constructivist position in the face of aforementioned epistemological problems with this hermeneutic approach. The result was a pragmatic, but somewhat fuzzy compromise. The constructivist view is essential to understanding what happens in the dyad but the underlying hermeneutic epistemology may be untenable because it elevates a coherence notion of truth. This takes the field away from the correspondence theory of truth that informs natural science. His compromise was to view the dyad through constructivist spectacles, but operate as if correspondence-based knowledge is achievable.

Cooper’s paper neatly integrates Gill’s work on transference interpretation with a contemporary controversy on the role of different sorts of regression in analysis. Gill’s emphasis on here and now awareness of the analyst as a stimulus and his advocacy of early interpretation of transference both challenge us to re-examine many phenomena that are observed in treatment. For example, how does early interpretation relate and illuminate questions about the role of regression in analysis? As analysts are concerned about the in vivo interaction, the opportunity to regress may be preempted. Cooper answers those who would criticize “too early” interpretation by noting, as Gill did, that regression is a double-edged sword. While regression may be essential to understanding, it also carries a potential for iatrogenic transference problems that are detrimental to treatment. This issue is certainly ripe for further investigation.

Over his career, Gill advanced both the constructivist notion of the mind and the two-person understanding of transference. Some have observed that the philosophical underpinnings of his ideas were not always fully worked out, but there is no disagreement that he was doggedly pursuing a richer understanding of what happens in treatment. In the process, he defined debate and elaborated technique in ways that will continue to stimulate controversy and new ideas. His legacy may not yet be fully realized; the present volume serves very well to keep his thinking alive.
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Among the many challenges to psychodynamic psychotherapy, none has seemed as potentially ominous as the current drive toward empirically validated treatments (EVTs). Mace, Moorey, and Roberts are British psychiatrists who have assembled diverse authors to illuminate and critique the state of thinking about EVT. The impetus for this compact volume was a conference on evidence in therapy. The discussion was held in the context of the National Health Service's reforms intended to maximize quality assurance. As the editors note, "Evidence based practice is no longer a movement that any clinician can ignore."

American readers, confronted at many sides by proponents of EVT, may find the title of this small volume is somewhat misleading, but for some it will be a welcome and useful contribution. Much of mainstream academic psychology is engaged in single-minded advocacy of EVT. A good deal of that writing endeavors, by supplying extensive reviews of the research literature, to settle, once and for all, just which particular treatments are approved. The results of these reviews are often promulgated quite definitively, as though the hard thinking had already been done about the subtleties of inconsistent evidence, the multiplicity of goals of treatment (beyond the a priori goals of the researcher), or the experience of the client.

Reviewing and cataloging research findings is unquestionably a foundation of scientific progress, but it is not the only building block. The collection of essays under review is a critique in a broader sense. Mostly, the contributors are less interested in weighing the inventory of what we know and are much more interested in puzzling over what it is we are thinking about. Several of the contributions discuss the nature of evidence. In the courtroom, it is observed, evidence is that which is necessary to resolve a case or dispute, whereas the scientific notion of evidence (ideally) rests on an evaluation of the totality of the evidence with the object of arriving at Truth. The contributors weigh in on various aspects of this problem. Various types of data are considered, from behavioral observations to neuroimaging to idiographic clinical data "from the couch." Each has strengths and weaknesses and each is consistent with different research and clinical goals. From a scientific viewpoint, the strongest data are those from Randomised Controlled Trials (RCTs). The rationale for the (inevitable) elevation of this standard of evidence is nicely summarized here in a chapter that even skeptics will find persuasive.

Among practitioners, the juggernaut of RCTs is often resisted, on several grounds. Most notably, stringent research controls and inflexible operational definitions inexorably exclude some types of data. Although some contributors feel that the appreciation for all types of data is gaining ground, many readers will remain unconvinced. Attention is given to the possibility that narrowly focused, RCT-based outcome research may crowd out essential aspects of the matter at hand. To the extent that the data are selectively and partially represented, it is argued that the evidence has been marshaled more for a courtroom debate than a comprehensive scientific investigation. Likewise, as RCTs (and the methods which they entail) become reified as the only game in town, the use of other methodologies (including psychoanalytic investigation, among others) will wane. If it is true, this is not just a loss to treatment, but also a sacrifice of inquiry into the theoretical underpinnings of treatments and, by extension, to new understandings of self and mind. Thus, the possible superiority of outcomes established by the RCTs may be disconnected from another goal of treatment: to explain and give meaning.

What kinds of evidence are being discussed here? Several contributions examine particular research tools or theoretical traditions to discover the uses and limitations of the evidence. A surprisingly rich chapter reviews the use of case study and single subject experimentation, reminding readers that this strategy is neither outmoded nor necessarily limited to studies of cognitive and behavioral treatments. As with any clinical investigation, a single case experiment will succeed to the degree that outcomes are clearly operationalized. This chapter provides a cogent summary of the threats to validity in a single case study and a pragmatic discussion of how to design such investigations.

Three chapters illustrate the hypothesis testing approach to understanding psychotherapy. Some researchers have argued that the effective factors in psychotherapy can be reduced to one of four domains: mastery/coping, clarification of meaning, problem actuation, and resource activation. A case study is presented in which the psychoanalytic psychotherapy of a severely disturbed patient is reconceptualized in the vernacular of these domains. Readers may not agree that the author has met the standards of evidence and hypothesis testing presented by other contributors to this book, but the exercise is itself instructive.

By contrast a discussion of hypothesis testing with
cognitive/behavioral treatment is a much crisper analysis of how hypotheses might be formulated and tested. It is suggested that useful hypotheses must first explain the patient’s present difficulties in a manner that is consistent with the patient’s history and the precipitating events. However, it is also important that the effects of treatment can be used to test the hypotheses. Hypothesis testing is discussed within the frameworks of functional analysis, Beck’s cognitive model, and Young’s schema theory. The testing of hypotheses within analytic and cognitive worldviews is echoed in a subsequent dialog contrasting cognitive-behavioral therapy with cognitive-analytical therapy (which, like Young’s model, is a cognitive model that is amplified and enhanced by psychoanalytic, i.e., relational ideas).

Practitioners often view the EVT controversy from a distance, not translating the academic discussion to clinical practice. Two excellent chapters examine how practitioners may think about evidence. An evidence-based practitioner would be mindful of the quality of evidence that has demonstrated support for a given procedure and would prefer treatments for which the quality of evidence is superior. To establish efficacy under research conditions, the gold standard is evidence from RCTs, but it has been observed that laboratory efficacy does not necessarily translate into clinical effectiveness in the less controlled, messier world of clinical practice. Reliance on efficacy data from RCT evidence may obscure the effectiveness of psychodynamic treatments for several reasons that are reviewed here, including over-reliance on bio-behaviorally based DSM taxonomy, the tendency of RCTs to minimize the mutative importance of relationship factors, the simplistic application of the drug metaphor to psychotherapy, and so forth. The gold standard cannot therefore be the only standard.

Evidence-based practice requires more complex and nuanced evaluation of various kinds of data, and the move from efficacy studies to effectiveness data raises conceptual and methodological questions. Pristine efficacy studies generally try to isolate homogeneous client samples, while the messier conditions of clinical effectiveness entail clients of differing complexity and variegated diagnostic comorbidity. Further, differential access to resources, varied goals, and competing stakeholders (clients, therapists, payers, community need) skew the choices of outcome measures in many directions. Thus, prior to designing any data collection about real-world efficacy, a researcher must weigh a priori decisions about whether the research questions should focus on competing techniques versus (for example) on effective resource utilization.

The evidence that is most directly meaningful for the practitioner may perhaps come from an audit of that clinician’s practice. A final chapter describes two workshops on practice audits that tried to identify conceptual steps to conducting a useful audit. What domains of clinician behavior should be sampled? How will referral pathways be tracked? What initial (intake) information will be useful to the audit? What outcome measures are pertinent and feasible? Can critical events be defined that must always go well (e.g., management of suicidality) and how can these be operationalized? One useful outcome of these workshops was the realization that simply planning an audit can be a very useful exercise for the clinician.

There are things one might change in this book. The three chapters on hypothesis testing in psychodynamic, cognitive, and cognitive analytic therapies really focus more on illustrating the theory and talking about how hypotheses may be generated or reconceptualized in EVT vernacular, but not enough about actually testing hypotheses systematically in the course of treatment. That sort of effort is especially needed with the psychodynamic approaches and is essential if psychoanalytic therapy is to sustain its credibility.

One might also wish for a more systematic analysis of the factors underlying the blossoming of EVTs and the RCT standard. Has the RCT really become the sort of self-perpetuating paradigm of the sort described by Thomas Kuhn? And if so, are the more psychoanalytic therapies inevitably going to be crowded out? Or is psychotherapy research beginning to embrace more complex hypotheses and more diverse data that will move the inquiry beyond the present winners vs. losers paradigm? We need a discussion of the sort of evidence needed to establish the legitimacy of psychodynamic treatments in the RCT-dominated world of EVTs. It is to be hoped that new research programs will surpass the present level of debate and advance the scientific basis of practice without sacrificing the uniqueness of each patient. This volume is intended to provoke abstract reflection on the many possible ways to think about validating evidence. It will certainly stimulate critical reflection.

**References**


Among other things, 2004 marked the publication of a translation of the expanded second edition of Otto Rank’s *The Myth of the Birth of the Hero: A Psychological Exploration of Myth* into English. Unlike the first German edition that affords interpretations of stories such as those of Oedipus and Moses and was published in 1909, the expanded second edition includes Rank’s use of anthropological theory and analysis of additional tales such as the story of Dionysus. In taking Greek and Biblical stories to task with a psychoanalytic lens and analyzing anthropological theory to understand cultural groups one may note that despite his then provocative clinically relational focus, Rank was rather close to Freud.

Although some clinically trained psychologists (e.g., Ducat, 2004) have continued the line of cultural psychoanalytic scholarship that began with Freud, and Johns Hopkins University Press has found it worthwhile to support a new translation of Rank’s work, it is notable that in an era of increased specialization much of the psychoanalysis of stories and cultural narratives has migrated outside of the clinical field to locales such as English departments where psychoanalytic theory is used on occasion as a tool of deconstruction. While such scholarship may not be as closely associated to clinical practice as it was in Freud’s and Rank’s day, among psychoanalytically informed clinicians there continues to be an interest in the manner in which culture is found amidst the landscape of the psyche. To that end, it might well behoove the clinician to look outside of clinical discourse to what has transpired in other departments via a psychoanalytic lens. An accessible and informative place to start for those curious about the clinical import of stories would be the work that Alan Dundes has contributed to the field of folkloristics.

In the preface of the book under review, Dundes notes that in the course of becoming an undergraduate English major at Yale in the early 1950’s he happened to take a psychology course on personality in which a suggested reading was Rank’s book on myths. Dundes notes that the reading was not mandatory, and I find it interesting to consider that happening upon the new translation of Rank’s work as an undergraduate student of psychology would be an equally if not greater oddity in today’s classrooms. Although his reading ignited a passion, his road ahead was without substantial challenge. He aptly illustrates the oft-found academic prejudice against psychoanalysis in his attempt to chart a course of psychoanalytic folkloristics (his term). Yet, he has successfully carved out a niche, and Dundes makes his bias clear that one benefits from psychoanalytic tools, such as an understanding of triadic relations, in order to fully grasp the import of folklore. However, he notes that although some decades have passed since he was in graduate school, it remains unusual for a folklorist to utilize such an epistemology, and that most attempts to understand folklore via psychoanalysis may be attributed to Freud and his early circle.

Dundes argues that one limitation of that early work is that the database utilized by most psychoanalysts is limited to the Grimm tales, classical myths, and the Old Testament. As the work under review makes clear, such a sample is simply not representative.

This volume of seven essays (two of which were co-authored with his sociology professor daughter Lauren) contains work that was published in journals not typically frequented by analysts such as the *Journal of American Folklore*. However, the content being an engagement with projection and gender identity is quickly noted as familiar ground to those interested in psychoanalysis.

To consider projection and myth together is, as Freud demonstrated, to lend an unease to the domain of religion. In his consideration of religion, Dundes notes that cultural relativism is a key to a complete understanding. Within psychoanalysis such context specificity is not traced to a post-modern turn but to an idea that crystallized in a seminar co-led by the psychoanalyst Abram Kardiner and the anthropologist Ralph Linton at Columbia University in 1940: that the relationship to a deity is modeled after the particular relationship between parent and child in a given culture (emphasis added). Dundes notes the importance of adding such cultural variance to Freud’s formula: infant is to parent as adult is to deity, as such a culturally specific reformulation supports the theory that mythology and theology are an ethnographic projection of a particular parent–child relationship.

To illustrate this psychoanalytic ethnography, Dundes considers the subjects of fasting, self-mutilation, and *dues otiosus* (the creator god who withdraws after creating). In consideration of fasting, he wonders why fasting would lead an authority to yield in the favor of the person who has stopped eating. The work of Menninger and others who have focused on infantile aggression as an explanation is problematized by Dundes due to his conception that their theory departs from ethnographic data, and he concludes that fasting does not please a deity, but forces the deity to engage in a relationship by demanding attention. The parent child rela-
tional template found in the religious adult who is fasting is therefore understood along the Pavlovian lines of the infant’s association that hunger is a conditioned response singling an approaching adult. Unlike Pavlov’s laboratory, here the relationship is the primary drive and the biological drive of hunger serves as a signal. Dundes further notes along cross-cultural lines that adults typically do not engage in fasting in cultures in which infants feed on schedule as the experience of intense hunger is absent from that culture. He furthers this culturally specific relational thesis in treating self-mutilation. Dundes suggests that in the case of an indifferent parent or deity, crying out when hurt may be the only means of attracting attention. Extending this line even further, Dundes illustrates that *dues otiosus* is found to a greater extent in polygamous societies in which the father is often not at home. It is striking that although Dundes’ interpretation and observations favor the relational and cultural shifts within contemporary psychoanalysis; his work makes little explicit use of the substantial scholarship generated by present-day psychoanalysis.

Commonly linked to religion is the case of the vampire. In keeping to his project, Dundes considers religious explanation of the creature (created by the devil) to be along the lines of other limited explanations for the tale, such as an explanation proposed by some psychologists (most recently, Bourguignon, 1997) that the legend is based on cases of mentally disturbed individuals who drank blood from their victims. In considering the case of vampire as folklore, Dundes turns to the facts of the story: that the vampire is dead and thirsty. First, Dundes illustrates the manner in which an absence of hydration is a common theme in Indo-European and Semitic narratives concerning the dead (the vampire is not a universal figure, Dundes notes). To explain why this dehydrated creature threatens the living, Dundes turns to Freud’s and Ernest Jones’ argument that ambivalence towards the deceased leads to the projection of disavowed feelings onto the corpse—projective identification meets folklore. Dundes also extends his psychoanalytic treatment of the vampire to the work of Abraham and Klein, and the common occurrence of a woman’s breast in vampire stories is considered along these lines. In short, the vampire is considered a projective fantasy based in guilt created by perceived abandonment by a grief stricken relation of the deceased.

In moving toward gendered terrain, Dundes notes an interesting trend: fairy tales are always told from the perspective of a child. Here boys have to defeat giants in stories of absent fathers (*Jack in the Beanstalk* is an example Dundes provides) and girls typically battle witches when mother is absent. Dundes suggests that these creatures might well be considered parental imagos. Among tales of more recent origin than the story of Oedipus, Dundes considers the Hans Christian Andersen tale of *The Little Mermaid*. This story of a siren who is in conflict with a false bride was recently depicted by Disney, and Dundes places a focus on the film. Dundes illustrates that in Disney’s and Andersen’s depictions, the mermaid is no longer active and dangerous as she once was depicted. (An example provided by Dundes from Portugal in 1601 is notably striking in regard to danger, as the mermaid may crush her male lovers.) Instead, the mermaid has become passive in the male retelling of a woman’s tale in which the feminine is perceived as a phallic threat that is now controlled within a patriarchal context. Dundes notes Jung’s work on the Electra complex in this case of a girl whose virginity may be jeopardized if she magically changes from mermaid/girl to human/woman. To further round out his treatment of gender, additional chapters take to task what Dundes considers a modern day menstruation ritual—young girls huddled together in a dark bathroom to see if a ghost named Bloody Mary appears, and the oft documented ritual of collegiate hazing—where dominant sorority sisters act like men and male pledges are infantilized and feminized with the hope that like members of the Army, they will be made magically into phallic men.

Moving from mermaids and vampires to the college campus, one is treated to a rich ethnographic history and skillful use of psychoanalytic theory throughout the text. With several papers that have a gendered focus, the book is a welcome addition to any reader’s list whose interest is cultural considerations of gender and psychoanalysis. Although he shows that the concept of cultural variance existed early on within the psychoanalytic scene, Dundes’ notes that part of the unease that folklorists have with psychoanalysis is the perception among most folklore scholars that to the psychoanalyst the psyche is universally the monocultural. Indeed, it has taken some time for a constructivist frame to enter into mainstream discourse within psychoanalysis, and some may argue that it remains outside of mainstream psychoanalysis. Yet, Dundes shows that the seeds of this discourse have been with psychoanalysis from the start, and for his part he does well in illustrating the utilization of a contextualist psychoanalysis to scholars both in and outside of the field.

**References**


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The Social Unconscious: Selected Papers, by Earl Hopper.

LONDON: JESSICA KINGSLEY, 2003; 224 PAGES, $28.95.  

Albert J. Brok, PhD

I once had a patient who described jumping out of an airplane with a parachute. "The thing about it," he said, "is that you can navigate, but within constraints. I could maneuver sufficiently to avoid an obstacle but couldn't fully direct where I wanted to go. I was dependent on those strings, my silk canopy and the prevailing wind." A former paratrooper, he never mentioned that where the airplane was and when he jumped had something to do with where he landed. It did not seem relevant because he had no say in such functions. Dr. Hopper would have us believe that this very act of getting into an airplane organizes the outcome. Usually we choose to enter an airplane, (even paratroopers volunteer), but if the airplane represents social cultural and political processes in which we are embedded via birth and other happenstance of life location, its effects should be considered in any therapeutic setting. To Dr. Hopper we are all under constraints, not only internalized objects and other interior dynamic qualities and quantities, but also by outer experiences. Our environment indeed has plans for us as well as we have plans for and within our environment.

Dr. Hopper, originally a sociologist born and bred in the U.S, would later become a group analyst and psychoanalyst living and working in England. It would seem that personally as well as clinically he bridges two worlds. Never choosing one over the other, his personal journey reflects his therapeutic interests of working within the full ecology of human experience rather than remaining within narrow slivers of the clinical pie. An innovative child of the likes of Durkheim, Malinowski, Marx, Horney, Fromm, Klein, Bion, Winnicot and elements of Freud among many others, Dr. Hopper argues for the awareness of, and training in, the processes of what he terms the Social Unconscious, for all mental health professionals. He continued to develop this concept during his individual analytic training despite his own difficulties at the Institute of Psychoanalysis in London where he eventually qualified. An interesting side issue to this series of essays is description of his ongoing discussion about group vs. individual work with his training analyst, Adam Limentani. One example:

We were never able to agree about the unconscious meaning about my continuing interests in both group analysis and psychoanalysis, partly because I refused to accept that they were of necessity separate disciplines, and therefore, that this issue could not be understood merely in terms of splitting either the maternal object or the parental couple. If a “person” was a product of both the “organism” and “society,” how could group analysis be distinct from psychoanalysis, at least theoretically? (p.12)

Dr. Hopper’s series of essays is a polemic aimed at dealing with the above issue through postulating the idea of a Social Unconscious. So just what is the Social Unconscious?

The concept of the social unconscious refers to the existence and constraints of social, cultural and communicational arrangements of which people are unaware; unaware, in so far as these arrangements are not perceived (not known), and if perceived not acknowledged (denied), and if acknowledged, not taken as problematic (“given”), and if taken as problematic, not considered with an optimal degree of detachment and objectivity. Although social constraints are sometimes understood in terms of myth, ritual and custom, such constraints are in the realm of the “unknown” to the same extent as the constraints of instincts and fantasies, especially in societies with high status rigidity. However, constraint is not meant to imply only restraining, inhibition, or limitation, but also facilitation, development and even the transformation of sensations into feelings. (p.126)

Constraints, then, boundary, and frustrate but also guide and channel, sometimes in helpful ways. From this perspective, certain therapeutic modalities guide and channel events in a positive as opposed to negative way for a given individual’s social and creative development.

At his most intriguing, Hopper provides insight into the multiple forces that affect us and how we may reorganize our constraints. In this sense he broadens the analytic perspective, to include both internal dynamic issues and social ecological issues i.e., by dealing with the constraints themselves. From this vantage point, mental health depends upon how well we deal with the value and ineffable frustration of our autonomy within systems, rather than freedom from systems. In addition once realizing the impact of our social context, how do we go about changing it? Hopper implies that group therapy may be the best modality through which to clinically understand its impact on human experience and gives some interesting and lengthy examples. In the process, he wrestles with the problem of how, when and why to choose more social-cultural and politically derived interventions as opposed to tradi-
tional psychoanalytic interpretations.

Dr Hopper proposes to do this, by dealing with what he considers most relevant in terms of internal or external realities in light of patient preoccupations, which in turn can be asocial and apolitical, or social and political. For example, Hopper observes, a patient might say:

“I feel that my mother could not concentrate on me,” within the context of repeating his complaints that when he was a little boy during the war, his mother was always preoccupied with other matters and other people, always listening to the radio and making telephone calls to her mother.

Hopper suggests the analyst could respond,

She may have been preoccupied with the news that her cousins were caught in the Warsaw Ghetto and felt that she was lucky to be alive and to have you, as well as that she was very helpless and guilty about them. (p. 135)

This intervention represents a sort of ecological reconstruction of the patient’s social embeddedness, an embeddedness he might be unaware of, or be denying. Though simplistic sounding, it has much complexity to it and I suggest readers of this review pick up the book to understand the full approach. Hopper does call attention to the value of understanding the complete context in which a patient is embedded. Underlying this is the ability to comprehend the patient from a social, cultural and historical perspective, and in effect see the patient in terms of both his personal and cultural–historical experience.

Another somewhat lengthy example is drawn from one of his groups, in which there is much discussion indicating in a derivative way that he was the object of the groups envious feelings. So far he sounds like a “standard” Kleinian, “the group was not aware that they were feeling envious of me and my possessions and that they were reliving earlier feelings (which they may have continued to feel) towards the members of their families of orientation, (to mention still earlier part objects).” He goes on to identify various defenses such as spoiling, devaluing etc. The actual group interaction started when a female patient who,

had the same name as a “member of the Royal family” and worried that her house was riddled with “wet” and “dry” rot described a mother ill with cancer and a husband out of work. The group theme continued with such elements as “a house could be eaten away by rot. Timber could be turned into fungus, like a dried up leaf. A debate developed about the origins of rot: whether wet rot comes before dry rot, vice versa: was it best to keep it under control and live with it? Or would it be better to tear the whole thing down, and start again, which would be painful in the short run, but better in the long run etc. (p. 112-113)

The group theme also moved to problems with Jews as property owners and who didn’t take care except for their own survival. There was also talk of rich Arabs, and economically distraught English couples.

Hopper, who listens with a fourth ear (the social/political one), wonders if the group was using their envy as a defense against other feelings that were even more painful such as helplessness, and thus were passive and inactive with regard to their attempts to understand and even to change the sources of these feelings within their contemporary worlds. Contextualizing their transferences in this way, he focuses upon “the unconscious effects of social facts that operated during the infancies of these patients and during their daily lives as adults” (p. 119).

Hopper’s lengthy intervention exemplifies his position in a somewhat professorial fashion:

I suspect you may not be fully aware of what is really making you feel so helpless. Most of you know that you will be able to cope with dry rot and wet rot and all the difficulties that go along with it, and I suspect that most of you have been hearing what has been said in terms of disturbing desires and fears about everything that comes to your mind in connection with such words as “dry” and “wet,” feelings that may have already begun to give us some trouble when you were talking about the rain and the muck, the painting, the Royal family and the Royal Baby, husbands and wives, etc., and I guess that you are almost aware of what this has to do with me and us here! But many of you have been denying (the defense) how frightened, helpless, and confused you feel (the feeling of pain against which they were trying to defend themselves) about the state of the nation, and in particular about the battles between the “wets” and the “drys” in Mrs. Thatcher’s Cabinet. (p. 125)

(In an explanatory note at this point, Hopper observes that “wet “ is apparently slang for “soft liberals” who might favor higher and more progressive income taxes combined with greater government expenditures to help the poor, while “dry” is slang for a “hard liner.” [p. 125]).
Hopper continues:

I will go even further, some of you may be feeling something like what the Germans felt in the 1930’s when, like now, everything was topsy turvy, and nobody knew who was who. These conditions make your feelings of fear, helplessness, and confusion, even worse, but they may also be leading you to deal with these feelings by looking for scapegoats (in this instance scapegoating is a form of instrumental adjustment to the painful feelings and to the sources of the feelings). You are very ready to blame Jews, professionals and so on, including me—and maybe especially me—an American Jewish professional, who you think will be safe from all this because you think I have two jobs as well as two countries. In other words, you are scapegoating me because you envy me, and you envy me because you think I am free from the painful feelings of helplessness that many of you are experiencing as a result of social forces which seem to you to be beyond your control, in the same way that you tend to scapegoat Jews and others whom you also envy, outside the group—and for the same reasons. We seem to be recreating before our very eyes the same sort of problems that are going on in our society. And they are not so different from what has happened at other times and at other places. (p. 120)

This reviewer is reminded of some classic mistakes, in analytic circles, involving the unrelenting pursuit of intra-psychic conflict as opposed to dealing with a patient’s or the analyst’s denial of present reality. One such example is the historically famous case of George Gershwin, whose brain tumor symptomatology was denied by his analyst and looked at purely in terms of psychic reality. Another example is the fact that Holocaust survivors, who often dreamt of trains, had the meaning of their dreams symbolically interpreted in terms of sexual activity, rather than as a concrete sign of traumatization and fear of death symbolized by the “transport” imagery. From time to time a sufficient number of analysts considered such dreams and associations as avoidance of deeper sexual issues i.e., sociology/reality used as a defense against psychosexual issues. They often were correct, but also often bypassed a relevant issue in order to get at the supposedly more significant underlying wish and defense.

In effect, this is what Hopper calls to our attention. Social, political and cultural realities can be denied as effectively as wishes, desires, hostilities and self-concepts. Knowing our internal world is as relevant as comprehending the full impact of our external world. But… has Hopper simply reworted what any good analyst does? After all, we do know that unconscious meaning is multileveled, overdetermined and multidetermined (Waelder, 1936). Further, this reviewer has elsewhere noted that the issue for the analyst—patient relation is not solely what given symbols or sets of associations mean, but rather which meaning is most relevant, and to whom. Is it the culture, the analyst, the patient or the theory elucidating the symbol? (Brok, 2004). Freud is often quoted about the relation between reality and symbol as saying “a cigar is sometimes a cigar.” The present reviewer would amend Freud’s lucid perspective by saying a cigar is always a cigar, and may as well be construed as a penis, a breast, a symbol for lip cancer, a symbol for rich man etc. The question is what is most relevant to the therapeutic situation, i.e., what construction makes the most therapeutic sense and what association elucidates it? Relevance relies on judgment, and judgment relies on the total understanding of the psycho-cultural situation in which the patient is embedded. This is from the analyst’s point of view. From the patient’s point of view we may inquire, why does the patient make such associations in the present dyadic or group culture?

Hopper’s contribution is to focus on the historical political dimension of human experience which he terms the Social Unconscious. At times, he seems to do this out of preference, at times out of intuitive awareness, and always in terms of his reading of the patient or group of patients associations and discussions. He provides a useful addition to our comprehension of just what might be the main issue in any given analytic session. He makes us aware and hopes to make his patients aware of what I have come to term “ecological sagacity,” i.e., knowing how we are organized by our milieu, just as we try to know how our internal world organizes our experience. Does Hopper simply find what he is looking for, or does he discover something new? I recommend readers take this book of essays seriously and make their own decision.

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Psychoanalysis at the Limit is a noteworthy book that bases psychoanalysis’s scientific status on philosophical considerations. In fact, since its contributors are psychiatrists or psychoanalysts, as well as philosophers, their respective competencies make the book more varied. The epistemological status of psychoanalysis (especially its Freudian version), as well as questions about the mind, reality, and causality are all topics considered with precise philosophical tools in this volume. The list of philosophers who are considered is impressive: Sartre, Heidegger, Wittgenstein, Husserl, Searle, and Ricoeur; however, the therapeutic approaches of Binswanger, Sullivan, Laing, and Lacan are also taken into account. Given this material, it would be arbitrary to divide the authors of this volume as being pro or against Freud without qualifying what it means to accept his ideas, and where lays their fruitfulness. Since the question of what constitutes science brings about different answers and approaches it is worth considering each of the contributors of this work in the order they are presented. First, the psychoanalyst M. Guy Thompson discusses the role of the unconscious and how the discovery of the dual capacity of the human mind brought Freud to the forefront of his time. Without considering the ontological status of the unconscious, Thompson reminds us that Freud’s theories cannot be fully demonstrated; but after considering alternative theories such as those of Sartre, Heidegger, and Laing, one can conclude that the unconscious is the repository of that which is not experienced, and yet it is “a living presence” (p. 27). In addition, Thompson’s discussion of Sartre’s rejection of psychoanalysis goes well beyond the generalizations that are customary in this case. He takes Sartre’s criticism seriously because it involves the concept of a prereflective consciousness that leads to the important notion of subjectivity. But Thompson’s conclusion that “Freud was a closet phenomenologist” (p. 18) may be misleading, since Freud remained committed to a dualistic conception of the mind and of experience. And although both theories consider the concept of experience to be fundamental, in Freud one does not find the continuity that phenomenology demands. Yet, a dualistic approach to mental phenomena might be the most useful to explain pathological states, but that does not make psychoanalysis a science, so that Thompson’s elegant analysis of what constitutes experience leaves the epistemological question open.

As we proceed, reading Roger Frie’s discussion of the key issues of determinism and explanation, we realize how much Freudianism is permeated with eclecticism, and why Freud saw in philosophy a dangerous rival that could raise serious objections to his theories. Still, the unconscious is, for Frie, a significant concept that can be understood in different ways. Binswanger’s Daseinanalysis, for one, rejected Freud’s deterministic, reductive view of the unconscious; being more philosophically oriented than Freud, he went beyond a schematic view of the mind and rightly refused to objectify the self. Given these perspectives, it is not enough, as Sullivan did, to stress communication and underestimate introspection. Frie reminds us that what is needed is a defense of the individual and of the prereflective, spontaneous, and, therefore, creative, view of the person. Nevertheless, in Frie’s words, Freud gave us, with his “perspective on the unconscious … a uniquely individual form of self-experience” (p. 44). Our task now is to enrich it with ever-new interpretations of human experience.

Thanks to Marcia Cavell’s contribution, one enters the philosophical domain where questions about truth and objectivity determine what is and what is not science. Cavell does not confront directly Freud’s theses. Her main points, expressed clearly and with great conviction, focus on the fact that when we speak of truth we speak about reality, and reality is mainly—according to her intersubjectivist view—the reality of the external, social world. Knowledge is possible only because of the priority of social relations, so that developmentally the “you” comes first and then the “I” or “self.” Critical of Descartes’ subjectivism, Cavell quotes approvingly Wittgenstein, but her triangular view (different from a dialectical, circular view), which comprises reality, truth, and mind, leaves the impression—notwithstanding the interesting part devoted to child’s development—of espousing an unimaginative form of pragmatism and a reductive common sense.

More technical is Livingstone Smith’s article critical of Searle’s views. The author accepts Freud’s theory of the unconscious, which he illustrates with the example of Poincaré, who suddenly and unexpectedly solved a problem whose solution he had consciously put aside. This example validates the concept of a specific theory of unconscious mental processes. Searle, instead, develops a dispositionalist thesis that ultimately considers such occurrences to be nonmental in character. Livingstone Smith responds with a “continuity argument,” the one held by Freud, according to
which “unconscious mental states can be occurrent” (p. 84). The question whether unconscious phenomena are mental in character is thus answered when the author argues that Freud’s conception of the mind was materialist and also functionalist and, therefore, ante litteram, it was anti-dispositionalism.

The article by Jon Mills, the editor of this volume, presents a detailed exposition of that specific form of psychosis, which is paranoia, the topic of Lacan’s dissertation. There is such a thing as paranoiac epistemé because, for Lacan, knowledge is dependent on the gaze of the other, and this gives rise to persecutory ideas. The initial polemical evaluation of Lacan is in the course of the article attenuated, especially when Mills discusses the three Lacanian categories of the real, the imaginary, and the symbolic, that, in Mills’s original interpretation, develop a negative dialectic, where the desire to know is contrasted by a desire not to know because desire is persecutory in nature (p. 95). It follows that aggressivity is essentialized by Lacan; in Mills’s words it is “ontologically indispensable” (p. 101) and structurally determined. To say that this theory of desire puts it close to the unknowable real, however, is to ignore Lacan’s many claims to the effect that desire is symbolic and that it establishes the rules of a possible ethics in psychoanalysis. Still, being a desire for recognition, as it was for Hegel, desire can indeed lead to paranoid ideas. The remedy rests on symbolization, to the point that, as Mills rightly writes, Lacan “deifies the symbolic” (p. 104). Mills’s conclusion could have also been that Lacan’s linguistic interpretation of the unconscious did not aim at establishing psychoanalysis as a positivist science, dependent on a rigorous conception of causality.

A good antidote to Lacan’s structuralism is James C. Edwards’ article on myth and metaphysics that begins by presenting Wittgenstein’s views on Freud. The philosopher was fascinated by Freud’s way of thinking but also deemed it to be mythical, nonscientific, even dangerous. Edwards’ Freud is a metaphysician, a poet anxious to present his theories in a scientific manner in order to be accepted by the medical community. Not only a mythmaker, Freud was also a moralist who believed in a hidden, metaphysical reality. To make his points, Edwards, after a hasty treatment of Plato’s philosophy, compares the “deep structure of Western metaphysics” (p. 127) with Freud’s ideas on truth, so that Freud is seen as a full-fledged philosopher. As a matter of fact, Freud had many guises, and that is why it is so difficult to delimit his work that ranges from myths to the mechanisms of the functioning of the mind. A physiologist of the mind, rather than an anatomist, Freud cannot be the object of reductionist views of the mind.

Some articles of this collection do not take a clear-cut position pro or con psychoanalysis’ scientific status,

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but this is not the case of Adolf Grünbaum; his polemical language and his cryptic use of italics have as a target Paul Ricoeur’s hermeneutics. This method misunderstands Freud by focusing on the identification of meanings, a term that is ambiguous, and consequently scientifically null. Grünbaum’s interest lies, instead, in the concept of cause, and causes must not be confused with motives. Once Ricoeur has been labeled an anti-science ideologue, and after having appealed to Freud’s authority on the matter of meanings, Grünbaum concentrates his criticism on Freud’s thematic by rejecting such contents as the Oedipus complex, the whole theory of sexuality, and of the transference. None of these concepts have been scientifically demonstrated. Thus, Grünbaum demythologizes Freud and thinks that scientific concepts should be univocal; but even so, Freud’s ideas are, after all, plausible. The end of the article is a final verdict against hermeneutics, whose approach has not even shown the utility of Freudian psychotherapy. But Grünbaum himself does not discuss here the therapeutic value of Freud’s theories; reading between the lines one can surmise that he thinks that the causes of pathologies have not been completely discovered. One could also say that even nonpsychiatric illnesses can be treated effectively without knowing their causes, their pathogenesis, or their pathophysiology.

More nuanced is Joseph Margolis’ approach to Freud’s work, and this is because he rightly points out that science is an ongoing process, not yet concluded and, therefore, can still yield some surprises. Thus, Margolis advocates a “methodological tolerance” that is in open contrast with Grünbaum. The issue of objectivity has not been decided once for all, since the criteria for science are not as rigorous as one might think; in Margolis’ words: “Science has no strict canons or methods, [it] must be open-ended” (p. 167). Moreover, Freud’s and Lacan’s conceptions of the human mind and their therapeutic methods have enriched us. Their theories, though, differ in that Freud had a biological conception of the mind, whereas Lacan was more inclined to consider it, together with the unconscious, a social construct. Still, both thinkers have convinced us of the plausibility of something called “the unconscious,” even if Lacan’s theories are more problematic and paradoxical, since they seem to rule out a coherent, dynamic metapsychology (p. 172).

The last article in this work, by Donald Levy, leads us directly to the issue of incompleteness by asserting, as the title indicates, the experimental untestability of psychoanalysis. Different from other articles of this collection, this author discusses at length the therapeutic value of Freud’s theories, and the analogy and continuity between common sense psychology and psychoanalysis. Levy arrives at this comparison by differentiating between desires and beliefs on the one hand, and wishes and ideas on the other; a necessary distinction because the latter are unconscious, whereas desires and beliefs are connected to action (p. 179). Since “assent and self-ascription are the criterion condition for ascriptions of ideas and wishes,” it follows that they cannot be the object of experimentation (p. 183). Such untestability is typical of the functioning of the psyche in general. To convince oneself of this it is sufficient to think of dreams: here we are not in a position to compare a dream report with the dream itself (p. 183). So we see that Levy does not take the usual approach of claiming that psychoanalysis is not scientific because it does not allow experiments as to its therapeutic successes or failures; Levy tells us that all is needed is the assent criterion on the part of the subject. In addition, the success Freud had in mind was not therapeutic success, it was more a matter of presenting a theory that allows “conscious processes to be unconsciously influenced” (p. 189). In this way, the concept of the unconscious becomes plausible. Like an archeologist who reconstructs unique artifacts of the past, Freud’s theories, having to do with unique mental events, cannot become the object of experimentation. Psychoanalysis shares this destiny with common sense psychology: both are experimentally untestable, but nevertheless true (p. 194).

After this overview it should be clear that the title of this book is amply justified, since its historical and philosophical comparisons put psychoanalysis to the test, sometimes on the defensive. With a few exceptions, this work does not give definite answers. It tells us, instead, that Freud’s view of the mind, influenced as it is by unconscious drives, is plausible. Such a view convinces us at times, but it only approaches science.

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Upcoming Online Symposium

Conflict about Conflict
Produced by Division 39
Muriel Dimen, Jay Greenberg and Donnel Stern
Dates: February 22 - March 12, 2005

Contemporary analysts are recasting every tenant of classical theory, and this question of conflict is no exception. In this seminar two noted theorists offer a fascinating contrast in how, even within the relational rubric, conflict may be looked at from very different perspectives. Greenberg draws upon his own relational re-conceptualization of drive theory to present a view of conflict as embedded in personal striving. Stern rests his understanding of conflict upon his expansion of dissociation theory and contemporary revisions of views of mind, self and consciousness, stressing that material that is dissociated remains outside the arena of conflict. Finally, Dimen, a seminal thinker in her own right, contextualizes these differing perspectives and provides her own vision of their implications and applications.

For more information and to register go to <http://www.psybc.com> and click on the Symposium tab.

Upcoming Online Conference

Living with Terror, Working with Trauma
Discussions with Israeli Experts
Ofra Ayalon, Moredehai Bennyakar,
Rony Berger, and Danielle Knaflo
Dates: March 14 - April 1, 2005

Terrorism has created a special set of people with distinctive and uniquely contemporary therapeutic needs. "Living with Terror, Working with Trauma" will address the ways mental health practitioners can assist survivors of terrorism to deal with their trauma. It will do so by discussing three papers, taken from an edited book by the same title, written by leading Israeli experts in the field of terror-related trauma. Topics will include: early interventions with terror victims, individual, group, and school-based interventions with children, and ABD (anxiety by disruption), a new diagnostic entity that addresses the ways affected populations—patients and non-patients—struggle with life under the threat of terrorism.

Authors of the papers (Ofra Ayalon, Moradchai Bennyakar, Rony Berger, and Danielle Knaflo) will discuss them with other experts (Israeli and American) with an eye on the practicalities of community and office-based work with individuals.

For more information and to register go to <http://www.psybc.com> and click on the Conferences tab.
My interest in the integration of psychoanalysis and religion began with a divine intervention. While working on my dissertation (which was going to be on anorexia and shame) I received a phone call from an evangelical fundamentalist leader whose main purpose was to convince me to cease my studies. From his perspective, healing and transformative change was answered solely with Biblical principles, thus the study of psychology was unnecessary. I was so shocked by this unsolicited plea that I prayed, mobilized my aggression, and decided to passionately pursue the empirical study of “God as a Mirroring and Idealizing Selfobject Function: It’s Influence on Self Cohesion and Mood” as my dissertation.

Five years later, a client, sincerely perplexed over my pregnant belly, exclaimed, “How can you be my therapist? Does the pastor know you’re pregnant?!” She thought that either something must be wrong with my religion, my priorities, or there was some misunderstanding between her and the pastor who referred her. I could not wholeheartedly embrace a Fundamentalist-Baptist belief system (like hers) and be a pregnant, female, nearly full-time practicing clinical psychologist, too. These roles, morals, ethics, and religious values seemed incompatible. More recently, while attending a seminar at the Tampa Bay Psychoanalytic Society, a guest analyst from a Freudian orientation asked, “How can you practice Freudian psychoanalytic concepts and hold onto ‘Fundamentalist’ doctrine?” Questions like these require an openness toward self-reflection about how we come to terms with our spirituality, religion, and morality and how the birthing and revising of our professional and spiritual selves are subtly, transferentially, or countertransferentially absorbed into the therapeutic relationships with our clients. Such questions, whether silently or boldly expressed, force us to comprehend, defend, and analyze, or at the very least, reflect upon, how our “God representations,” to use Ana-Maria Rizzuto’s (1979) term, spiritual mentors, analyst introjects, supervisory introjects, educational training, and the culture within our analytic institutions mutually and, sometimes reciprocally, influence our work as psychoanalytically informed therapists.

Soul on the Couch: Religion, Spirituality, and Morality in Contemporary Psychoanalysis, reissued by Analytic Press as part of its Relational Perspectives Book Series, invites all of us (including those who reject any God) to embrace this issue. It comprises a collection of nine essays and each contribution is valuable in its own right, as aptly pointed out by Jim Jones in the forward. I found myself recalling some of my most religiously committed clients and imagining how I could expand myself further into their spiritual and inner world. I also reminisced about my own psychoanalytic therapy and found some kindred spirits who so eloquently articulated my own experiences, both as client and as therapist.

The book begins with Gerald J. Gargiulo’s essay on “Inner Mind/Outer Mind and the Quest for the ‘I.’” He points out the differences between the cultural shaping of ourselves as individual, separate, autonomous “I’s versus a more ‘relational, structurally interdependent, and communal’ perspective of “I.” The later is more amenable to alternative views of the unconscious, the mind, and the decoding and demystifying of the metaphors we hear. This, he notes, has significant impact on our psychoanalytic interpretations. He sees “psychoanalysis offering a spirituality that is humanly possible rather than religiously necessary ... a liberation that is an ongoing task more than an accomplishment” (p. 8). He supports his position borrowing from Eckhart’s thoughts on internality as externality, and Winnicotian ideas that help redefine our ideas about the “I” as relationally interdependent and culture-bound. Analyst, client, and culture come together to create the “mind” out of which come interpretations. He challenges us to see that “spirituality is not necessarily a searching for a God we cannot know, but can be equally a capacity to find, unobtrusively in the present, whatever is holy in life” (p. 6). A rather broad lens on spirituality prepares the reader for future essays. My favorite quote is his definition of what psychoanalysis entails: Within a framework of interdependence.

[P]sychoanalysis re-represents a spiritual tradition that has among its operational goals an individual’s capacity for communal civility (i.e., cross-identification rather than schizoid isolation; unencumbered personal presence rather than neurotic repetition; love that sees the other as other, not as a mirror or mother; and finally, work that is done competently but not necessarily self-consciously. (p. 7)

Kevin Fauteau’s essay, “Self-Reparation in Religious Expe-
rience and Creativity,” resonated so much with my own personal experiences (and those of my clients) that had I read this years ago I would have had the urge to “purge” his ideas to my analyst. He argues that despite the fact that religious experience is regressive, the dismantling of self and returning to unconscious processes that takes place in religious experience can be as reparative as the regression that takes place in experiences such as creativity and therapy. The “purging of secondary ego functions” can lead to the dismantling of the “false” self, while the return to archaic processes can be the regenerative recovery of the “true self” repressed beneath that false self. Fauteau makes excellent comparisons between the artist and religious experiences in terms of primary and secondary ego functions, regression and incubation, and fluidity of boundaries for inspiration, illumination, and reparation, to name just a few.

Drawing from Christianity, Judaism, and Buddhist religions, he answers questions such as: What makes the artist or religious person comfortable with the unconscious processes with which he now feels united, when previously these unconscious processes were deemed dangerous and hence repressed? He also makes a very strong case for how regressive experiences combined with feeling unconditioned (as in infancy) and in communion with God (as in the therapeutic transference) can buffer the inevitable negative transference. This allows for reparation of the underlying conflicts and hidden needs that unconsciously motivate the regression. He further elaborates on how religious maturity, and maturity in therapy, or the artist, necessitates the emergence out of the “unity” and symbiotic bliss. Why some are devoured and flooded as they go into the unconscious process and why others tolerate, transcend, and transform the experience is also elucidated.

In Steven H. Knoblauch’s essay, “The Patient Who Was Touched By and Knew Nothing About God,” he presents a woman’s experience of her dying process and her use of selfobject functions and the developmental needs that are served. He draws from many psychoanalytic sources, and defends his position that, “selfobject functions (1) can occur without the use of another person; (2) are, therefore, self-initiated, and (3) are able to be sustained outside of the treatment relationship. This developmentally mature capacity utilizes experience for self-cohesion, self-sustaining... and vitalizing functions” (p. 47). He takes us through her use of deity as facilitating her need for support, her capacity to experience feelings of connection to others in her dying phase, and her use of the continuing presence and protection of God for affect integration and how the responsiveness of the therapist facilitated these selfobject functions. Knoblauch’s case illustrates a more visual and tangible view of the intertwining of spirituality, the intersubjective field, and the transferences that transpire. Not only did Knoblauch help her embrace the dying process with dignity, but with an emotional and spiritual aliveness not earlier available. He proves the point that it is never too late to let others borrow our good oxygen until they have their own use of oxygen to make available healthier selfobject relatedness, until death do us part.

In “Formulation, Psychic Space and Time: New Dimensions in Psychoanalysis and Jewish Spirituality,” Daniel J. Rothenberg utilizes his knowledge of Judaism to demonstrate new “points of contact” between religion and psychoanalysis. By looking at reason, formulation, and language; psychic space; and history, remembrance, and time, through the lenses of Soloveichik (the preeminent rabbinic-philosophical authority of this century) and comparing him in complementary fashion to numerous contemporary psychoanalytic thinkers, he clearly illuminates how spirituality (specifically Judaism) and psychoanalysis may find “linkage” where they once only
saw dichotomy. I particularly liked his highlighting how claims of irrationality seem ironic in light of the fact that Jewish thought stresses “knowledge” of G-d and that man cognitively organizes his relationship with the divine. I also appreciated his examination of the function of language in religious texts and the evoking of both primary and secondary process and how he used Loewald’s “reconciliatory” view rather than dichotomizing them. He quotes that language, “...ties human beings and self and the object world, and it binds abstract thought with the bodily concreteness and power of life. In the word primary and secondary processes are reconciled” (p. 62).

Jeffrey Rubin, in his essay “Psychoanalysis is Self-Centered,” expands our understanding of subjectivity by looking at the adaptive functions of “non-self-centered-subjectivity.” It is “characterized by heightened attentiveness, focus and clarity, attunement to the other as well as the self, non-self-preoccupied exercise of agency, a sense of unity and timelessness, and non-self-annulling immersion in whatever one is doing in the present” (p. 80). He argues that the neglect of non-self-centric subjectivity and of the spirituality for which it may be a part is an impoverished view of the self, leaving a narcissistic view of relationships and an incomplete account of morality. He presents material from a psychoanalytic treatment with a Buddhist meditator in order to show the possibilities and liabilities of psychoanalysis and Buddhism. Psychoanalysis can learn from Buddhism how to be less focused on the needs and wishes of the separate self (a Western value) and more focused on the other as well as the self. Thinking more dialectically and crediting both psychoanalysis and Buddhist viewpoints he likens them to music in which neither instrument dominates but cross-fertilization occurs. For example, psychoanalysis teaches that non-entitlement, self-abasement, and self-sabotage can masquerade as spiritual nonattachment—evading a self. Spiritual traditions can teach, for example, fluidity of boundaries that facilitates free association. He challenges us to stretch ourselves further by exploring what a “contemplative” psychoanalysis of the future could look like.

Joseph Bobrow, in his essay “Coming to Life: The Creative Intercourse of Psychoanalysis and Zen Buddhism,” also elucidates the complementary paths between psychoanalysis and Zen Buddhism practices and the potential for mutually enriching one another. Each discipline encourages expansion, recognizes reverie, encourages letting go and coming forth of our self, values an emptying of self, values truth and recognizes deception, requires an intimate path with a teacher, and acknowledges ambiguities and unknowns as pathways to enrich authenticity. Anxiety and blind spots are included in both; and integration of past and present self experiences are necessary for a more joyful, alive and authentic self. Although he simultaneously traverses the differences too, I was left with the feeling that Zen Buddhism has more in common with psychoanalysis than I had previously appreciated.

Stephen Friedlander, in “The Confluence of Psychoanalysis and Religion,” shares a refreshing personal account of his embracing of Judaism and the Oedipal issues present in his Bar Mitzvah. It was enjoyable to be invited into the inner world of an analyst whose experience of God was as real, mature, resourceful and emotionally rich as his analysis. Having personally received “blessings” of a similar ilk to Friedlander, it was pleasurable to experience communal connections, while reading this book, despite differences in doctrine. He highlights how the use of language beyond the symbolic, and reading the Torah in a personal way such that the relationship and the content of the passage itself actually becomes fleshed out in the reader’s life, produces transformative change. He was unabashedly convincing as he contrasted his psychologically sophisticated use of God with the irrational Freudian idea to dispense of a covenant with G-d.

If the seven previous essays have not convinced you how influential our religious orientation is in our sessions, Randall Sorenson’s empirical contribution just might.
In “Transcendence and Intersubjectivity: The Patient’s Experience of the Analyst’s Spirituality,” he leaves no stone unturned. He addresses the philosophical, clinical and pedagogical objections to empirically testing the patients’ experience of the analyst’s spirituality. He aptly defends the linear structural equation modeling for testing narrative truths without bogging down in details, and then supplements his findings with six clinical vignettes that add a personal dimension to the study. He concludes: “For patients who happen to be religious and who are themselves clinicians, the analyst’s personal orientation towards, and analysis of, transcendence not only has a big effect on these patients’ God concepts, but also impacts their subsequent clinical work with all the other religious patients who see these therapists across their professional careers. The scale of influence is multiplicative” (p. 195). I fondly appreciate how Sorenson adds empirical truth to the complex intertwining of transcendent and “holy” encounters on the couch.

In the final essay, “On the Horizon of Authenticity: Toward a Moral Account of Psychoanalytic Therapy,” Joel Greifinger addresses the question: What is the “good life” for the analysand? Do contemporary psychoanalysts have a moral ideal of authenticity, for example, and if so, what is its influence? Despite “neutrality” do psychoanalysts subtly or not so subtly try to convert the analysand to our unspoken ideologies, philosophies, morals, and ethics? A thought-provoking discourse, which includes ideas from social-constructivist psychoanalysis and concerns from hermeneutical and moral philosophy, provides more grist for the mill to reflect upon when we are dialoguing with our patients.

This book is a reflection of the shift in the current Zeitgeist. No one was playing God, and it is no longer taboo for analysts to speak of transcendence and God, both personally and professionally. I was impressed with each contributor’s breadth of religious, moral, and psychoanalytic citations, too numerous to mention in this review. If you are looking for one book that provides a diversity of thoughts on the integration of religion, spirituality, and morality in contemporary psychoanalysis this fits the bill. My one disappointment in reading Soul on the Couch was the lack of representation from neurobiology, spirituality and attachment theory. Given that transference and transcendence experiences require intense attachments which influence regulation of affect and self-integration of self states, then one would think that the wiring would get changed, too. With all the advances in neurobiology it seems fitting to also study attachment theory and spiritual experiences, and their influence (perhaps mutual) on our neurological wiring. Daniel Siegel (1999) discusses the internal neurophysiological processes, our attachments, and how the brain interacts to shape our selves, but he does not include a religious variable. Likewise, Allan Schore (1994) has studied affect regulation, attunement, and its links between neurobiology, subjective experience, and attachment theory. Either I remain ignorant about work that integrates the spiritual attachments in this same manner, or it is still in an embryonic phase. I am not referring to the vast amount of research on health and religion (Koenig, 1998) that has already been established. Rather, I am looking forward to seeing the neurobiological context included as part of the dialogue on integration of psychoanalysis, religion, and spiritual or “holy” attachments, thus unifying soma and psyche.

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GROUP TREATMENT OF ADOLESCENTS IN CONTEXT: OUTPATIENT, INPATIENT, AND SCHOOL, EDITED BY SETH ARONSON AND SAUL SCHEIDLINGER. MADISON, CT: INTERNATIONAL UNIVERSITIES PRESS, 2003; 140 PAGES, $29.95.

ANDREA CORN, PSYD

It is indeed a pleasure to be asked to review this book, as I have listened to many of Seth Aronson’s engaging presentations at Division 39 conferences. This book is down to earth and user friendly for both the analyst and non-analyst. The editors have filled an important void, as cost effective treatment approaches today are a necessity. They acknowledge the sad reality that most outpatient treatment centers have undergone significant internal changes as financial reimbursements have superceded patient needs. Many facilities have acquiesced to time-limited, psychoeducational approaches, thereby diminishing opportunities to obtain in depth self-reflective and structural change. Consequently, this has even prompted adolescent inpatient care to be transformed into short-term venues that revolve around “diagnosis, crisis intervention,” and psychopharmacological treatment. Despite this unpleasant reality, adolescent group treatment within a hospital milieu is given considerable attention.

One of the underlying tenets of this book has been to point out how adolescent treatment groups are inherently related to their environment. Broadly speaking, this text systematically deconstructs the various elements that comprise an adolescent group. It begins with the physical setting, which includes the creation of a therapeutic space of safety and trust; the social setting, (e.g., outpatient, inpatient, or school) plus the corresponding administrative structure; and the temporal factors, which comprise the group’s established meeting time, rules, and goals.

This book is practically constructed and neatly divided into three parts. Part I examines outpatient groups, Part II, inpatient treatment, and Part III, group therapy in schools. In the first chapter, Scheidlinger discusses the rationale for adolescent group treatment. He notes that, “ample empirical and research evidence indicates the adolescent peer group serves a crucial role in the promotion of self-esteem, a sense of identity, social and moral maturation, and above all, emancipation from the parents” (p. 2). Common sense, helpful tips are offered such as how to minimize fears and facilitate group cohesion and heterogeneity with prospective teens, plus how to create that positive connection with parents. Developmental tasks are different for younger and older teens, so in Chapter 2, Aronson weights the pros and cons for separating early adolescents (12-14 years old) from older (16-18 years old) teens. The next topic Aronson addresses covers many of the tangible aspects. Examples are: the importance of location, the arrangement of the furniture, pros and cons of using one or two co-therapists, gender factors, and whether or not to serve food. The chapter concludes with an overview of the initial meeting, and the importance of establishing rules, educating teens about confidentiality matters, and demonstrating responsible conduct. A number of these troubleshooting tips would be most instructive for a beginning therapist.

In Chapter 3, Aronson continues discussing outpatient group treatment, highlighting the role of the therapist to outlining the phases in group development, to a discussion on differing theoretical orientations. Thumbnail sketches of a number of theorists and their contributions to adolescence development are offered. Issues pertaining to transference, countertransference, defenses, resistances, negotiations and working through are discussed in relation to the group, its members, and their goals. In Chapter 4, Aronson describes working with the most commonly referred adolescent groups, notably, Conduct Disorders, Attention Deficit, Substance Abuse, Mood Disorders, Sexual Abuse, and Gay, Lesbian, and Bisexual Youth groups. Brief vignettes accompanied each segment to highlight individual strengths and deficits of selected group members. In Chapter 5, Scheidlinger presents several in-depth series containing dialogue of group sessions from different ages and genders in outpatient and inpatient programs. Notwithstanding the different ages and presenting problems, this chapter demonstrates the importance of the therapist’s authenticity and ingenuity, and how problems are handled when the defenses of denial, projective identifications, seductiveness, resistances against painful affect, and regressions surround the termination phase of treatment.

Part II examines the Inpatient Group population. In Chapters 6 and 7, Fady Hajal describes her experiences utilizing group psychotherapy with psychiatrically hospitalized adolescents. Chapter 6 starts by outlining the myriad of changes that have taken place during the 1990’s and how managed care has irrevocably changed the nature of treatment interventions. “Faster, Shorter, and Single-Focused” is the motto that captures adolescent inpatient units operating in brief, time-limited experiences, and where symptom relief becomes the primary treatment goal. Additionally, inpatient psychotherapeutic groups strive to improve problem solving and conflict resolution skills so that teens can acquire enough emotional and behavioral control to
be reunited with their family and peers. Hajal touches on some of the difficulties teens have once they are admitted into an inpatient unit, and how group leaders can ease some of their initial distress. Hajal goes into detail outlining the different social roles various inpatient members can assume as well as listing multiple group treatment modalities. Practitioners who work in inpatient settings will find these two chapters instructive and quite meaningful.

Chapter 8 examines Group Therapy with Adolescents on Dual Diagnosis Inpatient Units. The authors, Emile Pincus, Fady Hajal, and Juana James, examine the role alcohol and marijuana play and the deleterious effects that can result for teens diagnosed with substance abuse. These authors describe an integrated inpatient program that is strictly behavioral in its interventions within a multifaceted group therapy program. According to the authors, this process works best when integrated with a host of other treatment modalities, including individual and family therapy, as well as milieu treatment, and psychopharmacology. Last, other therapeutic services including open-ended traditional therapy groups, with recovery oriented groups, and educational and ancillary groups, were explored.

The last portion of the book, Part III, explores group therapy within the School setting, and how high schools have become important outpatient treatment settings. Undoubtedly, the biggest factor occurred following the horrific tragedy at Columbine High School in Littleton, Colorado, and from there the groundswell grew as parents across the county demanded early intervention programs to assist teens at risk besides combating such daily issues as bullying, school violence, substance abuse, teen pregnancy, violence, and abandonment.

In Chapter 9, Albert Riester, discusses the organizational planning and details involved in conducting therapy within a high school setting. Riester clearly reminds us how important it is to coordinate the planning of services with administrators and school counselors. Riester discusses many of the same considerations Aronson did in preselecting patients. He incorporates the necessity of being sensitive to the high school culture and how to work within this administrative structure. Riester details the stages of adolescent group work: establishing the group formation (3 sessions), the storming or conflict stage (2 sessions), the working through phase, or stage of cohesion (2 stages) and the termination and transition stage (3 sessions). Primarily, these groups are designed to respond to social issues as well as particular emotional and behavioral problems, in order to help students reach their full potential. Since relationships are critically important in the lives of teenagers, ways to enhance communication skills and peer friendships are also presented. As long as the group counseling experience is able to enhance a student’s well-being, foster improvement in his or her academic functioning, and teach prosocial coping skills, schools can and should advocate for such services.

In Chapter 10, Riester, continues his discussion of group counseling in the American high school, and notes the value counseling groups provide in helping teens resolve their everyday problems in an environment of interpersonal support. Today the high school setting holds a very influential place in shaping the adolescent’s identity, academic achievements, and interpersonal interactions. Therefore, Riester notes, “it is imperative for therapists and counselors to understand the school culture where adolescents experience mastery, rejection, frustration, recognition, failure, and a variety of peer and adult relationships” (p.194). For some teenagers, high school may be the only place where they can find support and feel understood. In 1983, Boyer stated, “for many, the school (it) becomes a crisis center to help youths cope with their dysfunctional families and to deal with a variety of problems such as substance abuse, health problems, teen pregnancy, violence, and abandonment.”

The book concludes here. For me, this chapter left an impression about how essential it is for educators and school counselors to work collaboratively within the school’s culture, and establish preventive and intervention programs to ensure the well being of adolescents today and tomorrow. Despite the departure from Aronson’s highly creative and imaginative musings heard in his analytic presentations, this book provides wonderfully practical and constructive information, and is likely to become a classic primer for the practitioner new to group therapy as well as the seasoned clinician.

References

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We must manifest our commitment to life by responding sometimes when it would be safer to be silent. To be of help to the paranoid aspect of the patient, I must be comfortable with the subjectivity, limitedness, and lack of clarity of my impact. (p. 29)

The salient point here is that silence and avoidance of affect-laden material may propagate paranoid defenses when the analyst is uncomfortable with his or her limitations and refrains from appropriate self-disclosures. The working through process may be anxiety-provoking for analyst and analysand. However, progress is achieved when uncomfortable affects are identified and managed. This prevents a sterile or “play it safe” therapeutic process which maintains the status quo.

In the following two chapters, the role of kindness and hope for the patient in psychotherapy is explored. Buechler writes, “I would suggest that, regardless of the setting, if the patient can believe in the clinician’s good intentions, the patient can retain hopefulness” (p. 32).

Buechler indicates that hope is needed for the analysand to consider change. Kindness and hopefulness on the part of the analyst communicates to the patient that he or she is a worthwhile individual, that they deserve a better quality of life, and that therapy can help in achieving these goals. Buechler provides personal and case examples illustrating how therapeutic acts of kindness can have their greatest impact years after they occur and that these acts demonstrate that the patient was worth the analyst extending him or herself. Further, she states that acts of kindness may have as much impact on the analysand as other analytic strategies.

Buechler identifies four important elements for inspiring hope; 1) the willing suspension of disbelief, 2) an acceptance of mystery, 3) an acceptance of contradiction and paradox; and 4) awareness that hope and faith are impossible to separate. These elements are also key concepts in eroding paranoid defenses, promoting patience, and the active exploration of new and different explanations for conflict along with courses of action. However, Buechler warns of possible dangers when the analysand hopes for idealistic or unrealistic outcomes. This is especially important for the narcissistic or borderline patient who experiences difficulty with the acceptance of limitations and unpleasant affects. Buechler further examines how reality is co-constructed by analyst and analysand in
the course of therapy and how uncertainties and paradox must be embraced realistically.

From a cultural perspective, Buechler indicates that emotional triggers may vary from culture to culture. However, surprise and uncertainty can be emotional motivators for change and self-extension. This highlights a shift for the analyst from processing the countertransference to self-disclosure and weathering the surprises and uncertainties arising during the course of treatment.

These discussions conclude with an emphasis on hope for the therapist to avoid burnout and discontent. Buechler lists three considerations for instilling hope in the analyst: 1) Hope has an interpersonal aspect, in that it can partially be a gift one person gives another, who may exist in reality, fantasy, or memory; 2) Hope is stronger when it is realistic, not based on an illusion of control over life; 3) Hope requires self-knowledge about the strength of our own determination to accomplish something. If we will do anything a treatment requires, we have a greater basis for hope. She references Mitchell (1993) regarding the necessity of love for the therapeutic work and the passion for promoting life and growth.

Buechler cites inspiration for courage from the writings of Aristotle. His view of courage involved a balance between rashness and timidity and stems more from personal character. For the therapist, Buechler suggests the following paraphrase of Aristotle:

1) … practice allows us to become braver by enduring fear-provoking situations and 2) If we are aware of our natural inclinations, we can compensate for them. The courage on the part of the therapist involves modeling for the patient what it is to be human and imperfect while also taking responsibility for the consequences of choices. This may include apologizing for mistakes. (p. 67)

She elaborates with anecdotes involving instances of impatience and sarcasm on the part of Fromm and Sullivan with the intentions of prompting the patient to move forward in treatment. With case examples, Buechler identifies instances in which these approaches may hinder progress. On the other hand, timidity on the part of the therapist can result in a stagnant therapeutic relationship.

For this reviewer, these discussions are reminiscent of my experiences with inpatient adolescent group therapy. A female adolescent, with borderline traits, consistently attempted to split and sabotage the group process. During a rather heated session (several weeks following her admission), she became highly agitated and personally attacked a peer who provided her insightful and appropriate feedback. She used projection and displaced anger to avoid confronting her core issues. Caught within the countertransference and unrest of the group, I responded in a terse and sarcastic manner that she was hurting others because she was in pain. She countered by berating me for being sarcastic. I immediately apologized to her and the group for my sarcasm and acknowledged my frustration with the patient’s unwillingness to accept the help of others and the use of anger to avoid treatment. This was a pivotal event for the patient and the group in that, to my amazement, the group members began accepting responsibilities for their emotionally-charged shortcomings and mirroring my words. I later learned that the patient in question’s father never apologized to his daughter for his frequent, angry, and hurtful criticisms. This group experience allowed the patient and I to overcome her impasse to treatment progress in individual therapy and to acknowledge unpleasant affects while managing them adaptively. Therefore, for me, Dr. Buechler’s treatment of these topics resonated my inner chorus.

The text also explores the topic of termination and how our profession is unique in that we must sever ties with patients. This can be difficult for both parties after extensive emotional work is undertaken. Buechler provides helpful discussions relating the termination process to parental encouragement for children to branch out and take independent steps. These discussions are especially beneficial for students and inexperienced therapists.

Establishing a sense of purpose for therapist and patient is another key topic for the text. Buechler distinguishes between therapy with goodness-of-fit to analytic theory (although lacking congruence with the patient’s sense of purpose) versus therapeutic progress not conforming well to theory, yet, meaningful for patient and therapist. Buechler provides rich illustrations of the motivating contributions a sense of purpose provides to therapeutic progress. These discussions also parallel the research findings of Cramer (2000) that analysts often perceive a lack of treatment progress (when failing to neatly conform to theoretical models) while their patients endorse highly positive experiences in treatment. Buechler also warns the therapist to avoid being too much of a new affirmative object at the expense of allowing the patient to exhibit and work through self-destructive urges. Allowing the patient to achieve emotional balance is necessary for meaningful progress. Buechler states, “In how we treat ourselves as ‘objects,’ we live our values in front of the patient. Therapy is shame inducing as it prompts patients to let down their pride and face unpleasant parts of themselves” (p. 92).

The previously addressed chapters and topics in this review only scratch the surface of the wealth of information, clinical thought and literary metaphors available in this text. For the student, this book should be required reading as it provides a fresh and contemporary discussion...
of clinical considerations from the interpersonal viewpoint. For analysts who are proponents of other schools of analytic thought, the suggestions of increased emotional contributions of the analyst in therapy may not be openly embraced. However, from this reviewer’s perspective, Buechler’s text offers a wonderful array of clinical considerations especially with chronic and inpatient individuals. As in any psychotherapy relationship, individual case considerations, clinical judgment, timing, and professional boundary requirements may vary. Furthermore, the comfort level, experience, and skill of the therapist are germane.

In closing, I found this text to be well written, thought provoking, practical, and genuine as it bridges the gap between academic theory and real-world clinical practice. However, the only observation from this reviewer is that he found himself desiring more case and literary examples at times in which narrative treatment of certain topics became redundant or over-elaborated. Overall, this text is a gem and an excellent resource.

**References**


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**I: Preliminary**

As one might expect, inasmuch as he holds a doctorate in philosophy and is a practicing analyst, and though his book is scholarly throughout, Jon Mills was motivated by more than academic interest when he wrote *The Unconscious Abyss: Hegel’s Anticipation of Psychoanalysis*. This is not to say that the book offers clinical case material drawn from his own practice or from other sources; it does not. Rather, in showing that Hegel anticipated Freud, Mills seeks to accomplish two goals: first, he aims to restore the unconscious to the status and role it has in the Freudian body of writings; secondly, Mills aims to motivate the transformation of psychoanalysis into what he calls a “process psychology” or, equivalently, a “dialectical psychoanalysis.”

Were this to come about, a sea change in clinical thinking and clinical work should follow. Thus, the showing of Hegel’s anticipation of psychoanalysis (a highly successful *tour de force* by Mills), is intended to evoke something like the following reflections: if Hegel anticipated psychoanalysis, then psychoanalysis can benefit greatly, at the very least, from Hegel’s dialectical method (Mills repeatedly states in the book that he does not advocate adoption of Hegel’s philosophical stance *tout court*).

Other than by a passing reference to Jessica Benjamin’s use of Hegel, Mill’s does not discuss the work of contemporary analysts, e.g., Ogden or Hoffman, who believe that some version of dialectics should be a feature of psychoanalysis. Irwin Hoffman, for example, refers to his view of psychoanalysis as dialectical; however, Hoff-

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**Man** man maintains that in his version of dialectic, there is no reference to synthesis. In this respect, Hoffman’s version of dialectics is radically different from the Hegelian dialectic that Mills advocates for psychoanalysis. However, as Mills notes in his introductory chapter on the prehistory of Hegel’s notion of the unconscious abyss, the Hegelian dialectic is radically different from the Fichtean thesis-antithesis-synthesis; for Hegel, rather, every “synthesis” is a new beginning, and this places the emphasis properly: the dialectical process is ever ongoing. Perhaps Hoffman has not fully appreciated this aspect of the Hegelian dialectic.

The *Unconscious Abyss* is in many ways a remarkable book, particularly, as will be illustrated below, in the manner and content of Mills exposition of both Hegel’s and Freud’s ideas. Hegel has benefited from having quite a few superb expositors and interpreters; for example, from the contemporary literature, books on Hegel by Quentin Lauer, Charles Taylor, and Walter Kaufmann. However, Mills’ presentation of Hegel is like none other. While it contains many significant quotes from both Hegel and Freud, the book clearly is the product of an extraordinary process of internalization of Hegel’s writings and thought. Mills gives us Hegel from the inside, so to speak, Hegel as Mills’ lived experience of his thought, Mills’ love for and mastery of Hegel’s system, and Freud’s as well. Thus, Mills’ presentation of Hegel is neither merely expository nor merely interpretive; rather, it is a representation of Hegel infused throughout by a vision of the whole and by Mills’ conviction not only that Hegel anticipated Freud, but that if psy-
choanalysis is to have a future, *qua* psychoanalysis, that is, then it must be grounded in core ideas of Hegelianism.

From a critical perspective, it must be said that the marriage of Hegel and Freud is based on, so to speak, a prenuptial agreement; that is, Mills assumes that Freud’s philosophical perspective was not physicalist reduction (or positivist), as Hegel’s was not. This is certainly a plausible view of Freud for which many have argued, given that Freud’s own remarks are notoriously ambiguous on this point. Were Freud a physicalist reductionist, his system would be radically incompatible with Hegel’s. In the conclusion of this review, I will make some further remarks on this point.

The best way to characterize *The Unconscious Abyss* is by discussing the meaning of the phrase itself, as Mills understands it. However, before doing so it is necessary to discuss some of the most important factors that lead Mills to believe not only that Hegel anticipated Freud, but that Hegel provides a philosophical grounding for Freud’s conception of the psyche that gives psychoanalysis needed credibility.

For Mills, the view that psychoanalysis ought to be construed as a “process psychology” or a “dialectical psychoanalysis” is the outcome of comprehending the development of the ego from its inception in the unconscious abyss to its attainment of mature self-consciousness. This is so because Hegel’s notion of the inception of the psyche as “drive,” and as ceaseless self-activity and change is identical to Freud’s notion of “drive,” and anything that is in ceaseless change is necessarily in a process of becoming. Most important is a point Mills reiterates throughout his study: following Hegel, Mills insists not only that the ego (the ego in the psychoanalytic and Hegelian senses) originates in the unconscious; in addition and most importantly, he insists that the unconscious ontologically, logically, and developmentally precedes consciousness and self-consciousness and is the dynamic root of human psychic and psychosocial development. It follows from this that failing to appreciate this relation between consciousness and the unconscious amounts to abandoning psychoanalysis.

Mills is of course not the first psychoanalyst/theorist to deplore what is taken to be the jettisoning of the Freudian unconscious. Defense of the unconscious has nuptial agreement; that is, Mills assumes that Freud’s philosophical perspective was not physicalist reduction (or positivist), as Hegel’s was not. This is certainly a plausible view of Freud for which many have argued, given that Freud’s own remarks are notoriously ambiguous on this point. Were Freud a physicalist reductionist, his system would be radically incompatible with Hegel’s. In the conclusion of this review, I will make some further remarks on this point.

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Mills is of course not the first psychoanalyst/theorist to deplore what is taken to be the jettisoning of the Freudian unconscious. Defense of the unconscious has come from a variety of sources, including some theorists who proclaim that Freud was a physicalist reductionist and that the unconscious consists primarily of drives that originate biologically, i.e., in the body where the body is construed as pure materiality. The problem with this perspective is that it inevitably culminates either in an untenable pure materialism that denies freedom or in some form or other of psychophysical dualism, for example epiphenomenalism, which Freud at times espoused. Mills’ defense of the Freudian unconscious rejects the view that Freud was a reductionist, even though Freud understood correctly that drives originate in the biological body. This is one of the crucial points that Mills believes is resolved by the Hegelian perspective. The issue to be resolved is this: how do we understand both that drives originate in the biological body and at the same time that this is not a reductionist claim?

The solution lies in the rejection of mind-body dualism. The Hegelian philosophy is entirely monistic, and its method is dialectic. In this perspective, subjectivity and substance (nature, materiality) are dialectically interpenetrated such that the progress of Spirit (Mind) towards freedom is a progress from substance to subject. In other words, when subject recognizes nature as its own externalized self, spirit will have returned to its beginning prior to its own self-diremption (splitting into Nature and Mind). There is no dualism, then, because subject and nature are ontologically the same. Thus, physicalist reductionism (or positivism), the view that there is a nature that exists entirely independently of subjectivity, is untenable within the Hegelian monistic perspective. Importantly, however, Mills cautions that he does not advocate acceptance of Hegel’s entire system. For example, we need not accept Hegel’s notion of all of human history as the odyssey of Spirit towards Absolute Knowledge, i.e., freedom consequent upon Spirit’s reconciliation with its own alienated self, Nature.

What follows is an example of the method of explanation that Mills uses in his frequent, extended, detailed readings of Hegel and Freud.

II: The Unconscious Abyss

What is the unconscious abyss? A grasp of this phenomenon can be developed through consideration of some of its characteristics. First, the abyssal character of the unconscious means that the unconscious, which is always individuated, is ungrounded, i.e., it is self-grounded—it is not grounded by anything outside of itself. It is therefore a “singularity.” “For Hegel, the abyss is thus also the ego.” However, Mills emphasizes Hegel’s and Freud’s view of the origin of the ego out of the instincts or the material embodiment: “In its [the ego] self-identification it becomes opposed to its mere bodily form and thus constitutes its immateriality.” The ego, “this abyss…of all presentations, as what is thoroughly simple, as singleness, is set in absolutely stark opposition to matter, i.e., to the many, to what is composite.” Here, Hegel equates the abyss with the unconscious ego which is a singularity and set against its material instantiation.

Secondly, the unconscious abyss is the repository of all presentations, i.e., experiences, perceptions, imaginations, fantasies, repressed thoughts, drives, instincts, and so on. Mills develops these ideas in reference to Hegel’s comment on “magnetic somnambulism,”
...a form of amnesia Freud would probably describe as hysterical repression. Hegel refers to this as a form of “disease” in which the “soul is aware of a content it has long since forgotten, and which when awake it is no longer able to recall consciously...” Hegel notes that this type of forgetting is the result of “deposited...knowledge into the abyss [Schacht] of our inner being “which we have no power over” nor are we “in possession of.” These repressed contents “have gone to sleep in our inner being [and] often come forth during illness”

Mills points out that the two senses of unconscious abyss as both singularity (or ego) and as unconscious repository of all presentations indicate that there is an unconscious agency which his beyond conscious control for “how could one explain forgotten memories coming to light if there was not an inner unconscious agent guiding such processes?” Mills discusses a third manifestation of the unconscious abyss as disclosed in Hegel’s discussion of mental derangement where Hegel specifically refers to a process of “fixation” where psychic organization cannot progress past a particular stage of development. This occurs in the “self-absorption” of natural spirit when it acquires a particular content that becomes a “fixed presentation”. “This fixation takes place when spirit which is not yet in full control of itself becomes as absorbed in this content as it is in itself, in the abyss of its indeterminateness.”

Thus, the unconscious abyss is a singularity, i.e., it is self-grounded; it is the repository of all presentations; it is as ego an unconscious agency; and in its primordial origin, under adverse circumstances, capable of fixation. Mills goes on to maintain that several key psychoanalytical concepts are present in Hegel’s formulations, such as “self-absorption of primary narcissism, the fixation of the drives, and psychotic regression to a symbiotic and undifferentiated indeterminateness of the natural soul.” (All of the quotations above are from pages 59-61 of The Unconscious Abyss.)

As noted above, Mills does not expect, nor does he think it desirable, that psychoanalysis embrace Hegelianism tout court. From this point of view, the heart of The Unconscious Abyss is just Mills’ showing that Hegel did anticipate Freud to a remarkable degree, and, as I mentioned above, it seems to me that in this respect the book is an unqualified success. Furthermore, Mills’ claim that supplementing Freud with a philosophical stance that elucidates the prehistory of the psyche and the dialectical movement from that prehistory to mature self-consciousness gives greater credibility to the Freudian perspective seems to me to be a valid claim. However, I ask, does this conceptual state of affairs go far enough? In order to grapple with this, it is necessary to revisit Mills assumption that Freud was not a physicalist reductionist and some of the implications of that claim.

That Freud’s discourse was “mixed,” i.e., that Freud at times espoused views in the language of physicalist reductionism and that at other times his discourse used the language of disclaiming physicalist reductionism is generally accepted. As mentioned above, it is quite plausible to infer that Freud, or much of his work, reflects the disclaimer. On the other hand, Freud declared himself to be a Darwinian and, as far as I am aware, this aspect of his thinking has not been controversial, even though Freud at the same time indicated adherence to aspects of Lamarckism. No doubt Freud was an intelligent Darwinian, and, as a scientist, did not have a simplistic understanding of the theory of evolution. One of the implications of Darwinism is that the overriding drive of all living things is survival, survival of the species in and through survival of individual members of species, not through some group entelechy (although the notion of group entelechy is being revisited in some aspects of neo- or post Darwinian evolutionary biology.). In this sense, Freud’s perspective is incompatible with that of Hegel. For Hegel, the overriding goal of life, and of history as the expression of human life, is what Hegel referred to as absolute freedom, the very aspect of Hegelianism that Mills wishes to eschew. Indeed, the dialectic itself is the implicit means through which we progress towards freedom. There is no evidence at all, and this is not at all surprising, that Freud believed, as did Hegel, that history is meaningful. Put another way, we can say that there is no recognition whatsoever by Freud that human existence reflects a movement of transcendence, of that which is not merely non-reducible to materiality, but which in addition transcends survivalism. When Freud wrote that life seeks to return to non-life, organic being to inorganic being, however the notion of inorganic being is construed, he was expressing the complete absence of any consideration of life as a movement towards transcendence, or of the humanity’s ongoing creation and bestowal of meaning for human existence. Whether Freud was a materialist reductionist is one question; the other question concerns another form of reductionism: reduction of human life to overt or covert survivalism, and whether or not the two reductionisms imply one another.

Given this, what are the consequences for the contribution that a Hegelian dialectical process view can make to psychoanalysis? Or, put another way, the question I wish to ask is this: isn’t it necessary for psychoanalysis to construe itself as a perspective that, at the very least, does not foreclose consideration of meaning and transcendence? However, the Hegelian perspective does foreclose the question of meaning and transcendence by proposing that Spirit or Mind in its movement towards absolute freedom con-
The first section, “Thinking about Confidentiality,” outlines our intrinsic concern as practitioners: confidentiality is constitutive of the psychoanalytic process itself. And as Jonathan Lear reminds us in the very first chapter, we not only face threats to confidentiality from the outside, but also commit violations of this principle ourselves. These are committed not only out of carelessness, disrespect, loneliness, self-promotion, or financial gain, but also out of the need to transmit knowledge to the next generation.

Lear, a philosopher/psychoanalyst, looks at confidentiality as one of the virtues, in the Greek rather than in the Judeo-Christian sense, of the analytically wise person. Since few of us actually add to the body of “scientific” knowledge, he kindly suggests that we find ways to recognize excellent analysts besides expecting them “needlessly” to present case histories, and indeed suggests that whenever cases are presented, orally or in writing, the need to do so be justified against the strong claims of the principle of confidentiality. John Forrester adds that we are disingenuous to press our claim for the importance of confidentiality on the principle of “trust,” since “the analysis of the negative transference is the essence of psychoanalysis.”

Psychanalysis is the “shadow relationship” between the analyst and his patient. As the analyst, outside communication is her form of acting out. Arnold Modell’s very respectful paper holds that having our own thoughts is a biological as well as a psychological necessity, since identical twin studies have shown that we form our own unique brains out of experience as well as endowment. Thus, intrusions on one’s inner world are assaultive to homeostasis and not just unethical, illegal or psychotherapeutically detrimental.

Allannah Furlong suggests that we consider confidentiality “a skin rather than a lock,” as collegial psychoanalytic consultation may be desirable, and “a technical
means, not a moral goal,” as it allows free association in the analysand and hovering attention in the analyst. And finally, Charles Levin explicitly adds psychoanalytic theory to the discussion: “It is no longer possible to conceptualize confidentiality without object relations theory and recent developments in transference/countertransference dynamics, (as it) serves as a container for the analytic couple.” Levin delineates psychoanalytic confidentiality from civic confidentiality: “the unconscious doesn’t belong in court.” He and others point to the absurdity of “informed consent” in an analytic context, which is about understanding the unconscious reasons for things by not acting on them.

Section 2, “Dilemmas in Treatment, Research and Training, “ begins with a paper by Otto Kernberg, who believes there are factors like the patient’s psychopathology which make confidentiality impossible, stating that he warns patients that they will be reported under certain circumstances. However, he advocates fighting against external intrusions, e.g., managed care, and advises against testifying in court “outside Tarasoff, except in child custody situations.” Robert Galatzer-Levy avers that psychoanalytic research and confidentiality are both essential for psychoanalysis to survive, and offers eight possibilities for coping with this dilemma, ranging from “what he doesn’t know won’t hurt him,” to disguising the material, to informed consent. However, he shows that these have all led to violations of either confidentiality, conduct of the treatment or integrity of content.

Ronald Britton and Robert Michels independently comment on the training analysis, the former opining that occasionally material from the analysis must be revealed. (He describes a candidate, whom he considered not amenable to psychoanalysis (but who I think had developed a regressive selfobject transference that would well have been amenable to working through in a self psychological analysis.), “…the simplest arrangements allow for the greatest flexibility,” he states. Conversely, Michels believes that the training analysis is inviolate for clinical, not ethical reasons. Otherwise, it is a sham. This is my position, too, though I had a twinge of discomfort in reading that “a training analyst in a Rio institute remained silent about a candidate who was acting as a consulting psychiatrist in the torture of political prisoners” (Gampel et al., 2000).

Mary Kay O’Neal looks at the analysand’s need for confidentiality vs. the analyst’s need for privacy, throughout his career. What about the analyst’s need for self-expression, or to defend himself against accusation? Some institutes are now providing analytic wills, to address the analyst’s clinical records upon incapacity or death. In a survey O’Neal made of psychoanalytic institutes, she found that complaints for violation of confidentiality have rarely been made.

An introduction to the next section, “Clinical Prac-
in addressing the subject of confidentiality at the Toronto Institute, “my somewhat self-righteous and zealously enthusiastic has been tempered without inducing the need to jetison the whole works.” He points out that in Ontario, by having used universal health care benefits to be paid for psychoanalyses, including candidates’ training analyses, medical analysts are finding it more difficult to provide confidentiality to their analysands.

Paul Mosher, in “We Have Met the Enemy, and He (Is) Was Us,” offers a most helpful if disturbing summary of developments in the U.S., starting with J. Edgar Hoover’s 1952 editorial in the Journal of the American Medical Association warning physicians to turn in potentially subversive patients! As in Canada, organized psychoanalysis threw in its lot with the health care system when generous health benefits were initially provided. Gradually increasing amounts of information were requested, and provided, to insurance companies. Since reporting and warning laws, starting with “child abuse” and expanding to other possible offenses, have become widespread, “(t)he fundamental rule of psychoanalysis…places the patient in an untenable position.” Mosher clarifies that the infamous Tarasoff ruling does not require the analyst to warn of a possible threat to someone, but makes the analyst liable to civil suit if a patient harms a specified person. Actually, in this case, the therapist had notified the police of the threat, resulting in the patient’s stopping treatment. The killing followed later.

Mosher sees some hopeful signs: First, the U.S. Supreme Court in Jaffee v. Redmond (1996) ruled that the psychotherapist–patient privilege exists in the Federal courts, not subject to a “balancing test,” which would permit a judicial review. Second, HIPAA provides a singular exception excluding “psychotherapy notes” from a person’s medical record, and third, in 1999 the U.S. Surgeon General recommended stronger laws against third party disclosure for “mental health” information (as is already the case in several jurisdictions).

Robert Pyles offers a spirited inside view of “The American Psychoanalytic Association’s Fight for Privacy,” in which he is an active participant. The APsaA submitted Friend of the Court briefs, for example, in Jaffee and in Bienenbaum (a murder case in which a psychiatrist wanted to testify against someone he had previously seen). Pyles expresses outrage against the concept of a clinician’s testifying against someone he has met with, likening this to an involuntary colonoscopy or to the forced use of sodium pentothal. He asserts that all of our psychoanalytic societies must establish clear standards of practice, create a strong political presence through lobbying and participate in key cases.

Daniel Shuman, an attorney, looks at the possible legal bases for the confidentiality privilege, utilitarian (consequentialist) and deontological (ethics of duty). He believes that in common-law countries like the U.S., we lean more toward utilitarian arguments, but in fact we have not researched whether, for instance, people actually utilize psychotherapy more when they have prior assurance that nothing can be divulged. Therefore, we revert to the question of “what is right,” but this is more of a “balancing” perspective, since, for instance, we could also say it is right that defendants have access to any evidence that might exonerate them. Finally, Claire L’Heureux-Dube, retired Canadian Supreme Court justice, discusses whether it is an equal rights infringement for complainants in sexual assault cases to be required to release their psychotherapy records. She wrote a minority opinion to this effect, given that these complainants were predominantly women, and later her opinion was supported by the legislature and then by the judiciary.

In her epilogue, forty years later Anne Hayman revisits the witness stand. She was not trying to protect a specific patient, or even all her patients; she was trying to protect psychoanalysis. She reports having explained to the court that in psychoanalysis there is no such thing as informed consent, since unconscious motives are unknown and the influence of the transference could lead a person to do what he would later regret. Though she had no legal right to refuse information, and still would have none in Britain today, the judge excused her, understanding that she was acting on principle and would not relent. Hayman muses upon possible exceptions to her position: 1. What if an analysand seems to present a real danger, and analysis does not seem to reduce the risk? 2. What if the analyst hears truly dangerous information about a colleague, especially from an analysand? In humility, she recommends consultation with trusted colleagues.

Most of the authors writing about the delicate and mostly unconscious interplay between analyst and analysand, regarding breaches of confidentiality introduced by either, use such object relations concepts as the analytic container and projective identification. Translating these phenomena into my theory base, psychoanalytic self psychology, I would schematically say: The analysand’s profound fear of psychic disintegration is activated when the archaic selfobject longings threaten to re-emerge in the transference, since the individual fears crushing disappointment and retraumatization. However, the analysand must maintain some kind of selfobject connection at any price, also to protect against psychic annihilation. His unconscious solution, part of the defensive structure that forms in the transference to protect the nuclear self, is exquisitely similar to one that he had reached in relation to the available selfobject milieu during his development. In principle, this is amenable to analysis.

I found this book both richly textured and discon-

Ritual and Spontaneity, originally published in 1998, has been reissued in paperback format. It is the product of Irwin Hoffman’s effort to express the “implicit” theory at work in the way he, “almost as far back as I can remember in my career as a therapist” (p. xi), experienced the psychoanalytic process. Hoffman tells us that the writing project that produced Ritual was not a “linear” expression of his natural way of working. Instead, it emerged out of a “dialectical constructivist circle” (p. xii) within which the “principles and assumptions” of his clinical perspectives were co-constructed in indeterminate ways from the interaction of his unformulated potentials, his pre-existing determined and chosen constructions, and their myriad “personal, professional, theoretical, and cultural” contexts. In this way, Hoffman’s book project, and the theory it formulates, are deeply grounded in Hoffman as a clinician and person. Similarly, this book review is grounded in my reading of Ritual. I spontaneously and deliberately organize my understandings and articulations in ways that reflect my contextualist theoretical and clinical sensibility.

Dialectical Constructivism is Hoffman’s theoretical framework for understanding the psychoanalytic process and psychoanalytic knowledge. By extension, the framework is not only an instance of Hoffman’s own subjectivity, but also a theory of subjective experiencing itself, the subject matter of analytic processes and knowledge. Central to Dialectical Constructivism is Hoffman’s critical reaction to the “objectivist, technically rational stance” on the psychoanalytic process. To Hoffman, objectivism reflects an explanatory paradigm that is at odds with all that feels “alive and prominent in my clinical work” (p. xii). The objectivist perspective, and its associated classical theoretical paradigm, fail to account, he writes, for “the analyst’s human tendency to play out the unconscious dynamics of the transference/countertransference matrix through action instead of interpretation.

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extraordinary theoretical and clinical refinement).

For Hoffman, in the confines of a particular psychoanalytic relationship at a particular time, the structures that organize the patient’s and analyst’s respective subjectivities interact with, and mutually and reciprocally affect one another, in the co-construction of a kind of experiential and “social reality” (p. 16). Each of the patient’s and analyst’s constructions or subjective structures, and their co-constructing interactions, are delimited by the patient’s and analyst’s respective pre-constructed pasts, or preexisting structures; in turn, the present structures and their co-constructed products contextualize future constructions. In this way, pre-existing constructions and subjectively entrenched structures serve as kinds of social “givens” that shape and constrain the possibilities for future co-constructions. Presumably, experiential constructions that are repeatedly confirmed and reconstructed might manifest in the patient’s relatively invariant tendency towards painful, repetitive, conflictual, and probably resisted meanings and experiences. Co-constructions that derive from new forms of relating, perhaps with a Dialectical Constructivist analyst, might produce meanings, experiences and subjective structures that constitute something new and therapeutically expansive.

Others can share in credit for introducing and explicating the constitutive involvement of the analyst’s own subjectivity in the co-construction of the patient’s experience, and vice versa. Hoffman, however, is especially skilled at articulating his critical thought process on this subject—of formulating the clinical considerations and choices presented by objectivist versus Dialectical Constructivist driven epistemologies. I often found myself distracted from the substance of his ideas and taken up, instead, in a mixed experience of excitement from his thought provocations, discouragement at the prospects of emulation, and enjoyment of the aesthetics and agility of his shrewd psychoanalytic intellect. His theoretically sharp, yet clinically grounded, language pulls the reader into a seemingly effortless, yet highly purposive and alive writing.

Hoffman elaborates with originality a number of clinical implications that follow from the relational interactions of the patient’s and analyst’s subjective worlds. First, Hoffman discards the objectivist notion of the analyst as ontologically differentiated observer who is able to stand completely apart from the psychoanalytic relationship or process. Instead, as a constitutive contributor to the psychoanalytic process, the analyst might as well enjoy what he is spontaneously and inevitably a part of, and even step further into the fray. He is encouraged to recognize the contextual nature of the patient’s interpretations and experiences of him, and to release himself into relationally saturated enactments, like those that emerge within transference-countertransference dynamics.

Hoffman allows that as an expert, the analyst can claim (and be idealized as having) some privileged perspective on the social realities that produce, and are produced by, the complex and dynamic co-construction processes. This process is nonetheless ambiguous, since it is not (or only partially) built upon underlying preordained realities. Whereas in the objectivist paradigm the analyst is presumed to have a radically privileged and perspectiveless knowledge of psychoanalytic truth, in Dialectical Constructivism psychoanalytic truth and realities are predominantly, albeit not exclusively, co-constructed subjective experiences. In this way, the analyst is called upon, and arguably liberated, to hold his experiences of truth and reality lightly, and to abstain from universalizing them into absolutes that are insulated from challenge and dialogue. He is asked to view himself as clinically and theoretically fallible and, without abandoning his perspective to the patient’s, to listen to, to take seriously, and to learn from the patient’s interpretations of what is happening and true in a given session and in the therapeutic relationship.

Vested with a dialectical constructivist understanding of the patient’s experience, the analyst embodies a new kind of ethical and moral duty to act, choose and take responsibility (in ways that can be painful and easy to resist) for his part in the co-construction process. He acquires a kind of duty to reflect critically on how he conducts the analysis, and on the content and manner of what he does and says to the patient. Co-extensive with this responsibility is the patient’s responsibility for choices he or she makes in the “‘space’ between the source of influence and its impact” (p. xi). The result is an understanding that the process and realities that emerge in psychoanalysis can take innumerable forms, determined by a myriad of potentials and factors, including the mix of choices (especially choices of interpretation) that the patient and analyst each makes along the way.

This sort of duty is buttressed by the power and authority of the analyst as a modern version of those, like clergy, who have held idealized positions historically associated with privileged relationships to truth. There is a dialectic between the analyst’s spontaneity and his ritualized obligation to make good clinical choices, and, in conjunction with the patient’s subjectivity, an associated dialectic between spontaneity and ritual in the psychoanalytic process. Dialectical Constructivism crystallizes as not only concerned with psychoanalytic knowledge but also with clinical responsibility and what patients need. What patients need their analysts to do, and what analysts are responsible for choosing to do, is to know the contents and processes of their patients’ subjective emotional experiences in deeply relational or Dialectical Constructivist ways. Analysts are called upon to know the contingencies and vulnerabilities
of socially constructed emotional life and the complex multiplicity of contexts in which such life is embedded, including, for Hoffman, the existential contexts and “givens” of choice and mortality, a subject to which I now turn.

For Hoffman—the existentialist, the patient’s subjective experience (primarily a social reality) is embedded not only in social contexts but also in existential ones. These contexts, he contends, entail realities that are not (entirely) constructed, namely, the patient’s existential agency and mortality. These two existential contexts are among the most theoretically distinctive elements of Dialectical Constructivism and constitute the principal asocial “givens” of Hoffman’s given-made dialectic.

Hoffman puts unique emphasis on mortality as an existential and experiential context. “What emerges as a kind of ‘psychobiological bedrock,’ as the immutable, transcultural, transhistorical truth, is that human beings create their worlds and their sense of meaning in the teeth of the constant threat of nonbeing and meaninglessness” (p. 16). Reminiscent of other existential thinkers, the relative imminence of death, and a related urgency in life, represent the supraordinate experiential context—the context within which meaning is always co-constructed and “made,” and without which meaning is hard to imagine (p. 18). Although Hoffman uses language that is predominantly experiential, an implicit, and I believe problematic, ontological basis is manifest: “[M]ortality… is an objective fact in the background at every moment, regardless of the respective eschatological beliefs of the participants” (p. 22).

I am taken by Hoffman’s phenomenological elaborations, including in particular that of the dialectic of meaning and mortality. Nevertheless, I believe it is philosophically unnecessary and inconsistent to effectively decontextualize, or de-socialize, existential agency and mortality as “transcultural, transhistorical truth[s]” (p. 16) and “objective fact[s]” (p. 22). By what special method does Hoffman acquire such asocial knowledge? That free will and immortality have been debated throughout history, and continue to be debated not only between cultures but at contemporary Western holiday parties, without anyone conclusively putting the issues to rest, seems to me evidence enough that apodictic truths in this area are hard to come by. This is to say nearly nothing about how culturally loaded the notion of “mortality” is when equated with “the loss of the self” (p. 31, emphasis added).

If Hoffman wishes to ground his constructivism in a sound epistemology, as I believe he generally does, he cannot, while still being philosophically or even experientially consistent, shift gears and assert that in some special domains (such as the domain of his theorizing) his subjective process is exceptional and without context. Yet Hoffman does this sort of thing, I believe, under the cover of the dialectical principle (and its purported dissolution of unnecessary dichotomies) as he integrates the existentialist-in-him into his theory of knowing. He does it by establishing personal agency and mortality as metaphysical “givens” or objective facts that he knows in ways that do not involve the constructions so pervasively present in other forms of knowing (where knowledge is deemed one form of experiencing). Here, I call into question the subtle way that certain kinds of knowledge or experiential contents, for example psychoanalytic or philosophical propositions relating to so-called objectivities (existential or other), get exempted from their status as inevitably (at least partially) constructed subjective products. Hoffman’s integration of his existential “givens” into his framework as objectively or asocially knowable results in mixing fundamentally inconsistent positions: experience is social; experience is asocial. That his asocial givens are situated within a dialectic involving a pole of constructivism appears to me to avoid a difficult theoretical choice (or, like an attempt to have his cake and eat it too), rather than a successful marriage of otherwise incompatible partners.

However transcendent the propositions and contents of a psychoanalytic epistemology aspire to be, as products of the theorist’s subjectivity, they are always nonetheless inextricably embedded in the theorist’s personal subjective world. Hoffman would appear to concur with this thesis, yet claim exemption with respect to certain theoretical positions. An ironic process of decontextualization (dys-constructivism) is at work in Hoffman’s otherwise careful elaboration of a context-based epistemology. While at once building a theory of psychoanalytic knowledge, i.e., a theory of how we know experiencing, which integrates context as constitutive of subjective experiencing (e.g., the context of the analyst’s “personal participation” and subjectivity is constitutive of the patient’s current experience), he contemporaneously elevates certain products of his own (presumably contextual) subjectivity, namely, theoretical propositions about human existence, to the status of contextless absolutes.

I do not object to the notion or asocial factuality of realities such physical death, but only to the conviction that we can know them asocially, without the contribution of our own constructions, or from a perspective that is not embedded in context. What is insufficient about knowing existential givens only partially or from socially co-constructed perspectives on them? This is not solipsism, but rather perspectivalism. The alleged and purported universality of Hoffman’s existential “givens” is not (at least not entirely) a product of their ontological status as asocial absolutes but instead is a product of a highly co-constructed, contextual, yet emotionally and rhetorically decontextualizing process that I call “universalization,”
specifically, Hoffman’s universalization of *his* perspective and experience of agency and death.

My philosophical objection has, at best, unclear implications for the way Hoffman, or any dialectical constructivist, practices psychoanalysis. Nevertheless, it refers generally to a subjective process the structure and employment of which can, I believe, dominate in developmental and clinical contexts. Hoffman’s epistemological exception (vis-à-vis agency and mortality) to what otherwise would be a more philosophically consistent (yet still “critical” (p. 21)) constructivist stance potentially could lead, in the clinical setting, to disavowals or invalidations of contextual dimensions of one’s own or others’ subjective emotional experiences. This might be especially problematic for those whose sense of experiential validity and differentiation is not yet established or is otherwise vulnerable.

Even though I suspect the depth of Hoffman’s theoretical and, more importantly, clinical social constructivist sensibilities override any privileging of his own existential experiences, I remain concerned that the form and content of central aspects of Dialectical Constructivism re-institutionalize subtle varieties of objectivism’s dark side, namely, the decontextualization of personal experience. It may be more problematic, not less, that this decontextualization occurs stealthily within an otherwise profoundly contextualizing framework.

Ultimately, what was more interesting to me than the centrality of mortality to human psychological life and to the psychoanalytic process, was the centrality of mortality to experience and psychoanalysis in *Hoffman’s theory*. I felt a strong desire to ask, “What about Irwin Z. Hoffman as a person and theorist informs this aspect of his theory?” “What meaning, if any, does this all have with respect to the way Hoffman relates as a clinician and person?” Although I respond critically to the way Hoffman-the-existentialist integrates himself into his epistemology, I am deeply affected by his refined descriptions of his various dialectics. Perhaps most powerful for me, however, are two of his big-picture messages: identifying and reflecting on the epistemological presumptions that underlie our analytic doctrines and clinical work are critically important activities; adoption of deeply relational, if not Dialectical Constructivist, attitudes about psychoanalytic processes and knowledge is what we clinicians should strive for, and is what our patients need.

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*Diachrony in Psychoanalysis* is a series of essays by André Green about time in psychoanalytic thinking, written and published in French between 1967 and 1994 and translated into English by Andrè Weller and published in 2003. It is clear that time, psychoanalytic time, has been on André Green’s mind for a very long time. I had been time-deaf while reading Green’s other work, not attending to the role of time in his work. In this review of *Diachrony in Psychoanalysis* I will first review the impact of Green’s work published in English before this book on diachrony, then explore what he says in *Diachrony in Psychoanalysis*, and end with how an understanding of diachrony helped me to better understand Green’s thinking and quarrels with structuralists and Daniel Stern.

I keep coming back again and again to the work of André Green. There is so much that he has written that has been incredibly illuminating. For instance, in 1975 he published in English the article “The analyst, Symbolization, and Absence in the Analytic Setting” that anticipated much of the thinking of relational and intersubjective theorists. Green (1975, p. 11) noted that at the beginning of the development of object relations theory, attention was directed at the interaction of the self and the object in terms of internal processes.

Not enough attention was paid to the fact that in the phrase “object relation” the word “relation” was the most important. This is to say that our interest should have been directed at what lies between these terms, which are united by actions, or between the effects of different actions. In other words, the study of relations is that of links rather than that of the terms united by them. It is the nature of the link which confers on the material its truly psychic character which is responsible for intellectual development. (Green, 1975, p. 11).

In exploring “what lies between” self and object, infant and mother, patient and analyst, Green drew on the work of Bion and Winnicott to develop the idea of an “analytic object”:

But in the end the real analytic object is neither on the patient’s side nor on the analyst’s, but in the meeting of these two communications in the potential space that lies between them, limited by the setting which is broken at each separation and reconstituted at each new meeting. If we consider that each party present, the patient and the analyst, is composed of
two parts (what they live and what they communicate), one of which is the double of the other (I use the word double in the sense of a wide homologous connection while admitting the existence of differences), one can see that the analytic object is formed of two doubles, one belonging to the patient and the other to the analyst. (Green, 1975, p. 12).

In addition to the emphasis on relationality and introducing the idea of the analytic object, Green also outlined the idea of the analytic third in this article. Green (1975, p. 13) expanded on Winnicott’s observation that “there is no such thing as a baby” by noting that there is no such couple formed by the mother and baby, without the father. In every meeting of baby and mother, a third is also present. Similarly, when the mother mirrors the baby, a third, the mirror, is also introduced. And every communication introduces a distance between the self and the object. In every analytical hour, there is the patient and the analyst and the space between, the potentially analytical space that is the third.

This early article by Green has been used by Thomas Ogden (1997, 1998) to develop his understanding of analytic objects, the analytic third, and transference. Ogden described in Reverie and Interpretation how analytic objects are created in the process of generating analytic meaning in the analytic relationship: what had seemed to be just an envelope or the taking of one’s pulse, in the analyst’s reverie, takes on meaning in relationship to the patient. When the envelope became more than an envelope and the taking of one’s pulse more than a nervous, personal habit, a third subjectivity is discerned. Ogden (1998, p.64) noted that “this third subjectivity, the intersubjective analytic third, is the product of a unique dialectic generated by/between the separate subjectivities of analyst and analysand within the analytic setting.” Both patient and analyst transfer their “experience of the internal environment within which one lives” (Ogden, 1998, p. 138) onto the analytic setting. Jessica Benjamin (1999, p. 208) also utilized Green’s article to suggest “that the mother-infant relationship already contains this thirdness in the very form of communicative dialogue prior to the child’s symbolic process to language.”

There was so much in this early article that excited me and informed my clinical work, and yet Green also troubled me. He continued to emphasize drives when I was not sure they were necessary. And at the end of this article he alluded to something that I did not understand. “Without embarking on a critique of our psychoanalytic concepts of development, of which many seem to me to adopt a non-psychoanalytic notion of time,” Green (1975, p. 18) wrote in his final paragraph in 1975 and I felt uneasy. What is it about development that Green would critique? What is a psychoanalytic notion of time?

In 1986 Green published in English what has become his best-known article among English speakers, “The Dead Mother.” In this paper Green described a patient suffering from “the dead mother complex” in which the mother is not literally dead but is not available anymore because of her own bereavement. The child experiences this as a catastrophe and it “carries in its wake, beside the loss of love, the loss of meaning” (Green, 1986, p. 150). Green noted that adults with a dead mother complex who come into analysis do so not with depression but with “acute conflicts with those who are close” (Green, 1986, p. 149) and impotence to withdraw from a conflictual situation, impotence to love, to make the most of one’s talents, to multiply one’s assets, or when this does take place, a profound dissatisfaction with the results (Green, 1986, p. 149).

Thomas Ogden used this article to reflect on emotional deadness and its role in interfering with the analyst’s freedom to think. For Ogden (1997, p. 25) Green “made a pivotal contribution to the analytic understanding of the experience of deadness as an early internalization of the unconscious state of the depressed mother.” Faced with the patient with a dead mother complex, the analyst often experiences deadness and an inability to think. Michael Parsons (2000) used the article to explore the relationship between psychic reality, negation, and the analytic setting. Parsons (p. 184) noted that the dead mother, absorbed in bereavement, “cannot give up what is no longer there” and “the child’s life and the mother’s relationship with the living child have been negated.” Parsons called this a destructuring use of negation. The constructive work of the negative, on the other hand, requires a certain psychic mobility, a capacity to shift between negating and affirming, separation and connection. Broadly speaking, the ability to use negation in this provisional, flexible way, so as to establish a creative kind of psychic reality, is an index of well-being….The depth and quality of our emotional and thinking life thus moves to a kind of tidal rhythm, which we may sense both in the short term, within a single hour or day, or over the years. (Parsons, p. 185)

Reading “The Dead Mother,” years after it was published, I found myself thinking of the work of Geraldine Dawson (1994) and Beebe and Lachmann (1988). They too had observed infants abandoned by mothers preoccupied with loss and had written about its impact on development and implications for treatment. My earlier concerns about Green’s allusions to psychoanalytic concepts of development having a non-psychoanalytic notion of time were eased. But reading Green’s (2000) response to Daniel Stern,
I began to see that I may have misread Green just as Green (2000, p. 42) was accusing Stern of doing: “he (Stern) curbs my description in order to make them fit his own point of view.”

I certainly curbed my description of Green, ignoring his 1995 article, “Has Sexuality Anything to Do with Psychoanalysis?” Green (1995, p. 871) reminded his readers that “Freud placed sexuality at the centre of psychic development, psychoanalytic theory and clinical work.” And when Green talks about sexuality, instincts and drives also enter the picture. This would be reason enough for me to curb my description, but Green also criticizes Balint and Klein and the contribution of infant observation to psychoanalytic thought:

Too much importance has been given to the ideas of the observers who can only observe what happens during the moments of exchanges. As there is hardly anything to observe at the other periods when the baby is by himself, the reaction is to understate their importance and to deny the world of solitude of the baby, because it is unthinkable for us (Green, 1995, p. 876)

In responding to Stern, Green (2000, p.69) stated,

We have to remember, again and again, that the specific task of psychoanalysis is the analysis of intrapsychic work, either in a subjective way or through the intersubjective relationship. But we should not forget that an intersubjective experience or an object relationship or “being with the other,” as Stern says, necessarily connects two intrapsychic structures both anchored in the unconscious and in bodies.

What does it mean to say that the specific task of psychoanalysis is the analysis of intrapsychic work? I thought I was understanding Green when I read about the importance of the analytic object and the analytic third, but in reading his article on sexuality and his debate with Daniel Stern, it was clear that I was missing something that Green feels is essential.

In the plenary discussion of his debate with Daniel Stern, Green (2000, p.128) mentions that he has been working on the concept of time in psychoanalysis and I wondered if there, in his work on the concept of time, I might reach a better understanding about Green’s wariness about developmental theories and his thinking on intrapsychic work, the unconscious and bodies. In 2002 Green published Time in Psychoanalysis in which he reviewed several (sometimes conflicting) hypotheses Freud developed about the concept of time in psychoanalysis. These hypotheses included libido theory as a developmental point of view with fixations and regressions, the process of nachtraeglich or “retroaction,” dreams as a form of indirect recollection, the timelessness of the unconscious, the role of primal phantasies in categorizing experience, and repetition compulsion. Taken together, Green suggested, these hypotheses give a complex theory of temporality with a diachronic heterogeneity. But what do we mean by the diachronic in psychoanalysis? And how does Green’s work on time in psychoanalysis fit with his earlier work?

Interestingly enough, Green does not define diachrony in Diachrony in Psychoanalysis. Instead he refers to the Saussurean position which “rests on a common denominator ‘chronic’ which is divided into syn-chronic and dia-chronic” (Green, 2003, p.25). Green also seems to be comparing structuralism with psychoanalysis: structuralists are concerned with structure (synchrony) while psychoanalysts are concerned with history (diachrony). This understanding of the difference between synchrony and diachrony is consonant with Frank Kermode’s (1985) distinction of diachrony as studying things in their coming to be as they are, while synchrony concerns itself with things as they are and ignores the question of how they got that way. This also suggests that diachrony will be concerned with origins and development, phantasy, memory and meaning.

Green (2003, p. 4) is quite clear about the six elements that constitute a Freudian model of diachrony:

1. libido development and the points of view of regression and fixation it implies
2. the compulsion to repeat with its phenomena of scan- sion
3. the timelessness of the unconscious underlining the permanence of desire
4. the diphasic development of sexuality which, as the individual progresses, turns the adult’s choices into as many returns—without his knowing it—towards the object choices of infancy, after the silence of repression
5. the opposition between perception and memory, and their respective connection with the conscious and unconscious systems
6. the hypothesis of hereditary memory-traces.

Here is how I understand what Green is saying about these six elements:

1. Green (2003, p. 2) distinguishes between two tendencies in psychoanalysis: valuing history to the detriment of structure versus favoring synchrony that has discourse and language take dominance and precedence over the historical point of view. I believe Green is saying that we need to balance both tendencies. Green (2003, p. 2) writes that it is an error to
make an absolute identification between history and libidinal development. But we also need to attend to “the dragging movement of regression and the fascinating power of fixation” (Green, 2003, pp. 2-3). Libidinal development is spurred by Eros but regression and fixation come from the death drive. So here Green is putting the libidinal and death drives in the first element of diachronic time. The death drive can stop time or cause us to return to an earlier time. The death drive splits time.

2. Green also notes that libidinal development is punctuated by loss as we move from one stage to another (e.g., oral to anal to phallic to genital) and by loss of the object. This movement and these losses create a gap or a blank which punctuates time (so it can be scanned). We learn as infants that our caregivers are not available every moment of our lives. Green devotes a chapter to how we deal with this loss by repeating the dance of loss and reunion, illustrated through a re-reading of Beyond the Pleasure Principle and retellings of Freud’s description of his grandson’s wooden reel game (fort-da).

3. Green (2003, p. 77) would also say that repetition of the fort-da game gives it meaning and allowed Freud to see that the repetition functioned “to abolish the lack created by his mother’s absence.” In repeating the desire for the mother’s return, the game illustrates the indestructibility of desire. And because desire is indestructible, there is a timeless element to the unconscious.

4. Green (2003, p. 14) notes that desire is not only indestructible but also “has a retroactive effect, referring the subject to a past desire. This is nachtraeglich again. And that first desire was for the mother who in her absence was Other.

5. Nachtraeglich, retroaction, is a deferred action and indicate again the splitting of time into the present moment of perceptions and the unconscious moment of a past desire. Green tells us that experience happens in the present moment and that we consciously perceive it. He (2003, p. 15) reminds us that Freud said “all repressions are of memories, not of experiences.” Since repressions live in the unconscious, so memories are residents of the unconscious. Green (2003, p. 16) also reminds us that Freud stated that memories are structured retroactively “which separates the moment of experience from the moment of signification.” So we live in two times; experience and signification are not contemporaneous.

6. Green devotes a chapter to the primal in psychoanalysis in which he struggles with the idea that the Oedipus Complex is a hereditary memory-trace. Green (2003, p. 66) writes that “from the moment there is intergenerational transmission—and this is the inescapable case of human beings—the primal no longer exists except as a convention, which for practical reasons, fixes more or less arbitrarily a limit to the theory that is more arbitrary than logical.” Green (2003, pp. 66-67) that the Oedipus Complex is just one primordial schema and that four others might be taken into account: phantasies of separation and loss, phantasies of destructive penetration, phantasies of expelling and emptying, and phantasies of autonomy and autolysis.

How can we connect what Green is writing about diachrony to his earlier writings? As I think back to Green’s writing on the analytic object, I remember that in the creation of an analytic third, a distance is introduced between the self and the object. This distance is like a cut (Green [2003, p. 6] uses the French word coupure) between self and experience. This cut is a form of scansion.

This distance created by the analytic third is also felt as a loss of the object. Green introduces Diachrony in Psychoanalysis with a poem by Neruda in which there is the image of a watch cutting time. Time also cuts up our experience and meaning comes after the fact. Meaning comes after experience, after loss.

The real discovery of psychoanalysis is not only to have shown that dreams, phantasy, parapraxes, symptoms and neurosis have a meaning, or that the essential aspects of the life of a given subject reveal a certain order; it is in having discerned that this order, this latent organization also carries the scar of a refusal, a rejection, a bar (Green, 2003, p. 7).

Part of what Green is trying to tell us is that the distance created by the analytic third is not only spatial but also temporal. Perception exists in the present moment; it is what the infant observers see. But memory comes later, sometimes much later. Memory involves making meaning of our perceptions. It is a structuring after the fact, what Freud called nachtraeglich. In an interview with Gregorio Kohon (1999, pp. 13-14), Green reported that he believed that “The Dead Mother” is a paper which has been valued not only for its clinical findings, but because it is linked to a personal experience. When I was 2 years old, my mother had a depression… I can only suppose that I have been strongly marked by this experience which, of course, needed three analyses to relieve fully.”

What Green is doing in his analyses is transforming the experience, the perception of his mother’s depression, into a psychoanalytic object. The dead mother and Continued on page 89
Readers of this book-length criticism of the Rorschach Test and, more pointedly, the Rorschach Comprehensive System (CS) developed by John Exner, may have been alerted by controversial articles appearing in professional journals, popular media outlets (e.g., New York Times Magazine, Scientific American) and symposia at professional meetings over the past several years. Wood, Nezworski, Lillienfeld, and Garb have developed a peculiar fixation on the Rorschach Test, adopting an unrelentingly skeptical posture that equates use of the test with fortune telling, claims of the paranormal, and junk science (what they refer to as “widespread quackery,” see also Lohr, Fowler, & Lilienfeld, 2002). The authors characterize Rorschach developers as “wizards” whose “tricks” were designed to defraud and mislead the gullible. They insinuate that Rorschach clinicians are members of a cult-like religious movement whose motivations are mercenary, or worse. A review of their output suggests that this fixation has come to characterize a significant portion of their scholarly interest. This overdetermined fixation on the Rorschach Test seems curious. One wonders why they haven’t focused on widespread unsubstantiated assessment methods and practices that have profoundly negative effects, for example, polygraph or plethysmographic testing, efficacy of anger management, so-called attachment therapies, or diagnostic mammography.

What’s Wrong with the Rorschach? is an informative critical biography and cultural history of the Rorschach Test’s development, its advent in the United States, dissemination during the glory days of the ‘40s and ‘50s, period of apparent decline during the ‘60s, and resurgence with the advent of the Comprehensive System. In contrast to most books on the Rorschach, the authors take a less than adoring view of Rorschach “heroes.” What’s Wrong with the Rorschach? is not exactly Rorschach hagiography. In fact, the authors debunk the cult of Rorschach “great men,” and dispel many of the bombastic claims made about the test over the decades. They pick out certain of the Rorschach “great men” for particular lambasting, for example, Bruno Klopfer and John Exner. Marguerite Hertz, on the other hand, is lauded throughout, based on the rigor of her dogged insistence on grounding the test scientifically.

Much of this material is informative, some of it amusing. At many points, the author’s arguments are incisive and critical. They point out a number of factors that well-informed Rorschach clinicians have been aware of for years. Some of their criticisms deserve serious attention from the Rorschach establishment, for example, the weak scientific database derived from Exner’s “in house” research, Exner’s disinclination over the years to include or recruit the work of researchers outside of his establishment, the problem of “R” (why the Rorschach community didn’t adopt a fixed R a long time ago as did the Holzman Inkblot Test has long been a mystery to me), the mediocre performance of DEPI or some of the other CS indices, the recent “overpathologizing” debate, and the embarrassing issue of the duplication of a significant number of records in the so-called “normative data.” (I have known John Exner since the late ‘70s when I took my first Rorschach workshop. Exner resisted calling these samples of outpatient, inpatient, depressed, etc., subjects “normative.” He referred to them as “reference data”). To their credit, Wood, et al.’s criticisms of the Rorschach Test have stimulated a flood of Rorschach research in refereed journals examining both clinical and methodological issues. Overall, the author’s effort to convince the informed reader of the Rorschach Test’s fundamental bankruptcy fails given their selective review of the scientific evidence (MacCoun, 1998) and undisguised polemical intent. Despite the book’s easygoing, somewhat avuncular tone, it becomes clear quite early on that a dispassionate assessment of the Rorschach Test is not the author’s intent. What’s Wrong with the Rorschach? is popular, albeit well-written polemical screech, not a scientific treatise. The authors thoughtfully included the undersigned as one of the “supporters and followers” of their work.

They make one specific and two general errors that deserve comment. They take me (along with my former student, Greg Meyer, current editor of the Journal of Personality Assessment) to task on p. 232 and again on p. 266 for asserting that “Rorschach scoring reliability of .61 is “good” and that reliability of .74 is “excellent,” disingenuously, perhaps, failing to remind the reader that standards of what constitutes adequate reliability depend on whether one is referring to an intra-class correlation or a kappa coefficient. It is generally accepted that kappa coefficients .61 and above do indeed reflect “good” reliability (Acklin, McDowell, Verschell, & Chan, 2000). The second issue concerns the author’s failure, despite having the opportu-

1 I unapologetically refer to the inkblot test developed by Hermann Rorschach as the Rorschach Test fully realizing that others have proposed alternatives including Rorschach Inkblot Method or Rorschach Technique. “The Rorschach” although of common parlance, seems much too vague.
nity of an interested reader’s attention for 324 pages, to
give a good accounting of what the Rorschach Test is really
about. They suggest the test’s persistence and popularity
has to do with wizardry, or perhaps chicanery, but realisti-
cally speaking, all of their attention in a growing list of
publications does not yield a clue.

We have adopted the position over the years in both
our theoretical and research endeavors that the Rorschach
Test yields a sample of verbal behavior that embeds the
respondent’s stylistic dispositions and repertoire of ego
states. This verbal material, in the form of a written proto-
col, may be coded by any number of pertinent coding
schemes (We have proposed that computerized content or
text analytic approaches may render the whole statistical
debate moot; see Gottschalk, 1979). As such the material
provides a deeply personal, that is, idiographic view of the
person (Stricker & Gold, 1999).

On occasion, the authors give credit where credit is
due, for example, the previously mentioned lauding of Mar-
guerite Hertz, recognition of the Joseph Zubin (a thoughtful
and well-informed critic of the Rorschach Test), mention of
the Thought Disorder Index by Philip Holzman, or the
work of Edward Aronow, who uses the Rorschach as a clin-
technique not a psychometric instrument, and the
strongly empirical work of Goldfried, Stricker, & Weiner
(1971). Consistent with their selective use of the literature,
however, they skate over the weighty scientific contribu-
tions of Robert Holt and Sid Blatt. There are excellent
suggestions/recommendations concerning canons of Ror-
schach research and necessary foundational psychometric
requirements for scientific respectability (Exhibit 9.2).
They rightly criticize misuse of the test for purposes that it
should not be used, for example, vocational choice or con-
firmation of sexual abuse. They seem to identify the Ror-
schach Test as uniquely flawed among instruments com-
monly used in assessment psychology. Many of their criti-
cism are relevant to any psychological test used inappropri-
ately by a poorly trained clinician. They fail to place the
Rorschach’s capabilities into context with other assessment
instruments (e.g., the MMPI), or the general weakness of
“soft psychology” in general (Acklin, McDowell, & Ornd-
duff, 1992; Cohen, 1962, 1988). They suggest that the Soci-
ey of Personality Assessment and the Journal of Personali-
ty Assessment, two respected, long-standing organizations
dedicated to psychological evaluation, are corrupt and self-
serving.

A third, serious weakness is most apparent in the
way that the authors conclude their argument and, thus, the
book. Chapter 12 (“Objection, Your Honor! Keeping the
Rorschach Out of Court) and the Epilogue are notably
weak. The authors fail to take advantage of a decisive
opportunity to make their argument that the Rorschach Test
should be inadmissible in court by avoiding a thorough
analysis of the Rorschach literature in relationship to cur-
cent admissibility standards (Frye Test, Federal Rules of
Evidence, Daubert and Kumho). This, of course, they could
not do since theirs is not a dispassionate inquiry. The Epi-
logue suggests their ultimate befuddlement: How could or
does the Rorschach Test maintain its endurance and clinical
popularity? As clinicians persist in using the test despite the
depredations of managed care and the criticisms of Wood,
et al. and their ilk, there must be some other reason beyond
fad, mendacity, or self-serving economic motivation. Here
the authors appear clueless.

What’s Wrong with the Rorschach? is not and does
not purport to be a systematic analysis of the behavioral
science foundations of the Rorschach test. This has yet to
be written. Because of this, despite an informative and gen-
erally well-written text, the authors fail to make their case.
It remains for the community of Rorschach researchers and
clinicians to meaningfully address the valid critical points
raised here in a way that establishes a firm empirical foun-
dation for the Rorschach Test’s continuing use. Although
the authors call for a moratorium on the test, which even
they admit is unlikely to occur, they should be satisfied if
Rorschach Test users adopt a more critical and informed
approach to all of their assessment endeavors.

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**Report on Trauma Interest Group**

**Judie Alpert, PhD**

*Within the American Psychological Association, there is an ongoing effort to establish a Division of Trauma Psychology. The purpose of the proposed division is to provide a forum for scientific research, professional and public education, and the exchange of collegial support for professional activities related to traumatic stress. The proposed division would enable scientists and practitioners to work together. While Terry Keane (Division 18, Psychologist in Public Service) and Judie Alpert (Division 39, Psychoanalysis) initiated the activity, almost every division has representation and has been involved in some way in the effort to establish a Division of Trauma Psychology. We hope you will support the establishment of the Division of Trauma Psychology.*

**Do We Need a New Division?**

We need a Division of Trauma Psychology. Psychology as well as the world are changing. As needs arise, change must occur within APA. We need a division that will allow for cross-fertilization among psychologist researchers from diverse research perspectives, psychologist practitioners from diverse perspectives, and between psychologist researchers and psychologist practitioners. The proposed division should serve to further a scientifically informed approach to practice and a practice-informed approach to research and, ultimately, improve assistance to people in need.

The range of issues that the proposed division could focus on are important and include:

1. **Training:** Training for Graduate Students, Interns, and Fellowships in the area of traumatic stress exposure and PTSD.
2. **Health Service Delivery:** Work toward improving health service delivery in mental health and in physical health for people with trauma exposure.
3. **Integration:** Integrate diverse areas of study such as: combat, rape, domestic violence, child physical and sexual abuse, refugees, torture survivors, prisoners of war, community violence, occupational traumatic stress. There will be an effort to understand the underlying principles leading to the development of psychopathology, disability, and distress as well as leading to resilience and mental and physical health. Also, there will be an effort to integrate knowledge from clinicians into research and knowledge from research into practice.
4. **Research:** Support academic researchers studying these diverse areas. Possibly develop an integrative journal for the field. The effort will be to further a more practice-informed approach to research and a more scientifically informed approach to practice.
5. **Funding:** Work in conjunction with federally funded centers of excellence to support clinicians, researchers, and students in the area. There are now national Centers for Trauma funded for both adults and children. Work with APA to influence funding agencies both private and public to understand the public health consequences of trauma exposure and PTSD.
6. **Prevention:** Support prevention research and practice.
7. **Public Education:** Work toward increasing public education.

The areas of publication that might be of foci include:

1. Psychological treatments and effects
2. Pharmacological treatments and effects
3. Promotion of education about effects of and treatment for trauma
4. Assessment and diagnosis
5. Psychopathology
6. Pathophysiology
7. Health services (delivery of services to trauma populations)
8. Epidemiological studies and risk factor studies
9. Neuroimaging studies

In order to provide some background related to the proposed division, we pose and answer a number of questions

1. **Who Has Been Involved in Working Toward the Establishment of the Division?**

   Almost every division within the APA has representatives on the Trauma Interest Group. Here is a listing of some of the people who have been most involved in working toward the establishment of the division: Ed Nightingale, Laura Brown, Laura Barbanel, Chris Courtois, Bob Geffner, Katherine Kendall-Tackett, Dean Kilpatrick, Laurie Pearlman, Marty Seligman, Kay Saakvitne, Peter Sheras, Harry Wexler, Shilpa Taufique, Etzel Cardena, Gerald Jacobs, Richard Tedeshi, Steven Gold, Nina Thomas, Gail Goodman, Elana Newman, Jon Perez, Maria Root, Sari Dworkin and Judie Alpert. Staff from the American Psychological Association who have been very helpful include: Gwen Keita and Sarah Jordan.

2. **How Did the Trauma Interest Group Organize?**

   The Trauma Interest Group was formed as follows: Judie...
Alpert (the Division 39, Council Representative) attended the February, 1999 APA Council meeting. Hearing very little about trauma on the floor of Council, she tapped a few Council colleagues, Terry Keane (Division 18, Psychologists in Public Service) and Laura Brown (Division 35, Psychology of Women) and suggested that they tap a few more folk who they knew from the trauma world and invite them to lunch. APA staff members Drs. Gwen Keita (Women’s Program Office) and Sarah Jordan (Divisions Services) provided support.

During that lunch meeting, a questionnaire was developed. It was sent to all division presidents. The purpose of the questionnaire: to find out what is being done throughout APA on trauma, and to work toward doing more. The results of the questionnaire: there is an interest in having coordination of trauma activity within APA as well as an interest in having a mini-convention on trauma. While an Office of Trauma within APA was initially proposed, pragmatics hit, and the final decision was to work toward the establishment of a Division of Trauma Psychology.

3. What has the Trauma Interest Group been doing?
In addition to collecting signatures, which is necessary in order to establish a division, we have engaged in the following activities.

• ANNUAL MEETING AT APA CONVENTIONS: Since 1999, we have held annual meetings at the APA convention. While Division 39 sponsored these meetings, various other divisions co-sponsored. At these meetings, we talk about our work and develop plans for joint activity, including the establishment of a division.

• DEVELOPING A MISSION STATEMENT (Laurie Pearlman and Kay Saakvitne, Chairs): We have developed a mission statement. Presently, it reads: Traumatic stress is a major factor in the health and well-being of people who have endured such miseries as childhood abuse and neglect, adult assault, natural and human-induced disasters, sudden loss of loved ones through homicide, transportation accidents, unintentional injuries, war, chronic poverty and injustice, and certain medical and surgical procedures. The purpose of the proposed APA Division of Trauma Psychology is to provide a forum for scholars and practitioners interested in research, prevention, treatment, and public education related to traumatic stress. We envision the new division as one that would allow for cross-fertilization among psychologist researchers from diverse research perspectives, psychologist practitioners from diverse perspectives, and between psychologist researchers and psychologist practitioners. The proposed division should serve to further a scientifically informed approach to practice and a practice-informed approach to research and, ultimately, improve assistance to people in need.

• IDENTIFYING A STEERING COMMITTEE: A steering committee (Judie Alpert, Laura Brown, Chris Courtos, Bob Geffner, Terry Keane, Katherine Kendall-Tackett, Dean Kilpatrick, Laurie Pearlman, Kay Saakvitne, Peter Sheras, Shilpa Taufique, Harry Wexler) was established.

• DEVELOPMENT OF A TRAUMA LISTSERVE AND OTHER MEANS OF COMMUNICATION (Shilpa Taufique, Preetika Pandey Mukherjee, and Judie Alpert, Chairs): The Trauma Interest Group has a listserv, which was administered by Shilpa Taufique and is presently administered by Preetika Pandey Mukherjee. Thus far the listserv has enabled members of the interest group to (1) communicate with each other in working toward the development of the division, (2) identify individuals across divisions to develop research projects as well as presentations at conventions, (3) share information (about training in trauma, assisting around 9-11, etc.). If you would like to join the listserv, e-mail Judie Alpert at JudieAlpert@nyu.edu. Identify the item as: “Join Trauma Listserv.” We would be delighted to have you join.

• SPONSORING A HOSPITALITY SUITE: Every year (since 1999), we have hosted a hospitality suite, which Division 39 along with other divisions have co-sponsored.

• ORGANIZING TRAUMA-RELATED PRESENTATIONS AT THE ANNUAL CONVENTIONS: While we have not organized a mini-convention, we have listed all the trauma-related presentations at several of the annual conventions. For example, Steve Gold and Meredith Griffin put together a list of all trauma-related presentations at the 2001 convention.

• DEVELOPING BY-LAWS (Laura Brown, Chair): By-Laws have been developed and are available upon request.

• TRAUMA NEWSLETTER (Jon Perez, Chair): Jon Perez volunteered to be the division’s first newsletter editor. He plans to put the first few issues on-line.

• TRAUMA INTEREST GROUP WEBSITE (Laura Brown, Chair): Laura Brown put together a trauma interest group website. Laura asks that we send her information on books we’ve recently written and/or links to our own websites. www.geocities.com/traumaintergrouplet

HOW CAN I HELP?
We hope you will support the establishment of a Division of Trauma Psychology.
SECTION ON PSYCHOANALYSIS CONFERENCE

Jon Mills, PsyD, PhD, ABPP

This year promises to be the best convention for our recently established section on psychoanalysis of the Canadian Psychological Association. Peter Fonagy is the first recipient of the Otto Weininger Memorial Award for Psychoanalytic Achievement and will deliver the keynote address. Dr. Peter Fonagy is Freud Memorial Professor of Psychoanalysis and Director of the Sub-Department of Clinical Health Psychology at University College London. He is also Chief Executive Designate of the Anna Freud Centre in London. Professor Fonagy is a clinical psychologist and a training and supervising analyst in the British Psychoanalytical Society in child and adult psychoanalysis. He is internationally known for his groundbreaking work on the relationship between attachment processes, borderline psychopathology, and violence in early childhood, work that successfully integrates empirical research with psychoanalytic theory. Among his hundreds of published works include two of his most celebrated texts, Attachment Theory and Psychoanalysis, and Affect Regulation, Mentalization, and the Development of the Self. We are truly fortunate that such an internationally acclaimed researcher, clinician, and scholar will honor our section.

COMMITTEE REPORTS: MULTICULTURAL CONCERNS REFUGEE AND IMMIGRANT CHILDREN AND THEIR FAMILIES

Dolores Morris, PhD, ABPP

The winter and spring issues of this column examined the cultural self of the New American immigrant by reviewing concepts regarding identity transformation, cultural conflict as well as transference and countertransference issues as it pertains to this unique population. It seems timely for this issue to report on a recent workshop sponsored by the William Alanson White Institute’s training program in Child and Adolescent Psychotherapy’s Project for Refugee and Immigrant Children, Can Anybody Know Who I Am? Reflections on Working with Refugee and Immigrant Children and Families. Visiting scholar Dr. Martha Bragin, drew on her extensive work with immigrant communities in New York City as well as her international consultant experience in conflict zones and refugee camps, to facilitate a better understanding of the refugee and immigrant experience. As the unique awareness and personal stories of these children and adolescents were discussed, perspectives on how to engage these clients and their parents therapeutically were highlighted.

Dr. Bragin first made a distinction between a refugee who flees his or her homeland without choice, and an emigrant who chooses to leave. She demonstrated the remarkable resilience of refugee children who may be struggling with confusion and distress, but at the same time, are able to engage in dialogue and successfully make the transition to a foreign land. Dr. Bragin helped us see how the losses and confusions of immigration make their personal stories all the more precious and significant as she helps refugee children construct a coherent narrative which in turn facilitates symbolization and reflectiveness. Clinical vignettes revealed her sensitivity to the client and a tolerance for the level of social violence that the client described. She also showed us popular music as another way that a narrative can be heard.

An understanding of the psychological consequences of participating in war and an appreciation of varying cultural attitudes is imperative. She gave an example of how reentering into the community after being in war was dealt with in traditional West African societies through rituals which facilitated the psychological transitions between war time and peace time whereas in other societies such as ours this does not happen.

It may be difficult for us to imagine what they have
experienced— the exposure to extreme violence, speaking another language or multiple languages, and the mourning of things lost such as the sight of familiar foods, objects, places and smells. She used a moving case illustration that utilized the methodology of narrative construction and restoration. These secret and personal stories are key to getting well, bringing out the child’s self states, so sorrow and loss and pain can be reconciled. These stories may be marked by family secrets that may cause rage and resentment brought on by past experiences of persecution, deprivation and loss.

Dr. Bragin challenged therapists to examine whether we could tolerate the violent and fragmented nature of their world as well as their other selves. She also pointed out that, in order for us to help immigrants become knowledgeable about themselves as they make a new home, we must be in touch with our own narratives. What are our own rituals? The act of coming to therapy itself is a unique ritual. By keeping questions open ended, we can help connect children to a past that may have been lost to them. We need to emphasize that there is a desire to know everything about the child, not because it is historical truth, but to know who this person is before you. She recommended that children tell their own changing stories in their own way and that we allow them to be subjective about their own lives.

Barriers to treatment for this population are complex. Coming to therapy may be seen as betrayal of their parents. The therapist must assess the situation and enable parents to assist their children. In meeting with parents, the aim is to be accepting and to let them know the need for better understanding of how their children grew up. How do they ordinarily raise their children? Reintegrating families by making a connection between parents and children within a community that is constantly changing around them is vital. It is also important to consider not only family but staff or community resources as supportive figures in treatment.

This workshop was attended by a diverse group of enthusiastic professionals that ranged from psychoanalysts to candidates in training as well as music and art therapists. Several attendees worked in Sierra Leone, in Cambodia and Palestinian refugee camps, and some identified themselves as the children of holocaust survivors. There were a number of psychologists who volunteer for Doctors of the World in taking testimony from asylum seekers. This was indeed an audience rich with ideals, convictions, and humanitarian purpose.

The Project for Refugee and Immigrant Children at the William Alanson White Institute supports a limited number of supported treatments conducted by trainees in the Child and Adolescent Psychotherapy Training Program. An ongoing study group on psychotherapy with refugee families is open to clinicians in the wider community. For more information about these initiatives contact: elsafirst@psychoanalysis.net.

REFERENCES

The following members joined the division between September 1 and November 30, 2004. Please look over the list and be sure to welcome your colleagues and peers to the division.

Helen Anthony, PhD
Justin Barker, BA
Catherine Barnhart, MA
Earl Bland, PsyD
Magdelena Byskosh, BA
Daniela Costea, BA
Jose A Del Pilar, PhD
Lisa DeLeonardo, PsyD
Ann Devaney, MSW
Jeffrey Eaton, MA
Michael Eigen, PhD
Jane Elisofon, MSW
Michael Garfinkle, BA
Amy Gerson, PhD
Rhoda Goodwin, PhD
Andrew Harlem, PhD
Talia Hatzor, PhD
Dimitra Hrisikos, MSEd
Eileen Isaacson, MSW, EdD
Sharron Kaplan, DSW
Andrea Kornhauser
Risa Mandell, MSW
Michelle Marquez, BA
Patricia McKenna, PhD
Ryan Nybo, EdM
Patricia M. Outland, PhD
Mark Palmer, PhD
Ezequiel Pena, BA
Mercedes Ribicoff, MSW
Ronald Rosenthal, PhD
Richard Ryan, PhD
Carrie Sabrina, BA
Geoffrey Sherman,
Stephanie S. Alpert, PhD
Lisa Stern, PhD
Alina Viola, MA
Ruth Vogel, PhD
Sarah White, BA
Bruce Cabot Young, MA
SECTION REPORTS  SECTION I: PSYCHOLOGIST

PSYCHOANALYST PRACTITIONERS

Mary Beth Cresci, PhD

Section I sponsored several presentations throughout 2004. Allan Frosch, Albert J. Brok, and Mary Beth Cresci presented a panel entitled Is the Unconscious Culture Bound? at the Division 39 Spring Meeting in Miami. This panel presentation was also the basis for a conference presented by the Philadelphia Society for Psychoanalytic Psychologists in October. At the APA 112th Annual Convention in Hawaii, Section I Board Members, Mary Beth Cresci, Johanna K. Tabin, Maurine Kelly, and Batya Monder presented a panel entitled Psychoanalytic Perspectives on Understanding and Treating Older Women.

At the 2005 Division 39 Spring Meeting in New York Section I will present a panel entitled Psychoanalytic Work with Self-Defeating and Self-Punitive Manifest Content, exploring these clinical issues from multiple theoretical points-of-view. Michael Kampschaefer will moderate the panel. Presenters will include Stephen J. Miller, Ruth Imber, and M. Nasir Ilahi. Arnold Rothstein will discuss the papers.

There will be several changes to the Section I Board for 2005 based on the latest election results. The new President-elect is William Fried. He will assume the presidency in 2006. Jane Tucker was reelected as Member-at-Large, and Batya Monder was also elected Member-at-Large. Mary Beth Cresci will continue as President for 2005, and Stephen J. Miller will remain as Secretary. In assuming his new position, Dr. Fried will be leaving his position as Treasurer. Helen Silverman graciously agreed to assume this position. Gemma Ainslie, Harriet Basseches, Helen Gediman, and Maurine Kelly continue as Members-at-Large. Albert Brok was elected Representative to the Division 39 Board, a position he had earlier filled by Board appointment when Joseph Reppen resigned as the Section I Representative in 2004. Batya Monder will continue as Editor of The Round Robin. The Board will be losing the leadership and sound judgment provided by our Past President, Martin Schulman, and Member-at-Large Johanna Tabin.

Section I looks forward to another active year, with our membership steadily increasing due to the efforts of Membership Chairman, Albert Brok. We hope our members will join us at the Division 39 Spring Meeting for the Section I panel presentation as well as for the Section I reception on Saturday evening.

SECTION IV: LOCAL CHAPTERS

As part of his initiative as President of Section IV in 2004, David L Downing brought together panels addressing the ongoing-ness of purely psychoanalytical treatment programs for psychotic patients. For the Spring Meeting, the panel, The Psychoanalytical Treatment of Psychosis and Its Results included Willy Apollon, Danielle Bergeron, Lucie Cantin, who discussed the work of Groupe Interdisciplinaire Freudien de Recherches et d’Interventions Cliniques et Culturelles (GIFRIC) and the Psychoanalytical Centre for Young Psychotic Adults, also known as The 388, in Québec City. Following Freud’s advice, they have adapted the psychoanalytical technique for the treatment of psychotic patients. They have developed the logic of a psychoanalytical treatment, which actively involves the psychotic patient. The papers included: Transference in Psychosis after Freud and Lacan (Bergeron); Delusion Challenged by the Knowledge of Dreams (Cantin); and Ethics for Socially Aware Responsibility (Apollon).

At the APA Convention, the panel, Psychoanalytical Treatment of Psychosis: Local Efforts & Successes included E Lisa Pomeroy, Sue von Baeyer, Crystal A Johnson, Bertram P Karon served as discussant. In times that are monopolized by restrictions on the practice of psychoanalysis and psychoanalytic psychotherapy in general, the question of treating patients suffering from more disturbed mental states, psychosis, etc, has been even more starkly challenged and eroded. The presenters offered a sampling of many positive, ongoing, effective treatment programs and efforts that are demonstrating the viability and efficacy of psychoanalytic care—even among patients deemed to be the most ill-suited or difficult to treat. It is indeed noteworthy that these successes at the local level are occurring in a time that is largely measured in the growing culture that industrializes the psychotherapeutic endeavor; impinges upon privileged communication and the potential space between patient and psychotherapist/psychoanalyst.

Section IV is the over-arching organizational home to some 28 local chapters, with some 3,000 total members, representing the rich and diverse culture of contemporary psychoanalytic theory and associated clinical practice extant in the U.S. today. New board members include Joseph Schaller as Treasurer; and Barry Dauphin as President Elect. David L Downing completes his second term as President in 2005. Secretary for Section IV is Linda Rudy. Representative to Council is Andrea Corn; Bill MacGillivray remains as Membership Chair.
SECTION VII: PSYCHOANALYSIS AND GROUPS

Section VII was originally conceived as an organization to deal with the special concerns of psychoanalysts engaged in group psychotherapy practice and research. Psychoanalytic group therapy utilizes psychoanalytic concepts within a group dynamic frame. In recent times, psychoanalysts and group psychoanalysts in particular, have given extra attention to the contributions they can make to traumatized individuals suffering from reactions to terrorism and cataclysmic natural events. Often, when there has been a community trauma, psychotherapy is most successful in group treatment.

Given the world situation, our section has given extra attention to traumatized individuals suffering from reactions to terrorism. Many of our members have found their group skills to be called for in this new context, many of us (along with other mental health professionals) worked with both victims’ families as well as with those who were helping victims after 9/11. We quickly discovered that we have had to adjust our techniques to the needs of traumatized individuals. Nevertheless, awareness of psychoanalytic principals, such as resistance, transference, and countertransference was of import. Countertransference almost takes on a new meaning when therapists suffer from the secondary trauma. In my intensive work with volunteers who worked with the police and firemen at ground zero and therapists who worked with victims and their families, I learned first hand about “compassion fatigue” in the analyst.

Actually, Section VII members have worked with trauma throughout the world. Just before the Intifada in Israel, in August of 2000, Jeff Kleinberg, Past President of Section VII, contacted several authors in Israel to write about reactions to terrorism for the journal Group. At the same time, for the last several years, members of Section VII, such as Shoshona Ben Noam, and Darryl Pure, have gone to Belfast, Northern Ireland to work with therapists dealing events there. Also, John Aurebach working in Tennessee, sent our last newsletter an interesting article on the reaction of Vietnam Veterans in his VA hospital groups to the war in Iraq.

We have had members volunteering their expertise in Bosnia, New York City, and Washington, DC. Of course, many of our members worked directly with individuals and groups who worked at ground zero and relatives of those who died in the September 11th attack. Albert Brok, another past president of our section, who has studied trauma emanating from the Holocaust, has also been involved in trauma work and presentations since September 11th. In addition, we have inaugurated a series on Analytic Group Therapy in South America, the first installment appears in our January 2005 Newsletter with an interview by Albert Brok in Buenos Aires with Roberto Losso and Ana Tackiarcz a husband and wife analytic team who are members of the IPA and the Argentine Psychoanalytic Association, on their views on training and their experience as group therapists during the Military Dictatorship and its aftermath.

Less dramatic, but nonetheless important, is that our membership has presented and published numerous articles illustrating the relationship of various psychoanalytic principles and their place in the clinical process of psychoanalytic group therapy. Thus, we have in the past two years presented and written on a wide range of topics such as Hope and Illusion in Group Therapy (with Stanley Teitelbaum Albert Brok and Isaac Tylim, and Andrew Eig), Cultural Phenomena, Psychoanalysis and Group (with Susan Kavaler Adler, and Andrew Eig), and have published significant case material illustrating the efficacy of combining individual and group treatment in resolving debilitating oedipal issues and defensive identifications. One example of this effort is Al Brok’s article, “Father and Daughter: Historical Identification, Present Attachments and the Question of Passionate Involvement,” that will appear in American Journal of Psychoanalysis. In addition, Martin Livingston, through his book, Vulnerable Moments (Jason Aronson. 2001) has furthered the exploration of intersubjective and self psychological approaches to analytic group psychotherapy.

Finally, we have an excellent panel scheduled for the Division 39 Annual Meeting in New York this April: Being and Becoming an Analytic Group: Initial Process. You will have the opportunity to observe a 1-hour group process followed by discussion of what was observed. We hope to see you there.

SECTION III: WOMEN, GENDER AND PSYCHOANALYSIS DISSERTATION GRANT: Announces the creation of a $500 Grant to be awarded yearly for the support of a dissertation in keeping with the mission of Section III. Section III is dedicated to promoting research and theory concerning gender and women’s issues, to increasing the participation of women within the profession, to advancing the psychotherapeutic treatment of women, and to advocating on behalf of women’s issues. Any doctoral student whose dissertation proposal has been approved is eligible to apply. For further information, go to the Section III website, http://www.section-three.org/Applications for the 2005 award must be addressed to: Toni Vaughn Heineman, D.M.H., 2481 Clay St., #201, San Francisco, CA 94115

Deadline March 1, 2005
LOCAL CHAPTER REPORTS: CHICAGO OPEN CHAPTER FOR THE STUDY OF PSYCHOANALYSIS

The Chicago Open Chapter, founded in 1985, maintains its mission to provide a forum for the discussion of various trends in psychoanalysis, and to promote the application of psychoanalytic theory to a wide variety of areas (including, but not limited to, anthropology, history, literature, and religion). The chapter strives to provide a democratic and egalitarian atmosphere for the exchange of ideas. As such, the organization sponsors presentations by nationally and locally recognized psychoanalysts. It does not view psychoanalysis as the sole domain of mental health professionals. As its name implies, the Chicago Open Chapter is truly open, in that it encourages the application of psychoanalytic inquiry to the work being done by other disciplines. Membership dues enable us to disseminate a twice- or thrice-yearly Journal/Newsletter with articles from juried conferences, or soon-to-be-published articles/book chapters and details of up-and-coming Symposia and Conferences sponsored by COCSP.

COCSP is active and thriving with ongoing study groups, seminars, and symposiums. Recent offerings include a symposium in February by Patrick Kavanaugh and David Downing, entitled An Ethic of Free Association: Reclaiming Our Profession, Education, and Practice. Among other things, this examined dynamics such as the subjugation of clinical judgment to technocratic aims, corporatization, industrialization, and the associated de-skilling of the mental health professions. The deleterious impact of these trends on psychoanalysis, including the impingements on establishing a space for the exercise of the fundamental rule: free association, were elucidated. Various perspectives on addressing these matters were also articulated. COCSP also hosted another symposium in October, with Jill Gardner, Short-Term Psychoanalytic Psychotherapy: Self-Psychology Perspectives. This was based upon her scholarship and clinical practice employing self psychology in short-term treatment models/contexts, including community mental health facilities. Dr Gardner has written and published on this subject in Psychoanalytic Psychology and in a text on short-term psychoanalytical treatment approaches.

Recent journal/newsletter articles have included “Hidden Boundaries/Hidden Spaces” by Gerald Gargiulo; “From Script to Dream” by Greg Rosen; “Creating a Space for Psychoanalysis in Professional Psychology Programs” by David Downing; and “Therapeutic Action in Play: Facilitations and Foreclosures of Potential Space” by Warren Schwartz.

The Chicago Open Chapter sponsors and acts as a clearinghouse for several reading/study groups. These reading/supervisory/peer supervision/study groups are terrific ways to stay connected to like-minded colleagues of all psychoanalytic stripes as well as a way to stay current on the burgeoning psychoanalytic literature. Offerings include a self psychology study group and case analysis seminar conducted by Lynne Jansky. Charles E Turk, Lucia Villela and Waud Kracke facilitate four Study Groups within the Lacanian (principally) and Freudian (secondarily) arenas. One group focuses on the Seminars and theories of Lacan, broadly, and as applied to Freud’s papers, especially those on technique. The second is concerned with the subject of psychosis, and the application of Lacan’s thought and renderings of Freud to the treatment of psychosis. A third is associated with the chronological study of Freud’s papers contained in the Standard Edition, and is also co-facilitated by Greg Rosen. A fourth working group is concerned with the development of a milieu treatment program in Chicago for psychotics modeled after “the 388” in Quebec, that would be entirely psychoanalytical in its organization and treatment approach.

David L Downing continues to facilitate a monthly psychoanalytical study group. This mixed-model group has examined readings from across the psychoanalytical pantheon: the British Object-Relations School, Self Psychology, Freud/Classical Psychoanalysis, Lacan, etc. Numerous authors and associated perspectives have been represented, including Ogden, Bollas, Green, Fairbairn, Guntrip, Winnicott, Klein, Bion, John Freidman, and more. Most sessions involve some integration of participants’ questions regarding the readings (theoretical and applied elements), and clinical work. This group is open to practitioners, non-practitioners, and professionals-in-training.

Finally, Frank Summers conducts a Study Group/Case Consultation Group that is more focused on the clinical work of its members. The group meets alternate Friday afternoons in Dr Summers’s office.

Members of the COCSP were instrumental in the planning and implementation of the Annual Conference of the International Federation for Psychoanalytic Educa
tion (IFPE) meeting with IFPE President and Conference Co-chair Harold Davis and David Downing, which met in Chicago this November. The Conference title/theme was Ethics, Ethos, and Taboos.

For additional information, please contact Russ Omens current president at Romens1@sbcglobal.net or David L Downing at 312-266-1665 or ddowing@uindy.edu, or visit us on the web at http://cocsp.tripod.com.
DALLAS SOCIETY FOR PSYCHOANALYTIC PSYCHOLOGY  
SARAH ABERG, LCSW

For the program year of 2004-5, DSPP planned five evening meetings and a fall workshop. Our evening meetings offer presentations by members and community practitioners. The theme of our program this year is on the practical applications of psychoanalytic theory. So far, Laurie Wagner has presented on contemporary psychoanalytic theories of adoption and David Faris and Don Brix presented on their work with non-traditional psychoanalytic populations with emphasis on a clinical picture of the homeless and poor. In October, the Arts Committee hosted a member-guest talent show with musical and literary performances that was attended by several people interested in learning more about DSPP’s other activities. In November, we hosted a fall workshop with Neil Altman who presented his work on race, class and culture. A case presentation was offered in the afternoon. This workshop was excellent and offered many opportunities for our members to look at ways that we influence community work. We look forward to 2005 and our remaining scheduled programs. Melissa Black will be presenting on therapeutic environments for the homeless, Jim Bennett and Sara Rabb-Bennett will present on psychoanalytic consultation in daycare and school settings, and Ken Farr will finish the year in May with a presentation on neurobiology and psychoanalytic contributions.

During the spring of last year and over the summer, DSPP collaborated with two other psychoanalytic organizations and developed a two-year postgraduate program in psychoanalytic psychotherapy. There has been much interest in developing such over the years and the program began this fall with about 18 students. It is held at the medical school and is taught by faculty from the three organizations: DSPP, the Dallas Psychoanalytic Institute, and The Dallas Society of Psychoanalytic Social Workers.

MINNESOTA SOCIETY FOR PSYCHOANALYTIC STUDIES  
JANE MCNAUGHT, PHD

SPS began the fall with our September board meeting. At this meeting, our new president, Elizabeth Cashin, announced her goals for the year: to increase membership and develop greater outreach in the community, teaching psychoanalytic concepts to the public. At our September meeting, we voted to continue offering students reduced yearly membership fees, which are ½ the fee of regular members. To encourage new members, we voted to offer a $30 coupon to new members and a $25 coupon to new student members, which can be applied to conference registration.

ONTARIO SOCIETY FOR CONTEMPORARY PSYCHOANALYSIS  
BRENT WILLOCK, PHD, CPSYCH

During the past year, our chapter has worked with our closely affiliated institute (The Toronto Institute for Contemporary Psychoanalysis) to cosponsor numerous events. Our combined efforts have made it possible to make a rich variety of learning opportunities available to our membership.

Three intellectually stimulating weekend workshops were held. Donnel Stern began this visiting scholar series in September with his presentation “Dissociation and Enactment.” He also discussed an interesting case presented by Stephanie Bott. In December, Irwin Z. Hoffman delivered our Second Annual Stephen Mitchell Memorial Lecture in memory of our founding mentor. His topic was Dialectical Constructivism: New Frontiers of a Relational Perspective on the Psychoanalytic Process. Dr. Hoffman also commented on an intriguing clinical case presented by Judith Levene. In June, Virginia Goldner conducted a workshop entitled Relational Psychoanalysis Confronts Gender and Power. These weekend events were made possible by crucial attention to details by Hazel Ipp and Brent Willock, with much assistance from Judi Kobrick, Clarissa Barton, Nira Kolers, and Gary Rodin. We anticipate similarly enjoyable weekends in the year ahead with Muriel Dimen and Andrew Samuels, in addition to a special May panel with Barbara and Stuart Pizer, Stephen Seligman, Darlene Ehrenberg, and Gary Rodin.

Our monthly scientific meetings were thoughtfully coordinated by Gary Rodin. In September, Judith Teicholz
presented “The Analyst’s Empathy and Authenticity: Affect as the Common Denominator.” In November, Dan Merkur’s paper was “Therapeutic Change in the Book of Job.” In January, Sam Izenberg presented his work on the identity crisis of psychoanalysis. In February, Keith Haartman presented “On Unitive Distortions: Towards a Differential Assessment of Religious Ecstasy.” In March, Dr. Rafael Lopez-Corvo discussed creativity and self-envy. Also in March, Andy Morrison presented his new paper “On Ideals and Idealization.” In April, Dr. Gerald Gargiulo shared two papers detailing his transition from working in a traditional, Freudian manner to a more Winnicottian way. In May, Dr. Ron Zirin, one of our graduates now residing in New York City, presented “Reflections on Suicidal Children.”

While our chapter does not host a web page, anyone interested in perusing the upcoming events we will be cohosting with the TICP can obtain such information at www.ticp.on.ca

SOUTHEAST FLORIDA ASSOCIATION FOR PSYCHOANALYTIC PSYCHOLOGY

MAX HARRIS, MS

The year 2004 proved to be a challenging and yet rewarding year for the Southeast Florida Association for Psychoanalytic Psychology (SEFAPP). The greatest challenge was serving Division 39 as the host local chapter along with the Appalachian Psychoanalytic Society for the 24th Annual Spring Meeting held at the Fontainebleau Hilton Resort in Miami Beach on March 18-21. Led by co-chairs Andrea Corn and Antonio Virsida, the Steering Committee worked for many months to provide a conference that addressed the interaction between psychoanalysis and the cultural diversity seen in South Florida in line with the theme, Psychoanalysis at the Edge: The Transmission of Culture, Class and Institution. The presentations at the conference were peppered with the clinical and theoretical diversity of Division 39, reflecting the theme. The keynote speakers, Drs. Otto Kernberg and Roy Schafer dished up the riches of decades of clinical experience and thoughtful reflection on the place of psychoanalysis in a diverse world. SEFAPP also served as host for a reception that featured the piano playing of Stanley Moldawsky and the singing of Nancy McWilliams. The conference proved to be a success and the cultural diversity seen in South Florida in line with the theme, articulating the parallels in the way dreams have been downgraded within our field and within our culture along with the relevance of psychoanalytic dream theory to the new electronic world and its emerging virtual existence. A third scientific conference was held on November 20th with Annie Rogers who explored a case study, “‘Ellen’: A Lacanian Approach to Trauma Treatment in Adolescence.” The case illustrated how Dr. Rogers explored psychoanalytic “signifiers” in speech that intersect with drawings, reenactments, bodily symptoms, and dreams for therapeutic benefit.

Other SEFAPP events included our annual “Freud Amongst The Arts,” which was held on October 30th and our Sunday Brunches. The former is our annual fundraiser event that provides us with the extra money needed to insure quality psychoanalytic educational experiences for our constituency. At this event, we also honored Linda Sherby for her long-term dedication and significant contribution to SEFAPP. Our Sunday Brunches give members and friends of our local chapter a chance to present their theoretical ideas and clinical work to chapter members. On February 22nd, Donna Bentolila presented on a topic which has become prominent since 9/11, “Trauma.” On June 13, Valerie Pelligrini presented on “Freud and Philosophy,” considering possible connections between Freud and current philosophical thought.

Our chapter continues to be a beacon for the ideas and practice of psychoanalysis in Southeast Florida, so much so that we continue to attract new members annually. We have a vital relation with graduate students, several of whom have become candidates in our institute, Southeast Florida Institute for Psychoanalysis and Psychotherapy. You may find out more about SEFAPP at our website, www.sefapp.org, which is maintained by Royce Jelazo. Please check our website for future events.
the dead mother’s living child are not able to do this. The dead mother cannot let go of a lost object and a lost time. And so both the dead mother and her living child are frozen in time, unable to use time to heal. Green makes a point in *Diachrony in Psychoanalysis* that cutting is part of a dialectic with suturing. We make meaning of the cuts by generating analytic objects that linking our experiences, by suturing meaning together.

In his interview with Kohon Green demonstrates the diachronic element of the compulsion to repeat. He also devotes a chapter to this theme in an article titled “Repetition, difference, replication: A re-reading of Beyond the Pleasure Principle. In discussing the fort-da game, Green emphasizes the importance of repetition and the importance of absence and negativity:

But it is necessary to stress the importance of absence, of negativity. The mother has to be experienced as lost for the child to have a need to repeat something by playing the game….Played just once, the game has no meaning. It was in seeing it repeated that Freud concluded that its function was to abolish the lack created by his mother’s absence. The subject constitutes himself through the repetition marking the new passage over earlier traces (Green, 2003, pp. 76-77).

Reading *Diachrony in Psychoanalysis* helps me to see how much Green has been dealing with time in all his writing. It takes time to develop a relationship. It takes time to generate analytic objects. It takes time to grieve. We each have our individual histories marked by our desires and our losses. I have a better understanding of Green’s argument with the structuralist who want to do away with personal history. I also begin to see why he has a quarrel with Daniel Stern. Infant observation involves conscious perception of present experience. What psychoanalysis is about, Green is saying in *Diachrony in Psychoanalysis*, is the meaning we make retroactively.

**References**


**Stephen A. Mitchell Award**

Papers are invited for the fourth 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, 2005, and presentation of the paper will be at the 2006 Spring Meeting in Philadelphia. 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*

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Call for Papers: Developmental Issues in Gay Men. A special issue of The Psychoanalytic Review, guest edited by Robert J. Benton, PhD, and James M. Holmes, MPH, in conjunction with Psychoanalytic Review editor Michael Eigen, PhD, will focus on developmental issues of gay men. Topics might be approached in terms of traditional stages of development (such as preoedipal, oedipal, latency, preadolescent, pubertal, adolescent, young adult) or organized around any of the different psychoanalytic perspectives (such as drive, ego, object relations, or self psychologies, or the intersubjective and relational frameworks). Papers for this special issue can be sent as email attachments to Robert J. Benton and James M. Holmes at PsyRevGayIssue@nyc.rr.com or in triplicate paper copies with a computer disk to the Editor, The Psychoanalytic Review, 150 W. 13th Street, New York, NY 10011.

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