I welcome you in the literal after glow of the Miami Spring meeting. Congratulations to Chairs, Andrea Corn, Tony Vissida and their top notch Steering Committee on showcasing the best of Division 39. The packed program reflected the pluralism on which we pride ourselves with panels addressing every school of psychoanalytic thought and many comparative panels, sparking dialogues that show us at our best. This meeting inaugurated the first effort to include the community by inviting the public to join us to see the movie, Secret Lives: Hidden Children and Their Rescuers in World War II and to attend the discussion which followed.

Many people grumbled about the price of the hotel in Miami as they will next year in New York. We utilize many meeting rooms when we rent a convention space, necessitating the meeting take place at a hotel with sufficient meeting facilities. The cost of the meeting rooms factors in the number of sleeping rooms expected to be used by the organization. Many hotels will not contract with us for meeting space because, especially in big cities, we cannot guarantee enough sleeping room nights. Convention space remains at a premium in desirable locations. We are currently contracted for meeting space through 2009 because that is the required lead time to assure space. We certainly want as much attendance as possible at these meetings and respect our member’s financial limitations. We ask our members to understand our limitations when we hold meetings at “pricey” hotels. We ask you to be aware the profit from these meetings, which provides a significant amount of the Division’s budget, can be reduced by up to $30,000 if we do not meet our room night obligation and have to pay proportionately for meeting rooms. This was not the case in Miami, but something we have never been explained to our membership before.

EBP Redux
The accepted term is now “evidence-based practice.” At the recent APA State Leadership Conference, at which I represented the Division in March, EBP was on every body’s lips. The attendees at the session on use of EBP spilled into the halls. We were lucky enough to have APA President-Elect Ron Levant attend our recent board meeting. He shared with us his thoughts about the importance of defining EBP and plans to appoint an APA wide task force to work towards APA adopting and advocating for a definition that reflects our respect for psychodynamic and psychoanalytic psychotherapy as a science that relies on the qualitative as well as quantitative data. The definition Ron Levant uses, and our division favors, is the broad and inclusive definition of evidence-based practice recently adopted by the Institute of Medicine (2001, p. 147):

Evidence-based practice is the integration of best research evidence with clinical expertise and patient values. Best research evidence refers to clinically relevant research, often from the basic health and medical sciences, but especially from patient centered clinical research into the accuracy and precision of diagnostic tests (including the clinical examination); the power of prognostic markers; and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens. Clinical expertise means the ability to use clinical skills and past experience to rapidly identify each patient’s unique health state and diagnosis, individual risks and benefits of potential interventions, and personal values and expectations. Patient values refers to the unique preferences, concerns and expectations that each patient brings to a clinical encounter and that must be integrated into clinical decisions if they are to serve the patient.

Note that this definition (adapted from Sackett, et al., 2000) consists of three components: Best research evidence, clinical expertise and patient values. (Parenthetically, it is important to observe...
GUIDELINES FOR SUBMITTING MATERIAL
Submissions, including references, need to be in APA style. Email your submission in an attached Word or WordPerfect file to the Editor. If you do not have attached file capabilities, mail the disc to the Editor. Hard copies are not needed. Please write one or two sentences about yourself for placement at the end of the article and indicate what address information you would like published. Submissions should be no longer than 2500 words.

All materials are subject to editing at the discretion of the Editor. Unless otherwise stated, the views expressed by the authors are those of the authors and do not reflect official policy of the Division of Psychoanalysis. Priority is given to articles that are original and have not been submitted for publication elsewhere.

ADVERTISING
Psychologist-Psychoanalyst accepts advertising from professional groups, educational and training programs, publishers, etc. Ad copy must be in camera-ready form and correct size. Rates and size requirements are: $400 full page 7 1/2” x 9 1/8”; $250 half page 7 1/2” x 4 1/2”; $150 quarter page 3” x 4 1/2”. Checks should be made payable to Division 39 and mailed along with camera-ready copy.

DEADLINES
Deadlines for all submissions is the first of January, April, July or August. Issues generally appear 5-6 weeks after deadline date.

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that these three components are reflected in APA’s (2002) Criteria for evaluating treatment guidelines, which is a revision an earlier APA document titled Template for developing guidelines [APA, 1995]). The definition does not imply that one component is privileged over another, and provides a broad perspective that allows the integration of the research (including that on empirically-validated treatments and that on empirically supported therapy relationships) with clinical expertise and, finally, brings the topic of patient values into the equation. Such a model that values all three components equally will better advance knowledge related to best treatment, and provide better accountability.

The Board voted to establish a Committee on Evidenced Based Practice, the members of whom I will name shortly.

NOMINATING AND VOTING
The ballots for the Division election should have arrived. We are filling three seats as representatives to APA Council and three member-at-large seats for the Division 39 Board. Please vote and exercise your chance to influence the direction of the Division and of APA. I would also like to initiate a call for suggestions about how to increase the diversity of candidates for all our offices in terms of race, color, ethnicity, age, geography and any variables I’ve missed. The past three presidential elections have been uncontested. While my favorite way to run for office is unopposed, this is not what is best for us as an organization. I challenge the Division to make the 2005 election for President-elect, for Treasurer, for one Council seat and for three Members-at-Large of the Division board a lively and diverse one. To do this, we have to start brainstorming now.

At the March Board Meeting, the Division 30 board voted to endorse Gerry Koocher ‘s candidacy for President-Elect of APA. Gerry is a clinician, an academic, and someone who is long active in APA. I urge you to get the word out to your local chapters, your institutes, and your state associations. Gerry is a man who we can trust to speak for us at APA.

HAWAII
APA is taking place in Honolulu, July 28th–August 1st, 2004: Co-chairs Marilyn N. Metzl and Joanne Hindman of Hawaii Program Committee are offering an array of programming. Look for the arrival of your purple and red covered program book soon. We are very proud to be co-hosting a cocktail party on Friday, July 30 with Division 9: Society for the Psychological Study of Social Issues, Division 44: Society for the Psychological Study of Lesbian, Gay and Bisexual Issues and Division 48 Society for the Study of Peace, Conflict and Violence: Peace Psychology Division. This reflects our continuing efforts to reach out to like-minded groups in APA.

NATIONAL MULTICULTURAL CONFERENCE AND SUMMIT 2005
We have voted to sponsor and to hold our January 2005 Board meeting at the National Multicultural Conference in Hollywood, CA. The Division will put on a panel. Additionally, the call for papers open to everyone is due July 9, 2004. Further information is available at www.multiculturalsummit.org. Take this opportunity to amplify the voice of psychoanalytic and psychodynamic theory and practice so we can continue to dispel myths about us having neither interest nor expertise in diversity.
DIVISION 39 AT APA HAWAII CONVENTION, JULY 28-AUGUST 1

WEDNESDAY

8:00 AM - 9:50 AM
Psychoanalysis: Relational, Kleinian, or Lacanian? Views From Europe and America
Deborah Luepnitz, PhD, Lynne Layton, PhD, Dennis Debiak, PsyD.

10:00 AM - 10:50 AM
Unconscious Communication: A Case Study of Projective Identification
Adriean T. Mancillas, PsyD

10:00 AM - 10:50 AM
Race Within the Analytic Relationship
Janice A. Walters, PhD

11:00 AM - 12:50 PM
Section VI Panel: Relationships and the Creation of Self—Research With Police Officers
Gwendolyn Gerber, PhD, Maurine Kelly, PhD, Johanna Tabin, PhD, Lisa Pomeroy, PhD.

1:00 PM - 1:50 PM
Applying Psychoanalytic Theory to Questions, Methods, and Findings in Research
Richard J. Holigrocki, PhD

THURSDAY

8:00 AM - 9:50 AM
Section III Panel: Roundtable Discussion: Gender Unbound
Ellen Toronto, PhD, Maurine Kelly, PhD, Nancy McWilliams, PhD, Gwendolyn L. Gerber, PhD, Judith Logue, PhD.

9:00 AM - 9:50 AM
Anomic in Generia: A Psychoanalysis of Historic Mood
Theodore J. Ellenhorn, PhD

10:00 AM - 11:50 AM
Lesbians, Feminism, and Psychoanalysis—Affirming Integrations
Suzanne Jasenza, PhD, Shara S. Sands, PhD, Beverly Greene, PhD, Jacqueline Neilson, MA, Beverly Decker, MSW, Judith M. Glassgold, PsyD.

11:00 AM - 11:50 AM
Measuring Progress in Graduate Student Psychoanalytic Therapy Cases
Gayle S. Norbury, PhD

12:00 - 1:00 PM
Intersection Meeting

1:00 PM - 3:00 PM
Section VIII Conversation Hour and Reception: Ethics in Couples Therapy
Deborah Luepnitz, PhD, Dennis Debiak, PsyD, Gerald Stechler, PhD, Antonia Halton, PhD

3:00 PM – 5:00 PM
Movement in Psychoanalysis: Living in Time and Space
Linda Rudy, PsyD, Emily Ets Hokin, PhD, Marilyn Newman Metzl, PhD, Susan Kavaler Adler, PhD

FRIDAY

8:00 AM - 9:50 AM
Section VIII Invited Symposium: Gender Issues in Psychoanalytic Couples Therapy
Deborah Luepnitz, PhD, Dennis Debiak, PsyD, Gerald Stechler, PhD, Antonia Halton, PhD.

9:00 AM - 10:00 AM
Trauma Interest Group

10:00 AM - 12:00 AM
Section IV Panel: Psychoanalytic Treatment of Psychosis: Local Efforts and Successes.
David Downing, PsyD, E.Lisa Pomeroy PhD, Sue von Baeyer PhD, Crystal A. Johnson PhD and Bertram P. Karon, PhD

12:00 Noon – 2:00 PM
Queer Eye for the Straight Guy: Intersection of Gender Identity and Sexual Orientation
Dennis Debiak, PsyD, Debra Luepnitz, PhD, Martin Devine, Psy.D.

12:00 Noon - 1:50 PM
Invited Panel: Relationality in Theory, Practice, and Research
Brent D. Slife, PhD, Manja Larcher, BA, Scott D. Churchill, PhD, E. Mark Stern, EdD, Stephen Hartman, PhD, Neil E. Altman, PhD, Frank C. Richardson, PhD.

5:30 PM – 8:00 PM
Social Hour and Reception

SATURDAY

8:00 AM - 9:50 AM
Symposium: Virtuous Narcissist—Extending Gabbard’s Two Subtypes of Narcissism
Mary E. Pharis, PhD, Martin Manosevitz, PhD. Nancy McWilliams, PhD, Chair

10:00 AM - 12:00 AM
Psychoanalytic Perspectives on Understanding and Treating Older Women.
Batya Monder MSW, BCD, Mary Beth M. Cresci, PhD, ABPP, Joann K. Tabin, PhD, ABPP and Maurine K. Kelly, PhD

12:00 PM - 2:00 PM
Section II Panel: Childhood and Adolescence: An Interactive Panel on the Topic of Play, Ego Development and the Child Within
Peter Carnochan PhD, Jaime Darwin, PsyD, Anita Hurtig, PhD, E.Lisa Pomeroy PhD and Johanna K. Tabin, PhD, ABPP

SUNDAY

8:00 AM - 9:50 AM
Psychoanalysis in Light of the Industrialization of Psychological Care
David Downing, PsyD, Garth Amundson, PsyD, Traci D. Nix, PsyD.

10:00 AM - 10:50 AM
Proust, Perversion, and How We Read
Linda Rudy, PsyD

10:00 AM - 10:50 AM
The Film Matrix: Reflections on Contemporary Culture
Greg Novie, PhD

11:00 AM - 12:50 PM
Symposium: Managing Traumatic Aspects of Cultural Transition—An Object Relations Perspective
Hung-Bin Sheu, Med, Yvonne D. Oslin, PhD, Barbara L. Wood, PhD, Anika K. Warren, MEd, Yu-Wei Wang, MA.
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.

We invite proposals which take this call for reckoning and anticipating as a point of departure. We seek contributions on a broad range of themes, reflective of the multiple engagements of our Division's members.

For Each Submission:
- Send four (4) copies of the proposal with a TITLE ONLY (omitting names). NO FAX SUBMISSIONS WILL BE ACCEPTED.
- Create a cover page containing: Your name(s), address, fax and/or e-mail, title of submission, and, for each author, his/her primary affiliation and a ONE-PAGE Curriculum Vitae.
- FOR PANELS ONLY: Submit four (4) copies of the following
  - (a) A 150-word overview of the panel; (b) A 350-word abstract for each paper.
In order to facilitate discussions between presenters and the audience, we strongly recommend that panels be limited to two (2) papers and a MODERATOR (versus DISCUSSANT).
- MEET THE AUTHOR has a delivery time of 50 minutes and requires a 150-word overview WITH name(s) INCLUDED.

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* Please specify issues to be addressed in this informal format.
** The Core Planning Committee encourages graduate and undergraduate students to present their psychoanalytically relevant research.

NOTES:
1. All presenters must register and pay for the Conference. NO EXCEPTIONS. Please consider this when putting together your program.
2. Only three (3) proposal will be accepted per person. Scheduling decisions are nonnegotiable.
3. Psychoanalytic Psychology has the right of “first refusal” for all papers and panels under the aegis of the Division of Psychoanalysis (39).
4. Please direct all questions regarding submissions to Conference Co-Chairs Anton H. Hert, Ph.D. (212) 595-3704 / antonhertphd@alam.vassar.edu OR Stefan R. Zech, PsyD (212) 580-7262 / szech@cn.com

DEADLINE FOR SUBMISSION: POSTMARKED BY SEPTEMBER ?? 2004

send all submissions to: Division 39 Spring Meeting
c/o Natalie P. Shear Associates
1730 M Street, NW, Suite 801
Washington, DC 20036
Erika Fromm was born in Frankfurt, Germany on December 23, 1909 and died in her home in Chicago on Memorial Day, May 26, 2003. During those 93 plus years, she traversed many miles and many eras before she finally came to a stop. Her legacy to psychoanalysis and hypnosis consisted of her innovative books and over 100 scholarly articles. But well beyond this, “Erika,” as she was called by friends and colleagues, was a woman of this century, marked by all its vagaries and wounds but determined and ultimately triumphant in overcoming its pitfalls and complexities.

During her student years in Frankfurt, Germany, Erika had studied with such luminaries as Max Wertheimer, Kurt Goldstein, Paul Tillich, and Samuel Beck, who continued to inspire her and to influence her thinking. She wrote to Einstein and Freud about their innovations in such a lively and energetic way that they actually responded. Fleeing the Nazis in 1933, having to finish her dissertation in record time to do so, she began work in a Holland mental hospital. She was at the forefront of psychology as one of the first psychologists to work in such a position. Erika also maintained a lively interest in the process of creativity. In 1938 she carried her interest in the process of creativity with her to America as she explored developmental roots of creativity. Later, in America, she published a book on psychological testing integrating the science of testing with psychoanalytic theory. In addition she published a number of other papers that lent scientific credence to clinical practice.

While pursuing her psychotherapy training at the Chicago Institute for Psychoanalysis and teaching at the University of Chicago, Erika also helped pioneer the use of projective psychological testing in this country. As she further matured as a clinician, theorist, and researcher, Erika’s focus turned to the nature of human intuition, creativity, dreams, adaptation, and hypnotic response. Her clinical work and research findings revealed humans to be remarkably and creatively resilient, in contrast to the prevailing tragic view of the human condition championed by many analysts at the time. In the sixties, Erika published a number of papers and a book with Thomas French on the interpretation of dreams—one based on verifiable intuition and the notion that dreams express strivings to adapt. Her scientific and clinical publications span the entire history of clinical psychology as a profession in this country. She received scores of awards and honors from professional and scientific societies (including Division 39) both here and abroad.

Throughout four decades at the University of Chicago, Erika not only was a scholar, author, and therapist, she was also the consummate scientist-practitioner. Erika spent long hours training thousands of clinicians. In the laboratory she taught her students to ask tough questions, to fashion crisp studies, and at all times, to revere evidence above authority.

Erika’s life story is one of profound and enduring courage in the face of the onslaught of the momentous and often tragic events shaping the twentieth century and her life. She lived her life on two levels—one was the public self -- the scientist, the psychoanalyst, the clinical educator, and the other, the private self—whose life was marred by the Nazis, the world wars, the bomb, the terrorists, and most devastating of all, her personal losses. Though written across her face, these tragedies somehow seemed to fuel her emotional generosity and her relentless curiosity about human nature.

From the very moment of her birth, Erika was faced with adversity. Her “older” twin brother was stillborn, which punctuated the joy of first birth with grief and sorrow. The image she created in her mind was her tying the umbilical cord around his neck before shoving him out of the womb. This was to haunt her for many years. Eight years later, her mother fell victim to one of the world’s most horrific influenza epidemics, a devastating blow to the family that placed the burden of responsibility on her as the oldest daughter. The father remarried the mother’s sister, which caused considerable conflict and ongoing jealousies and led to preferential treatment of the later children. Erika did enjoy being the daughter of a relatively prosperous physician both before and immediately after WWI. Indeed her father was Bertha Pappenheim’s (Anna O’s) physician while Pappenheim was director of an orphanage.

Born into Jewish orthodoxy, Erika was forced to participate in many holiday rituals. The hypocrisy she witnessed around such scrupulous practice left her with...
a detestation of cant and of religious institutions. Easy answers were not Erika’s way. From an early age it was clear that discovery was her preferred mode. When quite young, she became enamored with ether, especially its smell. She launched herself into an ill-fated climb to the top shelf of her father’s library where the large bottle of either was stored, which ended with shelf, bottle and Erika all crashing to the floor. A short while later, her father by some stroke of luck rescued her from the fumes that had overcome her. Erika’s curiosity and her penchant for unusual smells (including pungent Dutch cheeses) were left intact.

She was developing a rebellious and intrepid spirit. At age 15 we find her (yet again) sneaking into her father’s library, this time to devour the unapologetically sexual works of Freud that she had discovered there, hidden behind the other volumes. This time, she was not caught. Fathers can never be too careful about these matters.

Roughly ten years later, when Erika fled the Nazis with her hard-earned doctorate in hand she found employment at a level barely adequate to sustain existence. It was not clear how she would survive, particularly with a pride that would not let her ask for help. A Dutch family lovingly took her in. For Erika it was as though the entire nation of The Netherlands had rescued her. For the rest of her life she revered the Dutch, individually and collectively. She considered Dutch her newfound native language.

Erika did not flee Germany before taking an incredible risk by sneaking into a Nazi rally where she found herself swept up in Hitler’s oratory—momentarily believing that Jews “really were that way.” This shocked her, and she fled in tears. It is of course sad commentary on the times that during World War One as a young child Erika was chosen by her father to greet Kaiser Wilhelm with a rose at a rally in support of the German nation.

Just a few years after immigrating to America in 1938, Erika was once again besieged by the notion that there was nowhere to be found that was truly safe. Half of her family was lost in the holocaust; the bomb; the continued persecution of Jews haunted her. Poignantly in her last decade Erika lost her only child, Joanie, to a tragic fire.

Though abundantly familiar with darkness, Erika insisted that reason, insight, intimacy, and stoic perseverance could harness aggression and even entropy. She was as good as her word. She was not merely kind to her students, she was lovingly tough-minded. She was not just supportive with her patients; she was therapeutically (and sometimes shockingly) frank. In short, Erika didn’t get mad, she just got relentlessly curious—sometimes with a very special emphasis on “relentless.”

As Erika saw it, personal and therapeutic transformation is similar to a deep sea dive. . . . discoveries are made, and transformations ensue. Shakespeare might have captured something of this sentiment, and in so doing something of Erika’s own personal transformation. It’s a little piece sung by Ariel (sprite of imagination) describing what was becoming of a father seemingly drowned 30 meters (or five fathoms) under the surface of the sea.

Full fathom five thy father lies.
Of his bones are coral made.
Those are pearls that were his eyes.
Nothing of him that doth fade
But doth suffer a sea change
Into something rich and strange

(The Tempest Act 1, Scene 2)

Those who worked closely with Erika eventually realized that her transformation enriched their own personal and professional lives. We honor Erika whenever we are bold enough to ask irreverent questions; whenever we wait expectantly but silently with our patients; and whenever we dare to venture into a father’s secret domain in search of forbidden knowledge.
Special Section: Psychoanalysis and LGBT Issues

STATE OF THE ART I: INTRODUCING STUDENTS TO LESBIAN-, GAY-, BISEXUAL- (LGB)

AFFIRMATIVE PSYCHOANALYSIS

SCOTT D. PYTLUK, PHD

Opening
In writing this piece, I am coming out as a proud, gay and gay-affirmative psychoanalytically oriented psychologist. This disclosure is momentous because many of my gay-identified colleagues maintain attitudes about psychoanalysis best reflected in the following quip offered in Mark Merlis’s (1994) novel, American Studies, about a closeted literary critic’s demise during the McCarthy era. The critic says: “Of course I have never actually read Freud and so am prepared to dismiss him as readily as any other right-thinking faggot.” (p. 40)

This perspective supports Tim Dean’s (2000) contention that a “hostility toward psychoanalysis remains a sign of allegiance, a necessary credential for one’s political identity as lesbian or gay.” (p. 5) I believe that this all too common attitude merits challenging. In so doing, however, I do not intend to minimize the historical fact that many psychoanalysts have privileged heterosexuality as the only “healthy” adaptation.

In teaching graduate students psychoanalysis, part of my mission is to reveal an increasingly visible body of work affirming the array of “sexual object choices,” gender identities, and love relationships. For the remainder of this piece, I aim to accomplish three things: 1) To characterize my students and the “pathology of anti-analysis” they bring to graduate school; 2) To define my primary teaching objective; and, 3) To discuss how I achieve it.

Whom I Teach
Let me introduce you to Molly. Molly is currently an advanced doctoral student who identifies as ‘queer’ and is now psychoanalytically oriented. Molly began as many students do lately, stating that she knew she was “not analytic.” She hated Freud. After all, she was feminist and queer; she had to hate Freud. Molly relates noticing a flier on her undergraduate campus during her final weeks there. Her university was creating a new “Diversity” major and was advertising it. The flier offered: “Freud: Genius or Misogynist? Come find out.” Molly knew the answer without hesitation: a misogynist. Further, Freud had to be wrong because his theoretical hallmark, the Oedipal complex, does not apply to LGB individuals!

Molly explains that a funny thing happened quickly as she advanced in her program: she realized that her favorite instructors and books were all psychoanalytically oriented! As she was exposed to instructors passionate about both diversity and psychoanalysis and, Molly renounced her earlier beliefs. She soon realized that all she knew of psychoanalysis from college was some classical theory, and only a caricature of it at that. Even though Molly is happy having discovered a diversity-friendly psychoanalysis, she still believes that “out there” in the profession are many for whom these issues have not yet appeared on the radar screen at all.

Teaching Objective
Besides aiming to introduce a new blip on students’ radar screens, I work towards opening a transitional space in class—a creative play space within which to consider multitudes of points of view, play with them, and imagine new ones. In Winnicottian tradition, this space represents a paradox, a locus tension between poles within which play occurs. Muriel Dimen (1991) likes Jessica Benjamin’s (1989) characterization of this phenomenon best, citing the creative potential of holding “the paradox of simultaneity.” The idea is not solely awareness of both poles, but “to inhabit the space between them, to tolerate and even enjoy the paradox of simultaneity.” (p. 348).

The polarities relevant to teaching LGB-affirmative psychoanalysis are many: one psychoanalysis vs. many psychoanalyses, homosexuality vs. heterosexuality, identification vs. desire, and sexuality as social construction vs. as lived experience. Holding in dialogue both sides of these dialectics is the only way to allow for sexual multiplicity. Again borrowing from Dimen (1991), but referring to sexual orientation instead of gender: “Deconstructing (sexual orientation) in our minds can help us stretch our clinical imagination about what our patients’ inner worlds are like and, indeed, could be like” (p. 336).

Achieving the objective
1) First, I offer an opening “spiel” introducing students to gay-affirmative psychoanalysis. I say something like: “I am familiar with and sympathetic to the impulse to reject any efforts at understanding the psychic development and purposes of various sexual object choices for fear of creating the possibility for pathologization and attempts at sexual ‘conversion.’ The implication, how-
ever, is that we should just take sexual object choices as a priori givens, the origins and meanings of which should not be subject to exploration. But, I work hard on resisting this impulse, so as not to kill off hope for the (sexually) possible. I believe it is crucial to make a strong case for not ‘throwing out the creative and healing psychoanalytic baby with the at best essentialist and at worst homophobic psychoanalytic bathwater.’ This means that transformation and healing are dependent on our willingness to think analytically about the psychic development and functions of multiple object choice possibilities. These choices might be stable and static, or fluid and flexible, and bounded by biological parameters. In fact, not allowing for these possibilities is to violate the spirit of psychoanalysis—to promote an essentialized and petrified psychoanalysis. After all, Freud’s notion of ‘pervasive instability’ (Schwartz, 1995) in his theory of human motivation was what furnished the space for our contemporary psychoanalytic project.”

2) In the spirit of paradox, I introduce students to the history of homophobia in psychoanalysis. However, since this history has gotten much air time, I do not harp on it.

3) Before exploring in-depth LGB-affirmative psychoanalytic voices, I ask students to generate alternatives to homophobic theories of same-sex object choice. Students are typically creative and original here. They come to see that, when not burdened by rigid social norms, psychoanalysis can be employed in the most LGB-affirmative ways. Examples include alternative Oedipal scenarios with the same sex caregiver as love object and attributions of society’s disavowal of sexual multiplicity to homophobia’s influence on early development.

4) Risking a collapse of transitional space, I seek to disabuse students of their anti psychoanalytic bias and replace it with my own bias! However, I offer my perspective only after exploring students’ “dismissals-whole” of psychoanalysis. For, many individuals have been ill served by status quo promoting psychoanalysis and we give such experiences their due. They are mourned for and not forgotten. Then, I note the tragedy it would be “to throw out the baby with the bathwater,” identifying a multiplicity of psychoanalytic perspectives to counter the notion of a monolithic homophobic psychoanalysis. Most helpful next is revealing Freud’s “homophilia.” “Yes, that’s right,” I say; “Freud was a sexual revolutionary.” Students are often shocked at Freud’s 1905/1915 footnote from Three Essays on the Theory of Sexuality:

Psychoanalytic research is most decidedly opposed to any attempt at separating off homosexuals from the rest of mankind as a group of a special character. By studying sexual excitations other than those that are manifestly displayed, it has found that all human beings are capable of making a homosexual object-choice and have in fact made one in their unconscious. Indeed, libidinal attachments to persons of the same sex play no less a part as factors in normal mental life…than do similar attachments to the opposite sex. (pp. 145-146)

5) An introduction to postmodern and relational psychoanalytic voices follows. These voices have successfully demonstrated that psychoanalysis is well suited to theorizing difference and is absolutely necessary for doing so adequately. I highlight the work of: Irwin Hoffman, Jody Davies, Stephen Mitchell, Neal Altman, Mark Blechner, Ken Corbett, Judith Glassgold, Martin Frommer, Jessica Benjamin, Muriel Dimen, Adrienne Harris, Virginia Goldner, and others.

6) After achieving the aforementioned, I expose students to unique gifts psychoanalysis offers in illuminating sexuality’s multiplicity. The liberatory potential of psychoanalysis is in its provision of an epistemology and method for considering the complex meanings of sexuality. Nancy McWilliams eloquently notes: “…to endorse people’s finding their own deepest yearnings and figuring out how to express and/or contain them satisfactorily…(is) a more inherently psychoanalytic stance than subtly pressing patients to conform to the dominant culture’s perception of the normal…” (McWilliams, 1996, p. 209-210) Therefore, I offer examples of how psychoanalysis achieves unique understandings of psychological challenges faced by LGB individuals, all with the backdrop of homophobia looming large:

a) For instance, psychoanalysis can assist LGB individuals with self-esteem deficits and relational difficulties craft developmental narratives about the impact of introjecting malignant homophobic oedipal objects that balk at the child’s homoerotic approaches or of inevitable mirroring deficits when growing up gay in a homophobic world. Psychoanalysis can normalize the challenges LGB youth face in processing the sexual overstimulation they experience everyday that heterosexual youth do not (e.g., routine exposure to potentially arousing nakedness in locker rooms) (Phillips, 2001, 2002). Psychoanalytic treatment is highly promising for successful consolidation of gender identity—stable or fluid—in the face of homophobia and sexism and can help LGB individuals understand their love is not narcissistic, hinging on sameness of gender, but is built on “simultaneous, alternating, and con-
b) Psychoanalysis is matchless in observing homophobic collusions in the therapeutic relationship. For instance, imagine a heterosexual therapist/gay client dyad in which the client’s material alludes latently to normative childhood sexual overstimulation and the dyad misses it owing to the heterosexual absence of these ideas from the dialogue. Or, imagine a gay therapist/gay client dyad wherein collusive identifications prevent exploration of the client’s sexual shame due to the therapist’s own unexamined shame. Or, consider the dangers of “counter-homophobia” in Nancy McWilliams’s (1996) non-reflective gay-affirmative heterosexual therapist who conveys to his/her patient that it is not okay to bring up “politically” difficult topics that could, on the surface, challenge the therapist’s proudly held affirmative attitude.

c) Psychoanalysis identifies many important explanations for intimate relationship conflicts to which same-sex couples are susceptible. For instance, consider unique projective/introjective dynamics organized around the gender sameness in these couples. One member of a gay male couple might project his personal sense of masculine defectiveness, resulting from internalized sexism and homophobia, onto his partner because he is also male, and then treat that partner as inferior. We know where this can lead.

7) Finally, nothing is more compelling to students than examples of LGB-affirmative clinical material, including my personal disclosures about how my own analytic treatments have helped me lead a happy gay life!

**References**


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Creating Allies: Psychoanalysis and Lesbian, Gay, and Bisexual Concerns

Judith M. Glassgold, PsyD

The integration of lesbian, gay, bisexual and transgender (LGBT) concerns and psychoanalysis may strike many people as impossible, as there is an ugly past of harm done through traditional theory and practice to LGB individuals that we must acknowledge in order to put it to rest. Many patients and analysts have documented treatment and training, which because of a narrow view of sexuality, human development, and normalcy, did tremendous harm (Drescher, 1995, 2002; Martin, 1995; Goldman, 1995; Roughton, 2002). My own Division historians remind me that when the vote was taken to create Division 44, the then-Division 39 was not supportive. Jane Darwin (2003), president of Division 39 recently reflected:

When I became president of the Division of Psychoanalysis, I was unaware how much the Division and I were perceived, sometimes deservedly, as oppressors. We are still bearing the burdens of an earlier psychoanalysis that was homophobic, could be misogynistic, and was devoid of interest in the roles ethnicity, race, and socioeconomic status played in determining how an inner life developed. While we may see ourselves as distinct from other older psychoanalytic orthodoxies, we are viewed from the outside through the same lens.

Simultaneously, present day stereotypes about psychoanalysis prevent many from recognizing theoretical changes that provide the needed tools to understand the complexity of sexuality and gender in the modern age. In some venues, particularly those of LGB psychology, due to a history of negative and pathologizing theories, psychoanalysis is still seen as an enemy. However, as the field has evolved and modern psychoanalysis no longer sees LGB individuals as inherently pathological, psychoanalysis and LGBT psychology do not have to be at odds and can actually be allies.

On an institutional level, there is a rapprochement between organized psychoanalysis and LGBT issues in psychology, and psychoanalytic psychologists are making concerted efforts to focus on issues of multicultural diversity and social justice (Division 39, 2002). Division 44 (Society for the Psychological Study of Lesbian, Gay, and Bisexual Concerns) has established a joint liaison with Division 39 and both Divisions are partnering together on common projects, such as programs and publications. Last year at the APA convention in Toronto, there was an affirmative program with members drawn from both Divisions, the Division 39 newsletter is including these articles, and the Division 44 newsletter will have its first issue dedicated to affirmative psychoanalytic views of LGBT issues in the Spring 2004.

In the broader psychoanalytic community, the American Psychoanalytic Association (APsAA) has a strong resolution denouncing efforts to use psychoanalysis to change sexual orientation (2000) and has had a resolution banning discrimination against LGB individuals in its affiliated training institutes since 1991. APsAA filed an amicus brief supporting same-sex marriage in the recent case in Massachusetts (2003), and its Executive Committee has endorsed a resolution supporting same-sex marriage (1997), and supporting the rights of lesbian and gay parents (2002). Some psychoanalytic institutes have instituted courses and programs on LGBT issues or have open lesbian, gay, and bisexual faculty.

The acceptance of the affirmative view of same-sex desire is due to a profound evolution within psychoanalysis. Feminist theory, philosophy, social constructionism, postmodernism, and gay and lesbian studies have challenged the bias present in older modes of theories and then gone one step further by reformulating psychoanalysis to fit other forms of inquiry. Further, over the last few decades, theorists influenced by self psychology and object relations have departed from older developmental theories that began with an a priori view of normalcy. However, it has taken the more recent the ascendance of relational approaches as well as intersubjective, feminist, and postmodern theories to move the fundamentals of psychoanalysis to the next phase. These approaches do not accept one form of normalcy and are accepting of reconsidering views of gender and sexual orientation. New views of treatment have radically revised the understanding of the therapy process and the concept of transference. The role of the therapist is as an active participant in a relational field, reducing the focus on a one-sided transference.

However, it took until the last decade of the 20th century for the impact of these changes to be felt. First, the lack of progress on these issues had to be addressed in theory and training with an initial series of works critical of psychoanalysis. Historic conferences, such as Perspectives on Homosexuality: An Open Dialogue at New York University Post-Doctoral Program in Psychoanalysis in 1993 brought difficult issues to the light of day and responses to articles in prestigious journals, such as Psychoanalytic Dialogues that confronted perceptions that practice still ignored unconscious homophobia in technique (Blechner, 1993; Lesser, 1993). Publications by psychoanalytically-influenced writers, many of whom were gay, lesbian or bisexual, both theorists, philosophers and practitioners, made contributions to rethinking sexual orientation, sexu-
ality, and gender (Blechner, 1996; Burch, 1997; Butler, 1990; Cohler, 1999; Corbett, 1993; Dominici & Lesser, 1995; Drescher, 1998; Friedman & Downey, 1998; Frommer, 1994; Glassgold & Isasenza, 1995; Gould & Kiersky, 2001; Isay, 1989; 1997; Magee & Miller, 1997; O’Connor & Ryan, 1993; Schwartz, 1998 and many others). The sheer number of such publications and the assurgency of this cohort, many of whom had the courage to enter psychoanalytic training despite its historical homophobia, created a groundswell that has made these changes possible.

For reasons perhaps as basic as the evolution of generations, those who are now in senior positions in many analytic institutions are part of a generation whose own life experiences have been influenced by the civil rights movement, the women’s movement, and the LGBT liberation movement. These experiences have made them more open to challenging orthodoxy, more capable of creating theories that support new views of identity and sexuality, and more able to be welcoming of those who are different. Ultimately, we are in a period where there is a synergy for the development of new views of gender, sexuality, sexual orientation, and diversities within psychoanalysis.

However, many challenges remain. Progress within psychoanalysis remains uneven. There are still pockets on institutions that are not yet publicly inclusive in terms of sexual orientation. Venues for writing, studying, and training still need to increase and spread beyond the U.S. coasts. Psychoanalysis is still perceived in some parts of the feminist and LGBT communities as hostile, as the damage done to psychoanalysis’s credibility by older theories is hard to undo and while a few vocal members of the profession still advocate anti-homosexual practices such as conversion therapy. Thus, a rapprochement between psychoanalysis and LGBT psychologies through organizational ties, advocacy, and scholarship is very necessary.

The under-representation of diversity and multicultural elements is particularly problematic as the omission of these issues continues to marginalize historically oppressed groups and reinforces stereotypes about elitism within psychoanalysis. Psychoanalysis united with postmodernism and social constructionism provides very powerful theories to understand reality; however, this potential has yet to be fully realized (Greene, in press). As psychoanalytic theory is still seen as an individual intervention, its application to social issues and concerns is often doubted. Further changes need to occur in training and practice, so that these areas of diversity are fully integrated into curriculum in psychoanalysis at all levels. Hopefully, even in undergraduate programs, as well as graduate and post-graduate programs, older views of psychoanalysis will become a tiny part of how psychoanalysis is defined and new theories will take their place as the key ideas.

The integration of social reality with psychoanalytic theory may seem as a leap for many. I believe that for LGBT people these issues are inseparable, sometimes problematically and sometimes not, as with all those who simultaneously hold memberships in multiple cultures (Glassgold, 1995). Further, the importance of issues such as recognition, shame, and stigma—both on the individual and societal level—are essential to understanding sexual orientation and gender. Social change as well as new and fluid models of gender and sexuality can evolve from psychoanalytic understanding. Some of the strengths of modern psychoanalysis are its rejection of predetermined goals, its embrace of psychic creativity, and respect for an individual’s agency in self-realization. Now that LGBT analysts have reached a critical mass within psychoanalysis, this new sub-field can expand and deepen its own dialogue.

With the beginning of the 21st century and speaking as president of Division 44, I believe that we are at a new beginning and that there are two essential emerging issues: broadening the impact of psychoanalysis and continuing to increase its social and human relevance. By speaking to broader audiences and by broadening psychoanalytic discourse, the impact of psychoanalysis widens while increasing internal diversity and innovation. Thus, I look forward to more collaboration between LGBT issues, and others, with psychoanalysis.

Endnotes

1 I do not intend here to present a full history of LGBT issues in psychoanalysis and my apologies to those who contributions have been omitted or shortened due to restrictions of space.

2 George Atwood, Jessica Benjamin, Adrienne Harris, and Stephen Mitchell are representative of these trends.

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References


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STATE OF THE ART II: INTRODUCING STUDENTS TO LGB-
AFFIRMATIVE PSYCHOANALYSIS

DENNIS DEBIAK, PsyD

Early in my career as a professor in a doctoral program in clinical psychology, I was asked to teach a course in human sexuality. Soon after I agreed to teach the course, book orders were due. I was very busy with a variety of duties, and I felt overwhelmed with the task of selecting books for a course that I had not yet begun to research. I was delighted to learn that David Scharff had written a book called The Sexual Relationship (1998). My students and I very much liked the Object Relations Family and Couple therapy approaches described by Jill and David Scharff (1991, 1995). Without learning more about the book, I thought that this might be an excellent resource for the human sexuality course. I had to work fast—book orders were due yesterday. I obtained a copy of the book and skimmed through it. “Perfect,” I thought, “an up-to-date psychoanalytic contribution to the course.” This would compliment Freud’s Three Essays on the Theory of Sexuality (1905) nicely.

I began to read the Scharff book and liked the way he was describing the complexity of what people bring to a sexual relationship. Then I came to Chapter 9 entitled, “The parents’ function as parents: Problems in sexual identity.” The chapter included three case examples, one of a gay man, one of a lesbian, and one of a transgender person. As I read through the chapter, I encountered sentences such as, “In homosexuality, as in other perversions, the expression of a remnant of childhood sexuality is a required component of adult sexual expression (p. 85).” Citations to work by Kernberg and Socarides followed. Then, the case of the gay man was presented. In the case material, this man struggles with his attraction to 12-year-old boys. Next, in the theoretical material that introduces the case of the lesbian, Scharff (1998) writes, “As in men, homosexual identification in women involves a mixture of pre-oedipal and Oedipal issues, a failure (emphasis added) in relation both to mother and to father (p. 88).” The section of the chapter that focuses on the transgender person begins with this statement, “Patients who seek sex-reassignment surgery generally have a deficient ego organization on the borderline, narcissistic, or even psychotic level (p. 90).”

As I read this chapter, I was overwhelmed with anxiety, dread and self-criticism. Why hadn’t I read this book thoroughly before choosing it for the course? I liked much of the material until this point in the book, but I should expose graduate students, some of whom I knew to be gay or lesbian, to it? What if they thought that I was endorsing Scharff’s views? After much soul searching, I decided to use the Scharff book in my course. When I was going over the syllabus with my students the first day of class, I talked with them about my struggle with this book. Later in the semester when we discussed chapter nine, one gay student said that this is why he didn’t like psychoanalysis and made it clear that nothing could change his mind. Most of the students remained silent. Did some agree with Scharff’s ideas but feel that they couldn’t express this? Did some feel that these views cast doubt on the theoretical material they had read thus far in the book? Did they “throw out the baby with the bathwater” as Scott Pytluk describes?

Retaining the baby while discarding the bathwater is a challenge faced by most LGBT individuals interested in psychoanalysis. Professors introducing psychoanalysis to students revisit this challenge again and again when working with students (LGBT and straight). Like coming to terms with one’s parents, working through one’s relationship with psychoanalysis involves alternations that Winnicott described as moving from object relating to object usage (1969). Hopefully, we can retain the baby while discarding the bathwater, that is, appreciate the enhancement to understanding and facilitating human development and relationships that psychoanalysis affords while recognizing its limitations, prejudices and biases. This recognition challenges us to continually revise and ultimately improve psychoanalytic theory.

But what does it mean to retain the baby? Do we retain the contributions of psychoanalysis to understanding and facilitating human development and relationships except when it comes to homosexuality? I fear that this is what has happened in our field. LGBT people have been hurt by psychoanalysis and therefore it makes sense that many would reject psychoanalysis in its entirety or at least with regard to theory on homosexuality and gender identity. I believe, however, that even rejecting a psychoanalytic understanding of homosexuality and gender identity sacrifices too much of the baby. Stephen Mitchell (2002) articulates this idea convincingly in article that he originally published in Psychiatry in 1978 was reprinted in 2002 in the journal Studies in Gender and Sexuality. As described recently by Aron (2003), Mitchell takes two opposing theoretical positions and finds a third position that reconciles the first two in this important contribution.

The two opposing positions that Mitchell outlines are (1) that homosexuality is pathological and (2) that homosexuality is not pathological and therefore understanding any dynamic contributions to its emergence are unnecessary or misguided. The third position that Mitchell articulates in this article is that homosexuality is not inherently
pathological but has dynamic determinants. He arrives at this position by exposing a number of faulty assumptions made by adherents to both of the opposing views. For example, he clarifies the psychoanalytic principle of overdetermination. All behavior and experience expresses many different meanings and may be linked to many different sources. Theorists who have pathologized homosexuality have incorrectly tended to link it to one motive, for example, a defense against castration fears. In contrast, the notion that homosexual attraction is simply a result of biological diversity seems simplistic.

Mitchell points out that psychoanalysis has long focused on understanding and treating problematic or pathological behaviors or experiences, but expands the definition of pathological in a way that suggests a prima facie equation of homosexuality with pathology is erroneous. He states:

Unless one begs the question entirely by simply defining homosexuality as pathological, it seems apparent that any determination of pathology must rest not on the presence of psychodynamic factors, nor the demonstrability of a psychodynamic causation, but on the presence and relative weights of defensive and adaptive aspects in the behavior, the quality of interpersonal relationships, and the degree of development and integration of the self. (2002, p. 12)

Moreover, Mitchell goes on to assert that not considering any dynamic determinants to homosexuality deprives theorists who may understandably have developed antipathy to psychoanalysis, “a crucial tool for understanding. The baby of psychodynamic truth need not be thrown out with the bathwater of outdated psychoanalytic artifact (2002, p. 17).”

While many contemporary theorists and clinicians might feel that the notion of arriving at “psychodynamic truth” is dangerous, the process of psychoanalytic inquiry retains the power to illumine the complexity of sexual orientation and gender identity. The quality of this inquiry, of course, is enhanced by a greater appreciation of cultural factors. For example, Sandra Bem (1995) has argued that the “gender polarizing” nature of our culture contributes to “compulsory heterosexuality.” Introducing students to LGBT-affirmative psychoanalysis involves acknowledging the problems of pathologizing theories of sexual orientation and gender identity. This acknowledgment requires the containment of a great deal of anxiety on the part of the teacher, advisor, or supervisor. However, doing so demonstrates to students that psychoanalytic theory has grown and changed and remains a powerful tool for understanding and helping the diverse population of clients they will encounter in their careers.

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COMING OUT AND BEING OUT: THE LIBERATION AND DANGER OF EXPOSURE

Several summers ago my partner, our 3 1/2 year old son, and I were camping along with several hundred families attending a Christian rock festival. Upon our arrival, I had an allergic reaction to a bee sting, went to the local clinic and was asked for my insurance card. Confusion occurred as I reported I was insured under my female partner’s policy. I repeatedly explained domestic partner benefits to the receptionist and everyone else within earshot. Forced to share my sexual self in a potentially unsafe environment, I felt exposed and vulnerable. Events like these are every day occurrences in the lives of g/l/b/t people. Coming out and being out are intrapsychic processes occurring within a relational sphere. This can result in the phenomena of facing different audiences with differing degrees of outness, creating a more fluid sense of identity that can shift throughout the day. The question to be explored is, when does one hide and when does one seek to be found? The delicate transformational dance of answering this question embodies multiplicity and the importance of facilitating the integration of sexual identity with the rest of the self.

Being out is a relational process in which there is enormous potential for fantasied and real losses of mirroring and mutuality. The revelation of an unacceptable identity can lead to rejection, along with experiences of painful regret, humiliation, shame and disappointment, which can result in an unworthy, devalued sense of self. The complex process of accepting the loss of heterosexual privilege, being marked as different, and feeling as though one’s status was demoted from normal to abnormal can take many years. In spite of recent social and political progress made by g/l/b/t people, many of our patients will continue to feel badly about them

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of “You are a disgusting, revolting person.” This is what Kevin Cathcart, a prominent, former Lambda lawyer, refers to as the “ick factor.” I believe this is how the g/l/b/t person becomes the hated other, a repository for unspeakable acts.

Being a hated object has an impact on one’s subject and subjectivity. The natural inclination in the face of hatred is to want to defend, protect, hide, and keep one’s subjectivity safe. Safe, from what I believe can be a very deep and primary sense of shame regarding one’s self, resulting from the experience of being consciously and unconsciously hated and judged by others as unworthy and inferior. Kitron (2001) proposes that in response to persecution, one develops a false self, which, like Jung’s concept of the persona, provides two functions, one, to make a specific impression on people, and two, to conceal the inner self. The survival of this self involves “all encompassing compromises which serve as refusals to be psychologically co-opted or penetrated” (p. 71). In this way, the subject becomes an object to himself and the relational other, thus rejecting the assault and humiliation that comes from the true self’s sense of shame. Passing as straight, not correcting false assumptions is the protective stance that guards the threatened true identity. Kitron believes that in a paradoxical way, hiding one’s identity strengthens the internal bond with this same identity and the self.

White (2002) considers self-hatred and its relationship to being hated, which ultimately influences how willing one is to be known. She describes dealing with racism in ways that are transferable to g/l/b/t contexts in the following way. The hatred received from the other, along with projected unwanted aspects of the homoerotic self, becomes internalized. To counteract the ensuing self-hatred, the hated aspects of one’s sexual identity must be re-externalized, thereby projecting the hatred back onto the hater. What is to be done with the feelings of self-hatred and how does the process of re-externalization occur? There is a recognition of where the hatred belongs, in the other, that enables one to not accept the hateful feelings, but rather to reject them. Only through the conscious uncovering of this dynamic, can gays, lesbians and bisexuals establish an identity free from identifications with the hated other and the attendant fears of being known.

The crevices of the closet protect the self from deeply felt conscious and unconscious fears of loss. When one’s life is denied as real, one suffers from what Butler terms the “violence of derealization…neither alive nor dead, but interminably spectral” (p.22). It is by ridding the self of the shadow of heterosexuality and the mark of homosexuality, with its shame and regret, that one becomes integrated and whole. Ultimately, the process of being out is “…to stake one’s own being and one’s own persistence in one’s own being, in the struggle for recognition” (Butler, 2003, p. 31).

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THE HIDDEN HISTORY OF GAY PSYCHOANALYSTS

I was honored by the invitation to speak at the first-ever joint panel of Division 39 and Division 44, which took place at the APA convention in Toronto, on August 7, 2003. I was very happy that such cooperation was starting, since I had been a member of both groups for many years. I was also a bit sad that it had taken so long to happen. There seems to be tension between the two groups that is not always easy for me to understand. Certainly, there has been a history of vehement discrimination against gays and lesbians from many psychoanalysts. People like Bergler, Bieber, and Soterides made life miserable for gays and lesbians, and some of them continue to do so. But, unfortunately, the homophobic elements of psychoanalysis have been the most visible. A good number of psychoanalysts are gay-affirmative or openly gay, like myself. As time passes, there are more and more of us, and fewer and fewer of the homophobes.

And the gay psychoanalyst is not a brand new phenomenon. We've been there from the start, although not always so openly as today. I think that there is widespread lack of knowledge of the enormous contributions of gay and lesbian psychoanalysts over the last 100 years. The most important gay American psychoanalyst in my view was Harry Stack Sullivan. Sullivan lived from 1892 until 1949. He was the founder of the interpersonal school of psychoanalysis, which has been the foundation of the relational school as well. Sullivan’s thinking continues to inform many of the most innovative psychoanalysts, psychiatrists, and psychologists, although not all give him credit; some may not even know how many of their ideas had their basis in Sullivan.

Sullivan did something extraordinary for his time. He adopted James Inscoe, known as “Jimmie,” as his son. People who admired Sullivan’s thinking, but were uncomfortable having a gay mentor, were happy to say that Jimmie Sullivan was just Harry Stack Sullivan’s adopted son. But I soon found gay psychiatrists and other colleagues who had been to the Sullivan household and who assured me that there was no doubt that Harry Stack Sullivan and Jimmie Sullivan were committed, loving partners for more than 20 years. You have to realize just how daring and creative Sullivan’s adoption of Jimmie was, in its time. In our time, gay marriage is such a burning issue. It is seen as the means to give gay couples the same rights, privileges, and protection as committed heterosexual couples. So far, there is gay marriage in Canada and several European countries, but the United States still doesn’t allow it. Sullivan, by adopting his partner, found a way to secure rights for Jimmie concerning inheritance, medical decision-making, and other basics of living, that are usually available only to married couples. In addition, adoption, unlike marriage, cannot be easily nullified by divorce. So, between two men who are in love, adoption may be a more profound commitment than marriage.

Now about Sullivan’s clinical work: Many people know something about Sullivan’s famous ward for young schizophrenics started during the late 1920s at the Enoch and Sheppard Pratt Hospital near Baltimore. The ward had an astonishing 86% cure rate for schizophrenics, and this was before the advent of neuroleptic medication. Sullivan was famously skilful at making a connection with very cut-off patients; it was said that when he spoke with schizophrenics, they no longer sounded schizophrenic. Sullivan also developed a framework for milieu therapy; every aspect of living in the ward was carefully thought out to lessen the patients’ anxiety and help them find new pathways to secure living. This is all well-known. But what seems to be less well-known is that Sullivan’s ward was a gay male ward. In the 1970s, a psychologist named Kenneth Chatelaine interviewed the last surviving people who had worked on Sullivan’s ward. Their description of the ward and of Sullivan is noteworthy for its frankness. The staff, hand-picked by Sullivan, was either openly homosexual or extremely easy-going about it. The staff and the patients were all male. No female nurses were allowed even to come into the ward. The staff members were encouraged to talk casually to each other about homosexual experiences, to let the patients feel that it was not something to be ashamed of or afraid of.

It would be extraordinary today if someone established a gay ward in a major hospital. It is even more extraordinary that Sullivan did it back in 1930. That took courage. It also represented a brilliant insight into the factors that can lead to serious mental illness and the best approach to helping such patients. Even today, when attitudes towards homosexuality are better than they were in the past, every gay and lesbian person knows how difficult it is to cope with anti-gay hostility. Prejudice against gays and lesbians is still considered acceptable in much of society. No public official can say something derogatory about blacks in America anymore without running into severe consequences. But as Senator Rick Santorum demonstrated in 2003, a public official can say hateful things about gays and lesbians and receive the support of his party and his president.

What effect does this have on the mental health of young gays and lesbians? As we know, the effect is highly detrimental. The rate of teenage suicide has been estimated to be three times higher for gay youth than for straight. And in people disposed to mental illness, either because of a genetic predisposition, a traumatic history, or other factors, the added stress of homophobia can push them over the edge.
into psychosis. Sullivan showed, with his ward, that when you remove such a person, even temporarily, from exposure to such hatred, the potential for therapeutic gain can be enormous. The full ramifications of this finding, I think, have never been fully appreciated, nor have they been adequately tested in other groups that suffer discrimination.

I want to tell you one more thing about Sullivan. Later in his career, as a psychiatrist for the military, Sullivan attempted to remove homosexuality as a disqualifying factor for admission to military service, although he was eventually overruled by the military establishment (Bérubé, 1990). That struggle is also still not yet over; but most people working for an end to the military’s homophobia don’t seem to know about Sullivan’s pioneering efforts 60 years ago. So Sullivan was, in his day, working on some of the most prominent civil rights issues for gays and lesbians in our day, such as the relations of gays and the military, and ways for a gay couple to have the rights and safeguards of marriage. He was a path breaker in addressing homophobia-induced psychopathology, and the ways it can best be helped by an interpersonal approach. And Sullivan showed that you cannot adequately solve the mental health issues of stigmatized people without also taking a stand against discrimination and bigotry in society.

Certainly, psychoanalysis has harbored some of the worst homophobes in the mental health world. But unfortunately, their shameless persecution of gay people has overshadowed the work of gay-friendly psychoanalysts. As homophobes got political control of American psychoanalysis in the middle of the twentieth century, in tandem with the homophobia of McCarthyism, the gay-friendly work of psychoanalysts was suppressed or written out of the history books. It is still a major task to uncover and record the work of other gay or gay-friendly psychoanalysts. Foremost among these is A. A. Brill, who first translated Freud’s work into English. Brill asserted, in 1913, “Homosexuality may occur in persons just as healthy as normal heterosexual persons.” (This was 44 years before Evelyn Hooker’s (1957) landmark empirical study that showed, in a blind reading of projective tests, that the mental health of homosexuals was no different than heterosexuals!) Brill also condemned some of the ignorant treatment of homosexuals by physicians of the time. He wrote: “I can never comprehend why physicians invariably resort to bladder washing and rectal massage when they are consulted by homosexuals.” He also said that for a homosexual, the experience of having heterosexual relations was just as much a perversion as for a heterosexual to have homosexual relations. So besides the terrible antigay prejudice of some psychoanalysts, some of the most forward thinking about gay issues has also come from psychoanalysts.

Prejudice is a terrible problem, and we have to try to change it. We know that all gays and lesbians have coming out stories—stories of how they discovered they were gay, how they dealt with it, whom they told, whom they hid it from, and how everyone reacted. But, like Martin Luther King, Jr., I have a dream. I have a dream that one day, there will be no more coming out. No one will need to come out as gay or lesbian. Young people will discover their sexuality and identify themselves, without fear. Their families will take in the information matter-of-factly and that will be that. No one will be attacked for their sexuality, by their family, their schoolmates, or their religious leaders. They will date and kiss and go to dances and proms, and suffer all the anxieties of teenagers, no more or less than if they were straight. And when they find someone they love, young gays and lesbians will go steady, get engaged, and get married if they want, publicly, with joyous celebrations, in the company of their families and friends. And they will build families and face life’s struggles and pains and pleasures just like their straight brothers and sisters. That is my dream. I hope that together we can make it come true.

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Freud’s most complete statement about the goals and ends of analysis was reported in one of his most philosophical papers, *Analysis Terminable and Interminable* (1938), written a year before his death in 1939. Many psychoanalysts have characterized this paper a pessimistic portrayal of what analysis is capable of achieving, though Freud thought he was only being realistic. While Freud’s assessment of the situation remains controversial, this is no doubt one of those questions that is ultimately decided by each practitioner’s picture of the world, not by an objective set of standards. At the time Freud wrote this paper, he was still wrestling with the extraordinarily paradoxical nature of analysis: That it is couched in medical concepts such as treatment, pathology, and cure, while the termination of therapy confronts us with the reality that nothing of any substance has been cured and that even the most modest treatment goal—the simple improvement of one’s condition—is often difficult to obtain.

This observation touches on perhaps the most important change that has occurred in the practice of psychoanalysis since Freud’s death. For Freud and those who trained with him, analytic treatments lasted six months or a year, whereas nowadays the typical treatment lasts anywhere from five years to ten—and many continue interminably. Why this is so we cannot say, though some analysts have suggested that Freud was an impatient clinician and was temperamentally incapable of dealing with the same person for years at a time. Yet, in Freud’s day patients typically went into analysis six days a week and sometimes twice in one day, for a "full-immersion" experience that is difficult to compare with the contemporary standard, when frequency of sessions is often reduced to two to three times a week, and sometimes less. In fact, the four-times-a-week standard required by most psychoanalytic institutes is observed by few people who are not themselves in psychoanalytic training.

Another consideration is the culture in which one lives. Americans enjoy an increasingly hurried life-style and psychoanalysts have no choice but to accommodate this reality. Many of my patients, for example, tell me they don’t want to come to analysis three or four times a week, not because of the money but because they don’t have the time! While the computer era has exponentially increased the pace of life everywhere, it is common wisdom that over-achieving Americans take less vacation and leisure time than any culture in the world. Naturally, this mind-set has profound implications for what analytic patients expect from therapy and how much of their time they are prepared to invest in it.

If one examines this issue from the perspective of its evolution, it is ironic that Freud’s seemingly faster, go-for-the-jugular method, would appear to have more in common with the expectations of the twenty-first century than at the cusp between the nineteen and twentieth, when psychoanalysis was in its infancy. This anomaly might be explained by the observation that in the early days patients took a "sabbatical" from their lives when they entered treatment (along the model of going to a spa or a monastery), whereas nowadays patients typically tuck their therapy experience into their hurried life-styles, like a suit of comfortable clothing. Consequently, one could argue that Americans dilute the experience to such a degree that it makes them complacent, without the pressure of having to change anything of substance in the foreseeable future.

Compared with today’s more lengthy analyses, Freud was intolerant of "interminable" analyses and took pains to bring his treatments to a timely culmination. It was in his paper on termination that Freud offered his famous allusion to psychoanalysis as one of those impossible professions, along with politics and education. In fact, the degree to which psychoanalysis is at all possible is the principal question that concerned Freud throughout this paper. Freud attributed the seemingly needless prolongation of analytic treatment to the patient’s resistance to change. According to this logic, if patients can be made to abandon their resistance to therapy then the duration of their treatment will be shortened accordingly. Freud even offered a device for circumventing intractable cases, which he used in his analysis of the Wolf Man. Simply announce a termination date—perhaps one year in the future—thus compelling the patient to accept that he has a limited amount of time in order to resolve his conflicts. Whatever momentary gratification the patient enjoys from the relationship with his analyst will become threatened, and the reality of his situation will be impressed upon him. Though this stratagem appeared to have succeeded at the time, Freud admits that it ultimately failed. Five years after terminating his treatment of the Wolf Man his former patient suffered a relapse and Freud agreed to resume his analysis. Despite more treatment, the Wolf Man fared no better than before and went on to become the most famous of psychoanalysis’s interminable cases, never having achieved his hopes for a cure from his two treatments.

1 An earlier version of this paper was presented to the Appalachian Psychoanalytic Society, Fort Sanders Medical Center, Knoxville, Tennessee, May 17, 2003.
Attachment to the person of the analyst is only one of the many kinds of resistance that Freud believed could complicate the termination of treatment; most of the others, including our attachment to our symptoms, are just as difficult to influence. Freud (1938) even asks: "Is there such a thing as a natural end to analysis; [i.e.] is there any possibility of bringing analysis to such an end" (p. 219)? We are still, some sixty-five years after this paper was published, pondering the same questions: What does it mean to bring analysis to an end? and what do we expect to have happened as a consequence of it? Practically speaking, analysis comes to an end when the two participants stop meeting. Freud proposed, however, that two conditions should be met before agreeing to terminate:

"First, that the patient shall no longer be suffering from his symptoms and shall have overcome his anxieties and his inhibitions; and secondly, that the analyst shall judge that so much repressed material has been made conscious, so much that was unintelligible has been explained, and so much internal resistance conquered, that there is no need to fear a repetition of the pathological processes concerned" (p. 219).

This characterization of the optimally completed analysis, ambitious though it sounds, includes some important qualifications. Freud limits its criteria to the specific symptoms the patient happens to possess at the time of treatment, and the specific anxieties one is conscious of suffering. In other words, one cannot predict whether circumstances after termination will conspire to engender another neurosis down the road, because fate plays an incalculable role in every neurotic conflict. Moreover, one cannot treat analytic patients for a condition they do not want treated, rendering many of the features of narcissistic, borderline, and psychotic pathologies more or less impervious to psychoanalysis. Besides, many patients are so complacent that even the most common, garden-variety neurosis can be equally impervious to treatment. Freud’s ostensibly ambitious though, in fact, modest characterization of a thorough analysis, however, sounds less ambitious when contrasted with his depiction of the ideal outcome, which Freud characterizes as, "[One in which]. . .the analyst has had such a far-reaching influence on the patient that no further change could be expected to take place in him if his analysis were continued. It is as though it were possible by means of analysis to attain to a level of absolute psychical normality — a level, moreover, which we could feel confident would . . . remain stable" (pp. 219-20).

Are such objectives ever actually realized? Freud believed that they are, but because they are rare they can hardly serve as the standard that should apply to every treatment. Even the more modest standard for termination is extremely difficult to realize.

**Psychoanalysis and Suffering**

I now turn our attention to Freud’s views about the nature of suffering and the important role it plays in our lives. This topic is of critical importance because therapists and patients alike go into the treatment situation with their respective views about what suffering is and how much of it analysis can be expected to diminish. There’s no denying that Freud’s take on the human condition is unconventional by contemporary American standards. No doubt an important factor is that Freud’s views about life were born from a European, post-World War One, existential perspective that is anathema to the typical American. Whereas in America psychoanalysis was originally (and enthusiastically) embraced as a tool of psychiatry in its relentless "war" on mental illness, in Vienna and other European capitals such as Berlin, Paris, and London psychoanalysis was marginalized by psychiatry and became a refuge for artists, writers, and intellectuals—and anyone wealthy enough to pay for a six-
times-a-week analysis. Many of Freud’s patients came to see analysis as a means of facing the harsh realities of living instead of a device for the simple relief of their symptoms.

Yet, this paradox presented Freud’s patients—most of whom came to him from all over the world—with a quandary: Everyone goes into analysis in the first place because they suffer and want their suffering diminished. Indeed, without the motivation to sacrifice whatever it takes to effect a change in one’s condition, the prospective analytic patient, Freud advised, should be refused treatment. Since the beginning of Western thought philosophers, physicians, and religious leaders have been concerned with the nature of suffering, its ostensible causes, and its elusive relief. From earliest times we have sought to understand what our suffering is about and how to relieve, accommodate, or accept it. Freud, though trained as a physician, was never willing to accept the strictly medical approach to suffering: To relieve it by any means possible, whatever the cost.

Freud knew from personal experience that life entails suffering. The patients he treated suffered miserably, yet seemed peculiarly intolerant of it. Because their desire for happiness caused them to feel frustrated when it was thwarted, they instinctively suppressed any desire they believed contributed to their suffering. How, then, could psychoanalysis be expected to help them? Whatever kind of anguish analysis may be capable of relieving, Freud realized it could not be expected to relieve the kinds of suffering that life normally entails. This is because life subjects us to suffering. Life, in turn, eases the burden of suffering with momentary respites of pleasure and the concomitant feeling of happiness, or at any rate its promise. In Freud’s opinion we are only capable of experiencing happiness in the first place because we suffer, and we suffer in turn because we aspire to a happy state which, when we fall short, elicits frustration. How can anyone be expected to come to terms with such a troubling equation, which by its nature entails suffering?

In his most popular work, Civilization and its Discontents (1930), Freud argued that neurotics find this equation unacceptable because they feel, to varying degrees, that life is cheating them. They eventually some to resent their suffering and become desperate to rise above it. In their haste to relieve suffering, however, they overlook what their suffering can tell them. They become so preoccupied with diminishing their pain that they forget what life is about: To increase our chances at happiness by taking risks. This was the kind of person Freud thought he could help, but the way he sought to help them wasn’t by diminishing their suffering, but increasing it, in Zen-like fashion, by submitting to the necessarily disconcerting experience of psychoanalysis.

Yet despite the tension that such an arrangement inevitably engenders Freud wanted his patients to terminate their analysis better off than when they began, and consequently to feel grateful in spite of their painful experience of it. But Freud also knew that if their treatment had any chance of success, he would have to reeducate them about the role that suffering necessarily plays in their lives. Taking from Aristotle, Freud believed that every human action is in pursuit of the good, but the problem lies in each person’s conception of the good, and such conceptions can serve us well or lead us to ruin. So what conception of the good did Aristotle advocate? Aristotle believed that the good life can be equated with the pursuit of happiness, but he also observed that, for most people, pleasure is the focus of their lives and, consequently, how they conceive happiness. Aristotle believed there was a good far nobler—and in the end, more reliable—than pleasure, which is virtue, not because virtue serves utilitarian aims (such as relief from suffering), but because virtue is its own reward. In other words, whereas most people pursue happiness by accruing wealth and entertaining activities, Aristotle argued that people of poor character will always be miserable while those of good character will be rewarded for it, often in roundabout ways. Consequently, the virtuous person is happy—at least with herself—while the person who pursues
only pleasures is always in danger of losing them and, hence, is riddled with anxiety.

And what is the highest virtue? According to Aristotle, honesty — the capacity to be honest with others and, more importantly, the capacity to be honest with oneself. Freud’s problem, however, was in persuading his patients to follow this counsel until it could make a difference in their lives. Like Aristotle, Freud believed that the capacity for honesty hinges on the strength of character each person is capable of developing. So the first thing every analyst must learn is that you don’t build character by conceiving ways to relieve suffering, but by developing the strength to bear it and, ultimately, accept it. This makes the outcome of analysis and the drama that occasions every termination ambiguous, and sometimes tragic. This is because the kind of suffering analysis is capable of relieving isn’t the pain of suffering, per se, but the alienation we experience when we know that our life is a lie. The ability to overcome this lie, by becoming more honest with ourselves, can relieve the alienation, but not the anguish that life itself entails.

Naturally, Freud’s views about suffering and happiness play a pivotal role in his thoughts about the outcome of therapy. Freud came to the disconcerting conclusion that life challenges us from the moment we are born with pain, frustration, and disappointment, and that it confronts us with tasks that are extremely difficult to perform, and which leave scars that are impossible to erase. Though as children we are convinced things will become easier when we grow older, experience teaches us the opposite—that life becomes more difficult, and that this state of affairs persists throughout our existence until finally we are faced with the inevitability of death. In fact, so much of our lives is focused on one form of suffering or another that we spend a great deal of our time pursuing relief from the burdens that our trials thrust upon us, from one day to the next, and so on, in perpetuity. Although we dedicate much or our lives to relieving the amount of pain to which we are subject, none of the methods we devise to eradicate it ever succeeds to the degree we would like it to, no matter how clever, resourceful, or enlightened we are in our pursuit to gain mastery over our emotions. This raises the inevitable question as to why life is so unremittingly difficult and, allowing that we agree this difficulty is intractable and more or less consistent with living, what purpose can the trying nature of our troubled existence ultimately serve? This is a question that has been examined from the beginning of recorded history and we have yet to find a satisfactory answer. Of course, many of us are familiar with Freud’s dismissal of the religious argument which he outlined in Civilization and Its Discontents, which more of less suggests (depending on the religion in question) that suffering is something of a test and a means of preparation for a future life that becomes available only if we are willing to endure our suffering on this earth with a benign sense of acceptance. For those who lack recourse to such a comforting solution they are left to wonder what to do with their suffering and to ponder its effects on their attitude about life and, of course, death.

Naturally, the question of suffering is uppermost on the minds of everyone who turns to psychoanalytic treatment, because relief from their suffering is the principal motivating factor that brings people to therapy in the first place. How, then, does such suffering affect us and what does it inspire us to seek from life to relieve it, not only in spite of our suffering but because of it? For Freud (1930), the answer to this question was never in doubt: Our suffering inevitably causes us to seek happiness, to want to become happy and, ultimately, to remain so (p. 76). Suffering and happiness, then, enjoy a complementary relationship. It is because of suffering that we seek a happy state whose purpose is to alleviate it, and when we obtain happiness, we naturally want to preserve it as a means of insulating ourselves against the inevitability of suffering again. But the quest for happiness can be elusive, because the nature of happiness is such that we typically experience it, not as simply relieving our suffering but, more importantly, as a source of well-being in its own right. In fact, we have to ask ourselves if it is even possible to attain genuine happiness if our sole purpose in obtaining it is to serve a utilitarian relief from suffering at the expense of everything else.

Most of us would probably agree that relief from pain and the incidence of happiness are not the same thing, though it is probably the most difficult distinction that any human being is ever asked to consider — and one, I imagine, that the majority of analytic patients struggle with throughout the course of their treatment. This unsettling picture of the role that suffering necessarily plays in our lives was not, however, unique to Freud. It was also endorsed by another European, the British psychoanalyst, D. W. Winnicott, who linked our fear of suffering and the wish to abolish it with a craving for omnipotence:

If we are successful [as analysts] we enable our patients to abandon invulnerability and [thereby] become a sufferer. [And], if we succeed, life will become precarious to those [patients] who were beginning to know a kind of . . . freedom from pain, even if this meant non-participation in living. (p. 199)

Even today, you are more apt to hear this kind of philosophical musing about the role of suffering in everyday life from a European analyst than an American one. Why this is so I cannot say, but a clue may lie in a remark that Freud made to the Wolf Man when their treatment relationship
was nearing its end. The Wolf Man was in analysis with Freud from 1910 to 1914 and then subsequently resumed his analysis again from 1919 to 1920. The Wolf Man was never cured of his neurosis but nevertheless managed to charm his way into becoming a psychoanalytic celebrity. He attended psychoanalytic conferences and even gave papers, some of which were published. He was also the subject of frequent interviews throughout his lifetime, a notoriety that he both loved and hated. One of the last books to appear before the Wolf Man’s death was a series of interviews conducted with him by Katherine Obholzer (1982), where he was asked about his experience with psychoanalysis and his relationship with Freud. The Wolf Man replied that Freud knew only too well that the potentially therapeutic effects of analysis are not axiomatic and that termination guarantees nothing. In fact, the risk that every analysis entails epitomizes its existential structure.

This was demonstrated in a remarkable exchange that the Wolf Man had with Freud while in analysis. The Wolf Man asked Freud if he would ever be restored to psychic health once the dynamics of his childhood history were completely known to him. Freud replied that the answer to his question was not that simple. Quoting the Wolf Man (in Obholzer, 1982):

Freud said that when one has gone through psychoanalysis, one can become well. But one must also want to. It’s like a ticket one buys. The ticket gives one the possibility to travel. But that doesn’t mean I am obliged to travel. It [ultimately] depends on me, on my decision. (p. 43)

The Wolf-Man realized that Freud’s characterization of termination effectively refutes the common assumption that Freud believed in determinism. If our unconscious motives are said to determine our conscious decisions, what determines our unconscious? The line between the two isn’t so easy to determine. Surely, each determines the other, so that our conscious choices help determine what becomes unconscious as well. The termination of analysis confronts each of us with a choice. Will we, in effect, use the "ticket" it gives us, or will we neglect it or, worse, lose it without a trace? We may use it initially but neglect to as time goes by. Fate, too, plays a hand. We may find that the future occasions fresh challenges that simply overwhelm our previously effective efforts; despite earlier gains, the future can precipitously betray us when we least expect it. If that happens, we will have to choose what to do about those unforeseen consequences, when they occur, and deal with them the best we can.

When push comes to shove, Freud’s characterization of psychoanalysis is neither pessimistic, as some of Freud’s psychoanalytic critics have claimed, nor is it ineffectual, as many critics of psychoanalysis proper have argued. The reason is because psychoanalysis is not fundamentally concerned with the relief of mental illnesses nor even suffering in the conventional understanding of that term. Instead, its principal concern is, for lack of a better word, with help human beings to become more authentic, which is to say, more accepting of life’s unpredictable nature and its limitations. Psychoanalysis has never been effective at insuring we succeed when our earlier efforts led to failure. Rather, it is perhaps the premier means available in our culture for accepting our losses and disappointments without rancor or bitterness, at the ready to take another chance at happiness whenever the opportunity presents itself. If it is only good for that, it would seem that it is worth all the anguish and frustration that it invariably exacts from us.

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Michael Guy Thompson lives in Berkeley, CA and is past president of the Northern California Society for Psychoanalytic Psychology. His most recent book is The Ethic of Honesty: The Fundamental Rule of Psychoanalysis, published this year by Rodolphi.
PSYCHOANALYTIC RESEARCH: DEVELOPMENTAL AFFECTIVE NEUROSCIENCE AND CLINICAL PRACTICE

The two papers in this issue directly target an area of current intense interest to psychoanalysis, the treatment of trauma. This important domain of psychopathology, shared by a number of attachment-related disorders of the self, has been especially impacted by the current enriched exchange of interdisciplinary information between psychoanalysis, neuroscience, psychiatry, and developmental psychology. In this ongoing dialogue, psychoanalysis, with its long-standing interest on the enduring impact of early traumatic object relational experiences on evolving psychic structures has been both an active contributor and, more and more, an interested recipient. This area has been an intense focus of my Los Angeles and Seattle study groups.

In the first contribution Richard Carr presents a case vignette that demonstrates the clinical relevance of a construct that is now central to stress models in biology and neuroscience, allostatic. This concept, the process by which physiological stability is maintained in the face of change, has not yet appeared in the psychoanalytic literature, thus highlighting the import of Carr’s contribution. McEwen and Wingfield (2003) point out that allostatic load or overload can accrue from chronically stressful social interactions, and is accompanied by elevated glucocorticoid levels, which over time cause damage to brain and body. On the other hand, the pathogenic consequences of allostatic overload can be countered by supportive social relationships (Adler, 2002). This mechanism describes the essential psychobiological processes that underlie stress and stress-regulating transactions in psychotherapy, the interactive dysregulating and regulating dynamics that operate within the therapeutic alliance.

It is now established that regulatory transactions within the therapeutic alliance involve affective and thus not purely mental but psychobiological states. In recent work on the sociophysiology of the doctor-patient relationship, Adler (2002) points out that empathy, an essential component of the therapeutic alliance of mutual, reciprocal engagement, is simultaneously an affective experience and a physiological state. He points out that “Because people in a caring, i.e., empathic relationship convey emotional experiences to each other, they also convey physiological experiences to each other, and this sociopsychologic linkage is relevant to the understanding the direct physiologic consequences of caring in the doctor-patient relationship” (p. 885). He further notes that just as in the infant-mother attachment relationship, individuals in an empathic relationship co-regulate each other’s autonomic activity. In this manner, “the experience of feeling cared about in a relationship reduces the secretion of stress hormones and shifts the neuroendocrine system toward homeostasis” (p. 883). Social bonds of attachment, including the attachment mechanism embedded in the therapeutic alliance, can thus reduce stress-induced autonomic arousal and allostatic load.

Adler (2002, p. 887) asserts that “the art of the doctor-patient relationship…entails the same kind of person-to-person attunement that is essential to the newborn (Schore, 1994).” In various writings I have described the common mechanisms of right brain-to-right brain affective interactions within the infant-mother attachment relationship and within the intersubjective field co-created by the patient and the empathically attuned therapist. Recent studies now affirm that “self-awareness, empathy, identification with others, and more generally intersubjective processes, are largely dependent upon…right hemisphere resources, which are the first to develop” (Decety & Chaminade, 2003, p. 591).

In the second brief communication presented here, Jane Wheatley-Crosbie emphasizes the critical role of the body in traumatic reenactments. She describes “the dance of interactive regulation between therapist and patient” in which the therapist must attend to his own somatic responses to the patient’s bodily-based unconscious emotional communications. Such work is informed by the principle, “people who are themselves experiencing a visceral factor will be more empathic toward, and more accurate predictors of, others who are experiencing the same visceral factor” (Lowenstein, 1996, p. 284).

Wheatley-Crosbie focuses upon the fundamental operations of hyperarousal and dissociation, phenomena that are now of intense interest to psychoanalysis (e.g., Bucci, 2003; Bromberg, 2003). In my own work I have suggested that early attachment trauma (pediatric maltreatment-related posttraumatic stress disorder) induces states of hyperarousal and subsequent hypoarousal-dissociation in limbic-autonomic circuits of the early developing right brain, which is dominant for attachment, the processing of negative affect, and the human stress response. These altered arousal processes that accompany trauma are also now being explored in neuroimaging research. In two important fMRI studies Ruth Lanius and her colleagues (2002, 2004) have demonstrated that PTSD patients who experience traumatic memories and autonomic hyperarousal show a right lateralized pattern in limbic areas. This lateralization accounts for the nonverbal nature of traumatic memory in PTSD subjects. These authors cite studies showing that subjects who had experienced early trauma dis-
played right hemispheric dominance during memory recall. In another study they report that PTSD patients who experience no hyperarousal and instead dissociate while listening to a narrative recounting of a traumatic experience also show lateralization to the right hemisphere (Lanius et al., 2002). These data support the idea that dissociation, especially somatoform dissociation, is a right brain defensive operation (Schore, 2003a), and that clinicians must engage these right brain mechanisms in order to access both the primitive defenses and the intense dysregulated affects that lie at the core of attachment-related disorders of the self (Schore, 2003b). I am extremely pleased to report that Dr. Lanius and I are currently collaborating on fMRI studies of adult borderline personality disorders and on the neurobiology of mother-infant attachment.

**References**


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Life expectancy has nearly doubled over the past 100 years, making the impacts of life-long stress significant. Despite diminishing hardships and increased benefits from rapidly changing technological and medical advances, stress-related effects and illnesses, which contribute to the etiology of psychopathology, are increasing. When a person is stressed, a stress response representing over 400 million years of evolution occurs (McEwen & Lasley, 2002). Dynamic functional alterations arise in the autonomic nervous system (ANS), the hypothalamus, pituitary, and adrenal cortex (HPA axis) of the endocrine system, the immune system and parts of the central nervous system (CNS) like the amygdala, the hippocampus and the orbital frontal cortex (Schore, 1994). Psychological interpretations, more than environmental events, shape the negative consequences associated with chronic human stress (Sapolsky, 2002). Knowing how stress affects mind and body is critical for psychoanalytic clinicians and their patients. This paper suggests that chronic stress responses within psychotherapeutic contexts affect clients, practitioners and process while impacting clinical and health-related aspects in long-term outcome.

CASE OF CINDY: ALLOSTASIS

Cindy, 42 years old, announced, “I’m an expert at therapy. However, now I don’t have time to focus on my inner world. I already know all about that.” Her plight, she said, was saving her career and avoiding homelessness. She spoke rapidly, dramatically, hardly taking a breath — giving a detached, yet “in charge” self-confident impression. I noted her expressions, felt her urgency and was drawn to the silk scarf stylistically wrapped about her neck. Surrealistically, an image of her animated head resting lightly above a subdued body filled my mind. My attention returned to her as she said with intense desperation, “Everyone is turning away, despite the incredible support.”

She interrupted each attempt at a clarifying question or reflection, saying she had heard it all before and it would not help. Following 30 minutes of listening to her talk non-stop, an internal desperation gripped me as my stress paralleled that evident in her body. Summoning courage and matching her animation and concern, I asked if she had trouble being “here with me.” Welling up, Cindy cried awhile. It was as if a glass wall between us broke, exposing her neediness. Momentarily, her race to eradicate her body’s resigned expression of “being left” was interrupted. Then her palpable relief was quickly replaced by fear and distrust. Frequently replayed, this pattern expressed to us a “parentified” child mode (Cozolino, 2002). More importantly, its current-form of sociophysiological expression (Adler, 2002) exemplified the cumulative wear and tear of a life pattern or Type 2 allostatic load written about by McEwen and Wingfield (2003). Therapeutic regulation, not interpretation and insight, is required for a client who is not psychologically-minded (Schore, 2003).

When homeostasis is disrupted, allostasis, an essential dynamic psychobiological coping process, engages in an attempt to achieve stability through change. Shifting fundamental processes like blood pressure, heart rate, oxygen intake, metabolism, and immune function allow animals and humans to maintain an internal physiological balance when facing environment and life stage changes. Allostatic response patterns, built to meet biological needs of the moment sometimes, however, disrupt future homeostasis (McEwen & Lasley, 2002).

Cindy’s work-related stressors and sense of abandonment triggered an implicit memory or feeling of being “used and tossed aside.” Her attachment patterns with therapists and friends reflected a chronic sense of unreliability previously experienced with her mother. This excited her autonomic nervous system, producing fight, flight, and freeze responses. Feelings of trust, confidence, and anticipated success were supplanted. As an adult, she projected this sequence of feelings into moments of disappointment and interpersonal conflict at increasing cost to her well-being.

Allostatic load (wear and tear on the body) accumulates as an allostatic response is repeated. Unless allostasis successfully restores homeostasis, chronic repetition leads to allostatic overload yielding long-lasting, debilitating and sometimes irreversible outcomes like atherosclerosis, diabetes, hypertension, cardiovascular risks, high cholesterol, abdominal fat, depression, diminished memory and reasoning, posttraumatic stress disorder, dementia, early aging, and immune dysfunctions (McEwen & Lasley, 2002). Cindy’s repetitively defensive projective identifications dysregulated her interactions as “unsafe” feelings increased while her ability to resolve conflicts, or give herself wholeheartedly to work decreased. I feared Cindy’s situation might escalate into a Type 2 allostatic overload, namely a melancholic depression or worse.

TYPE 1 AND TYPE 2 ALLOSTATIC OVERLOAD

Type 1 allostatic load and overload occur during unpredictable environmental changes, e.g. floods, fires, earthquakes, which threaten food and/or shelter needs. These processes stimulate emergency life-changing reactions in a person,
which are time-limited in accord with the crisis. On the other hand Type 2 allostatic load and overload are generated from social conflict. This type is not time-limited and is a harbinger of disease. In Type 2 overload, increased energy expenditure ineffectually fails to reduce the social stressors during life and work (McEwen and Wingfield, 2003). Chronic states of fear of pending danger maintain excessive stimulation in the stress response and amygdalar systems, heightening cortisol, “the stress hormone”, potentially causing hyperphagia (overeating in response to stress) and obesity. High cortisol and associated feelings of hopelessness can ensue, resulting in cognitive impairment, depression, isolation, learned helplessness, and increased risk of PTSD (Sapolsky, 2002).

Cindy’s pattern of “corporeal absence” in the session room repeated often. She showed signs of decreased memory, dissociation, diminished reasoning and depression. She could not quiet intrusive thoughts for more than a few minutes at a time. Her physiological responses to social stressors (imagined and experienced) repeatedly increased her allostatic load. My stress levels paralleled hers as I received her projections of helplessness and witnessed her dissociations.

Cindy’s negative emotions reflect overactivity in the almond-shaped amygdala of the brain’s limbic area. The amygdala’s function in the nonverbal right hemisphere is shaping emotion and the stress responses (Schore, 1994). The amygdalar system responds rapidly and subcortically to sensory cues resulting in fear and other strong emotional reactions, like a startle response or panic. Responding to stimuli before birth as part of a prenatal stress response system, it later empowers the baby’s cry. Other brain structures, such as the hippocampus, anterior cingulate, and orbitofrontal cortex, mobilize in the right hemisphere to regulate the amygdala, inhibiting it contextually or after its reaction has begun (Schore, 1994). These structures develop within the interactive milieu of the mother/child dyad during early development (Schore, 2001). For allostatics and its wear and tear on the body, the neural hierarchy regulating the amygdalar system determines the return to homeostasis or defaults to allostatic load.

Helping Cindy (and me) diminish the amygdalar response and increased allostatic load was an essential therapeutic goal. The amygdala responds to threatening or “unsafe” contexts or thoughts. Giving clear, nonverbal signals like a softer, open tone of voice with deferent eye contact along with other signals of “safe context” helps quiet its reactivity. Engaging a working alliance, attachment relationship and positive transference help produce lasting changes (Cozolino, 2002). Their “safe” complexity engages the higher cortical structures during dyadic interaction, strengthening their regulation of the amygdala. Empathy establishes a deep sense of safety, facilitating contextual inhibition of the amygdala and reducing emotional reactivity.

With Cindy, it took months for my presence to be felt. Cindy questioned whether I was just “another therapist” – all of whom she had generalized as benign and ineffectual. In addition to empathically resonating with her positive and negative psychobiological states and co-constructing the therapeutic alliance, we also used stress reduction techniques - yogic breathing, relaxation exercises and visualization to break the patterned response. Then education regarding the right brain mechanisms that regulate the stress response helped to strengthen her cognitive regulation of the building allostatic load. Slowly, as she could look at, feel, and hear both herself and me while stressed, a more significant therapeutic connection formed.

We worked in the nonverbal realm, moving in and out of her “parentified” child pattern, even, at times, laughing at our struggle. The pattern of allostatic overload was interrupted and re-engaged numerous times at many junctions, while she gained more and more proficiency in both interactive and autoregulation. Her sense of purpose deepened and her depression began to lift. Her flexibility under stress increased as did her memory and reasoning, while her dissociation diminished. Her projective identifications became more easily regulated by both of us. This allowed “both members of the emotion-transacting therapeutic relationship to become, both subjectively and objectively, more knowledgeable coexplorers of the primitive mind” (Schore, 2003). Cindy has begun to reflect on her impact in dyadic interactions minus the silk scarf.

**Conclusion**

Intense affect activates non-conscious stress response systems in both therapist and patient. Responsive allostatic and homeostatic mechanisms can combine with projective identifications to make the therapeutic alliance essentially a co-regulator of patient and therapist allostatic responses. While the threat to memory and reasoning functions during allostatic overload places considerable strain on both parties, shifting chronic stress to dynamic, acute stress optimizes integration of mind/body/world interactions. Successfully co-regulating intense affect and projective identifications can strengthen both therapist and patient (Schore, 2003). Could co-regulation of allostatic processes have a similar consequence?

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HEALING TRAUMATIC REENACTMENT: PSYCHE’S RETURN FROM 
SOMA’S UNDERWORLD

E
each October, year after year, a young woman—I’ll call her Beth—suffered tumultuous relationship losses. 
During her childhood, when her abusive father died during the same month, she feared she had “murdered” him with her hatred. Freud (1914/1959) first conceptualized such behavioral reenactments as “repetition compulsion,” 
observing that they sometimes substitute for remembering. He believed they were caused by unconscious conflict paired with repression. According to Levine (1996), traum-
atic reenactment (TR) is also the psychesoma’s strategy for completing the unfinished fight–flight–freeze survival cycle.

Until this survival cycle is resolved, traumatized patients suffer TR due to potentially permanent impairment in their self-regulatory mechanisms. For Beth this survival cycle had been triggered from earliest infancy by abuse/neglect, which even in moderate degrees has lasting impact. Unwanted by father, she was inconsistently soothed and contained (regulated) by mother, who was abandoned and abused during her own childhood and later became psychotic. In Beth’s adulthood, despite a positive work experience and social life, she experienced TR in various forms: flashbacks, intrusive terrors, and somatization (including multiple food, airborne, and environmental sensitivities.

This article examines psychodynamic and neurobiological origins of TR, interweaving somatic and analytic treatment approaches for analysts challenged by patients with chronically impaired self-regulation. Because such patients rarely receive acknowledgment within their families of origin for their trauma or its effects, this integrative approach, which incorporates updated neuropsychoanalytic models and advances in traumatology, is directed towards helping them discover an emerging psychobiological sense of well-being.

NEUROBIOLOGY OF TRAUMATIC REENACTMENT

Brain, mind, and body are inextricably linked via the central and autonomic nervous systems (CNS, ANS). A complex chemical network mediates communication within and between these and all organ systems of the body. Below the threshold of conscious awareness, these regulatory functions are manifestations of the somatic unconscious.

According to Schore (2002), ANS activation is expressed in traumatically attached infants as frantic distress during sympathetic hyperarousal, followed by collapsed hopelessness during parasympathetic hypoarousal-dissociation. Dysregulation followed by deprivation of interactive regulation triggers a flood of stress hormones, producing severe alterations in synaptogenesis in the developing right brain. Ambient and cumulative, these experiences of chronic early abuse and neglect contribute to TR by causing enduring structural and functional alterations in the stress-response systems of the brain/mind/body that are centrally involved in self-regulation.

Sympathetic hyperarousal may be expressed as excitement, terror, or rage. It involves increased heart rate, agitation, muscular tension, and difficulty breathing. In TR, associated fight–flight defensive reflexes include hyper-responsiveness and hypervigilance. Jung (1928/1960) recognized that such overwhelming affects alter the psychesoma’s biology, precipitating the protective mechanism of dissociation. Resulting fragmentation disperses unbearable elements into the somatic unconscious. Schore posits that parasympathetic/dissociation is a right brain dominant subcortical regulatory process. Appearing as depression, dead-

ness, disconnection, alexithymia, and exhaustion, its mild-
est form is “spaciness,” whereas its most extreme form is expressed in such conditions as Dissociative Identity Disorder and Borderline Personality Disorder. In TR, associated immobility/freeze responses include feeling dazed or out of
the body.

Undischarged fight-flight-freeze responses are analogous to depressing a car’s accelerator and brake pedals simultaneously. These contradictory responses remain in the brain as unconscious procedural memory and in the body as constriction, triggering behavioral reenactment when held in striated musculature, somatic reenactment when held in smooth muscles. According to van der Kolk (1996), chronic stress leading to TR does not exist on a continuum with the normal stress response but is a distinct phenomenon that leads to abnormalities in four stress-response systems: psychophysiological, neurohormonal, neuroanatomical, and neuroimmune.

Beth manifested abnormalities in all four systems; space limitations permit discussion of only two. “Sensitization”—heightened stress reactivity—results when chronic ANS stress impairs cortical capacity for discrimination. Beth’s psychophysiological sensitization was expressed via exaggerated startle responses, heightened emotionality, extreme sensitivity to sound, and sleep difficulties. Neuroimmune abnormalities surfaced with Beth’s sinus allergies at age 7. When pain from father’s whippings led to dissociation, Beth lost the capacity to cry. Later, allergic “tears” emerged via the somatic unconscious. Though current research will expand the information offered here, the exquisite complexity of human neurobiology and its regulation remains undeniable. Its components—when gone awry—serve as somatic unconscious precipitants of TR.

**Dissociation And Memory In Traumatic Reenactment**

According to van der Kolk (1996), dissociation at the time of trauma is probably the single most important predictor of PTSD. Dissociation refers here to a fragmentation of experience whereby traumatic elements remain outside a unitary sense of self. Dissociation contributes to TR by disturbing a person’s normal sense of reality and time. Scaer (2001) proposes a model of chronic trauma in which dissociation/freeze mechanisms include vegetative parasympathetic/vagal tone (reduced blood pressure, heart rate) and secretion of endogenous opiates (endorphins). Triggered by fear, endorphins numb pain, reduce panic, and perpetuate increased dissociative tendencies.

In trauma, stress hormones link states of hyperarousal with memory systems, making related memories “state-dependent.” Traumatic memory is largely implicit, procedural, unconscious, and frequently distorted. Although dissociated trauma remains outside conscious narrative, at certain moments it recurs via TR in the form of somatosensory flashbacks. For example, at night in bed, after terrifying arguments with an abusive boyfriend, Beth reexperienced proprioceptive flashbacks from childhood: in bed after father’s whippings, her numb body felt safely contained inside a soft, tunnel-like place in her imagination.

Scaer adds that dissociation/freeze responses fuel an ongoing arousal/memory circuit in the brain that precipitates TR. Conditioned fear contributes to this circuit. Triggered by stress hormones and mediated by the amygdala (primitive right brain fear response center), it is essentially indelible. For example, Beth’s fear that she had “murdered” father (aversive stimulus) was paired with October (neutral stimulus). Years later associated seasonal changes in temperature and light triggered unconscious recreations of the original repressed “murder.” “Sensitization” is also fear conditioned, precipitating overgeneralized responses to traumatic or even neutral stimuli. Beth’s fear of father’s angry voice and frowning face was held undischarged in her somatic unconscious. During stressful encounters, unexpected subtle shifts in anyone’s voice or facial expression left her disoriented and comprehending.

**Treatment**

Treatment of TR must involve two primary mechanisms: (1) completion of thwarted fight-flight-freeze responses, and (2) reunion of repressed/dissociated material with consciousness. Effective treatment requires intrapsychic and intrasomatic change. Within the transference-countertransference relationship, safe containment (regulation) —not potentially retraumatizing catharsis—is the goal. While patients tell their stories, analysts track moment-to-moment shifts in their posture, facial expressions, sounds, gestures, bodily movements, as well as changes in skin color, breath, and heart rate. Levine’s (1996) Somatic Experiencing method presents a model for integrating this “felt-sense” with Schore’s regulation theory.

As if exploring waking dreams, sensitively attuned clinicians help patients relate to their somatic states. While fostering their patients’ developing interest in their sensory-affective experience, analysts also track their own intrasomatic-intrapsychic countertransference. Gradually, patients’ fears of intense sensations and affects give way to curiosity about them and their associated images. Imagine this process as a figure-8 image: analysts help patients cycle gently back and forth between sympathetic arousal states and parasympathetic restful states, until they attain the homeostasis of “psychosomatic indwelling” (Winnicott, 1974). Once subcortical right-brain-dominant “bottom-up” mechanisms are regulated, patients manifest improved reflective capacity for “top-down” assessment of TR dynamics.

Jung (1928/1960) realized that intense affects trigger unconscious “complexes” that behave like independent beings (dissociated self-states) to preserve the infant’s sense of “going on being” (Winnicott, 1974). Ferenczi (1955) proposed that, before the ego solidifies, one part of the personality regresses to an infantile state, while another
part progresses, becoming “protector” for the weaker part (Kalsched, 1996). Modeled after parental attachment failures, the protector/persecutor “identifies with the aggressor” (Ferenczi, 1955), repeating the original abuse/neglect intrapsychically by losing “self-tolerance” for the vulnerable self-state—acting in true autoimmune fashion (Kalsched, 1996). The protector/persecutor generates TR by functioning like a circuit breaker, eradicating connections between body and mind that would cause the vulnerable self-state to be overwhelmed again. Regarding Beth’s recurring October “murder,” when discord in relationships led to increased vulnerability, her protector/persecutor precipitated breakups.

Beth’s terrors about recurring October catastrophe—TR in the form of intrusion—reflect Winnicott’s (1974) “fear of breakdown.” By regulating hyperarousal/dissociation responses associated with this fear, analysts can help patients realize that trauma retires to the past only after being experienced directly in the present. An important mechanism for the recapitulation and dyadic repair of early trauma within the therapeutic alliance is the patient’s reactions to the analyst’s inadvertent failures and mistakes. At times when Beth wanted particular responses from her analyst that were not forthcoming, she experienced in both mind and body more directly and consciously the emptiness of being unwanted by father. Though Beth was terrified of her own unconscious aggression, gradually she expressed complaints about the analyst’s empathic failures. Relieved that her “murderous” protector/persecutor had not destroyed the therapist’s non-retaliatory stance, Beth learned to differentiate defense from ego. Setting limits with its persecutorial tone, she began autoregulating the self-hatred endemic in early trauma.

When early abuse becomes a self-fulfilling prophecy, the patient’s burgeoning hope can motivate a heroic journey. As the dance of interactive regulation between therapist and patient pendulates between immobility and fluidity, fear and courage, the traumatized patient moves toward the wholeness of being one self while, at the same time, many. In the process of differentiating “then” from “now,” a more complete conscious trauma narrative emerges. Eventually, a well-regulated psyche finally returns from soma’s underworld.

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with TAP
In 1994, the Austin Society for Psychoanalytic Psychology selected “Affect” as the subject for our yearlong study, and I was to present the first paper of the year, on the topic “The Development of Affect.” After I had done what I thought was a careful literature review, I found myself uneasy to say the least. The theory and the research did not seem to hang together, and the various writers all seemed to be coming at the topic from dozens of different directions. Each time I sat down to write, I found myself quite unsure that I could offer our members a coherent, comprehensive and useful overview of the topic.

Then, two weeks before I was to give my talk, I discovered Allan Schore’s newly published book, Affect Regulation and the Development of the Self: The Neurobiology of Emotional Development (1994). I cannot tell you how utterly thrilled I was as I began to read it! I not only devoured the book, I put together a chapter-by-chapter synopsis and extracted quotes which ran to 14 pages of single spaced small font type, to assist the other speakers on the topic of “Affect” who were to follow me in that 1994-1995 year of presentations. Not only that, I called and left Allan Schore a long phone message expressing my delight with his book and my gratitude for the monumental service he had done the profession by pulling together such an incredibly complex body of information and creating the first meaningful comprehensive framework to integrate and interpret all the previous literature on the topic. When I met him later in person for the first time at the Denver Division 39 Annual Meeting in 1997, he told me my call had been the very first feedback of any sort that he had received after the publication of his book, and it had pleased and encouraged him very much.

Since that time, if you were determined to keep up with the development of Schore’s thinking over the last ten years, you would have had to read his more than 50 publications in numerous books and such disparate journals as the Infant Mental Health Journal, Journal of the American Psychoanalytic Association, Development and Psychopathology, Neuro-Psychoanalysis, the Australian & New Zealand Journal of Psychiatry, and his excellent contributions to our own Psychologist-Psychoanalyst. And if you were a real Allan Schore groupie, you could also have trailed him around the world as he gave keynote speeches and invited presentations at the Tavistock Clinic and the Anna Freud Clinic in London; the World Health Organization in Luxembourg; at national conferences in Australia; and at many other distinguished settings throughout the U.S. and Canada.

We should be grateful that Dr. Schore has now made it much easier for us to keep up with him by means of the publication of these two volumes. Much of his work over the last decade is reproduced in this newly edited pair of books. Together they contain 17 chapters, five of which are versions of chapters previously published in edited books, and ten of which previously appeared in some form in various journals; only two chapters and one extraordinary Appendix appear to have been produced specifically for this set. Given that Schore has written or presented an average of almost 6 major speeches, chapters and/or articles each year over the last decade, yielding a corpus of over 60 citations in that period of time, his selection of these 17 chapters surely must identify those he sees as his most important contributions.

If you are not familiar with these important contributions, these are the books to buy: they are all here. Inevitably, when an author assembles a compilation of his or her work in a particular area of science, especially if that work is detailed and extensive, there is likely to be a fair amount of overlap and repetition, and that is true of many of the chapters in these two books. But because the research that Schore surveys is extensive and sophisticated, and because at times his writing can be complex and convoluted, the repetition of points and his variations on the central themes might prove more helpful and clarifying than frustrating to many readers, especially those new to his thinking. If you are already thoroughly familiar with Schore’s main concepts, however, such as those pertaining to the neurobiology of emotional development; the effects...
of trauma on right brain development, affect regulation, and infant mental health; or the early organization of the non-linear right brain and the development of predispositions to psychiatric disorders, then you may find yourself flipping through quite a number of pages as he reiterates his central themes.

But even if you are thoroughly familiar with Shore’s ideas, I suspect you will want to slow down and carefully study both a new chapter and an impressive Appendix in the second volume, *Affect Regulation and the Repair of the Self*. I believe they show that Schore is moving closer than ever before to specifying how his ideas translate into principles for the clinical practice of psychoanalysis or psychotherapy. The chapter is titled “Clinical Implications of a Psychoneurobiological Model of Projective Identification,” and the 3-page Appendix lists 20 succinct “Principles of the Psychotherapeutic Treatment of Early-Forming Right Hemispheric Self Pathologies Based Upon the Developmental Models of Schore’s Regulation Theory.”

In his chapter on projective identification, Shore writes, “Current developmental models thus emphasize the fact that projective identification, both in the developmental and the therapeutic situation, is not a unidirectional but instead is a bidirectional process in which both members of an emotionally communicating dyad act in a context of mutual reciprocal influence” (2003b, p. 65). He also specifies his agreement with Klein’s belief that projective identification is not confined to the transmission of negative spectrum psychic states or emotions from one person to another, but commonly is a process that “also involves the projection of a much-valued part of the self into another” (p. 64). Clearly, Schore sees projective identification as one form of the right-brain-to-right-brain communication he has outlined so carefully in his prior work. He states explicitly, the second of these books, I hoped to find that Schore had devoted the entire book to the application of his ideas to various everyday clinical issues and dilemmas. But it is primarily in the final three pages of the second book that he moves in the direction of making explicit the implications of his studies to the day-to-day practice of psychoanalysis or psychotherapy. He says, for example, that good therapy must focus heavily on “dysregulated right brain ‘primitive affects’ – such as shame, disgust, elation, excitement, terror, rage, and hopeless despair …rather than the analysis of unconscious resistance and disavowal of repressed affect” (p. 280), and he suggests that we revise our understanding of defense mechanisms to see them as “nonconscious strategies of emotional regulation for avoiding, minimizing, or converting affects that are too difficult to handle” (p. 280).

It seems to me that if we are to take his Principles seriously, the thrust of our training of analysts and therapist, even our selection of candidates for training, would necessarily shift dramatically. My guess is that Schore would have our graduate programs focus much more heavily on selecting candidates who give indications that they are aware of and comfortable with emotional transactions of all sorts, particularly those in the negative spectrum. And while most graduate training programs in all professional fields of therapy place heavy emphasis on mastery of a huge body of academic material, and the national qualifying exams test for mastery of that material, Schore would undoubtedly want to find ways of teaching and testing the fledgling therapist’s abilities to connect with patients empathically and “read” their own and the patient’s unconscious, body-based communications with as much skill as they process the patient’s verbal flow. I find myself hoping that Schore’s next book will directly address the monumental graduate training and internship transformations that would be required.

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WORLDS OF EXPERIENCE: INTERWEAVING PHILOSOPHICAL AND
CLINICAL DIMENSIONS IN PSYCHOANALYSIS, BY ROBERT D. STOLOROW,
GEORGE E. ATWOOD, AND DONNA M. ORANGE. NEW YORK: BASIC BOOKS, 2002; 208
PAGES, $40.00.

Schachtel (1959/2001) noted that young children desire
an orderly, structured world. He illustrated this by way
of the experience of a young child becoming upset when
an adult reader skips a page in a children’s story. Schachtel
explained that the child wishes to be able to master the
order of things with the precision of accurate prediction.
Outside of psychoanalysis, Susan Gelman (2003) has similarly shown that the desire for order and continuity leads
to the development of essentialist thinking in young chil-
dren. Schachtel and Gelman would agree that finding order
appears to be a necessary component of development. For
his part, Schachtel added that once stability is assured, that
a playful creativity could be utilized in the engagement of
structure. That is, that one might find pleasure in diversity
or a shift in the order of things.

However, it appears common enough that the
desire for order and continuity remains strong and that, like
the young child, adults often cry out upon experiencing
a rupture in continuity. In a tone that may be considered
playful, Mary Gergen upon noticing this tendency has suggested: “Perhaps we need a new entry into the DSM-
IV–DAS–Descarte’s Anxiety Syndrome. The symptoms
include existential angst, fear of chaos, and melancholia
for the loss of foundational principles.” (Gergen, 1997, p. 608). I may use my own predictive power to infer that most
would agree that the idea of adding another category to the
DSM had best be playful. Yet, that is not to detract from the
fact that it is with this syndrome and the epistemology that
leads to it that the book under review is concerned.

The Cartesian knot within psychoanalysis is the
central focus of the current book. The authors state in the
preface that their aim is to deconstruct Cartesian assump-
tions, as they exist in psychoanalytic thinking, and to move
beyond these assumptions into what the authors call “inter-
subjective contextualism.” Much of this work is not new
to readers of Psychoanalytic Psychology as considerable
portions of five of the eight chapters were published there
between 1999 and 2002. Yet, a reworking of these papers
into a whole allows the work to stand in its own right in a
fashion that is accessible and affords the reader a chance of
increased understanding of this position.

In addition to the book consisting of a reworking of
several papers, it is notable that several authors have con-
structed it. One might say that several individual “worlds”
contributed to its coming into existence. Here the world(s)
of Robert Stolorow’s and George Atwood’s decades long
relationship and continued dialogue with Donna Orange
is presented in a highly readable package. As one might
expect from a book that takes on both philosophical and
clinical dimensions of psychoanalysis, the offering is
divided into two sections, theoretical and clinical. A fourth
author, Julia Schwartz co-wrote one of the clinical chapters
entitled “Worlds of trauma.”

With such a chorus of voices, it comes as no sur-
prise to this reviewer that community is taken up as a
subject of discussion throughout the book. The theoretical
community presented here is one that is based in a theory
that calls for a moving beyond a subject/object dichotomy
by way of fallibilism (a la Charles Peirce) and hermeneu-
tics. Here the authors note in a spirit that could appear part
of a post-modern zeitgeist, that a community in which dif-
ference is encountered in dialogue is necessary for schol-
arship. Such a comment calls into question what sort of
encounter affords difference (of any sort) the possibility
of community and what such a community might be. To
answer this, the authors further state that from a position
they label “perspectival realism” (Donna Orange is noted
as the creator of the term.), “…we can hear our patients and
colleagues as having access to realities that are hidden from
us by our own perspective.” (p. 114).

To illustrate this further, the authors offer a full
account of the well known parable of the blind men who
each touching one part of an elephant, attempt to convince
the other blind men what constitutes the entity labeled ele-
phant based on their limited positions. The reader is invited
to re-experience this classic tale in which one blind man
describes a snake like object as the essence of an elephant
due to his sampling of the trunk while another finds an
elephant to be like a tree due to experiencing the knee, that
each disagrees with the other, and that each is wrong. The
authors add that this parable illustrates the epistemological
attitude of perspectival realism.

This is a striking point as the comment concerning
perspectival realism that is quoted above is to my mind a
different definition than the one offered by the parable. In
both cases, perception is understood to be constrained by
one’s point of view. However, the quote contains an ability
to hear realities that are hidden from one’s perspective, a
quality the blind men do not possess. It appears that lacking this component leads the blind men to neglect perspectival realism in favor of each isolated mind arguing that their point is correct. Such a difference is the central thesis of the book under review. That a parable that offers isolated minds defending their objectivist points of view is utilized as an epistemological illustration of perspectival realism is of some concern.

Elsewhere (Rothschild & Haslam, 2003), I have argued that always situated, human desire (or pragmatic need) adds valence to construct a point of view, and that desire itself may occlude the legitimacy of other points of view. However, as a temporal shift in desire or motivation can reveal, multiple points of view can be correct at different historical points. That the parable finds a narrative center in the blind men being wrong may usher in an attitude that is unfortunate in its relation to the authors’ stated purpose. Such a conception is worth tracking as a notable part of the authors’ post-Cartesian psychoanalytic theory construction is the critique of others’ views, namely, Kohut and members of the body of thought known as relational psychoanalysis. The authors state that their critique of Kohut is not to devalue and exclude, but to open a dialogue. The same might be said of the authors’ critique of relational theorists on the grounds that relational theorists (i.e., Aron and Benjamin) want to have their Cartesian cake and eat a post-Cartesian theory too. While acknowledging the intrigue of such critique, I felt at times, that the tone of the text posited the notion that the other was wrong and not that the other had access to different realities. As Foucault (1983/2001) noted, this is a danger of critique. My central concern is not with critiquing another as being wrong, but the apparent dwelling in a contradictory space, one that simultaneously affirms and denounces the other.

The authors begin their Cartesian critique by problematizing the concept of an isolated mind. Common to the community of those who take on the scientism that posits a stable, objective world, the authors note that they have often been accused of being relativists. To answer such a critique, the authors turn to the work of Richard Bernstein (1983). Bernstein has noted the confusion that arises when the illusions of a definite world are suspended.Clinicians know of this uncertainty in vivo, as it is not an easy task to dispense with maladaptive defenses in the face of something different and ambiguous. Yet, Bernstein’s critique is concerned with the level of scientism, not individual functioning. Simply put, those who subscribe to a philosophy that posits a definite world tend to become anxious when that point of view does not hold. Stolorow et. al., contend that this difficulty is cultural. That is, the belief in an isolated mind surrounded by a stable, external world is a defensive function found at a cultural level. Such a view has been shared by others (e.g., Varela, Thompson, and Rosch, 1991) who have also made note of Bernstein’s work to demonstrate that eastern philosophy has addressed the subject/object dichotomy for centuries. Further, Varela et. al., note that relativity or reactive nihilism (cf., Deleuze, 1962/1983) is directly linked in eastern philosophy to a belief in a fixed world by a critical reflection on the mind’s tendency to cling to anything that appears stable and the continuous frustration found in such an act of grasping. Although such a perspective is not explicitly linked herein to such schools of thought (i.e., eastern or Buddhist philosophy and post-structuralist French philosophy), the theoretical and clinical illustrations offered in the volume under review may be considered to fit such a profile.

Although the text is divided into two sections, the clinical section of the book truly begins with the case material found in the introduction. Here the reader is presented with an uncommon view into the origins of Cartesian philosophy. Rather than the usual origin point of the western philosophical tradition itself, one finds psychological origins in an examination of letters between Descartes and Princess Elizabeth of Bohemia: Descartes himself contended with the alienating effects of depression and trauma. Here Descartes chooses self-reliance over the percept of embeddedness. The authors note this choice as Descartes’ attempt at mastering body (including affect) with rationality and differentiatise such a move from the primacy of affect found in spaces such as the intersubjective Kohutian focus on attunement.

The danger of the illusion of the isolated mind and the difficulty of finding an intersubjective contextualist path is most effectively illuminated in a stirring fashion by a recounting of trauma experienced by Stolorow during a conference eighteen months following the cancer-related death of his wife. The manner in which such a telling captures alienation and aloneness or as the authors’ note, “a profound singularity” (p. 125) makes Stolorow’s account a must read for anyone working clinically. In addition to exploring the therapeutic engagement of affect in order to recontextualize the isolated mind of a traumatized individual, the authors additionally tackle the alienating experiences of the psychotic. Further, their treatment of mania could well be required reading for anyone who seeks to find a foothold with phenomenology in an atmosphere in which such conditions are increasingly sought to be understood solely through a medicalized lens.

In short, this slim volume is packed with philosophical theory and clinical vignettes that make for engaged reading. It is ambitious in this regard. The number of philosophers that are utilized in the process of situating their theory range from Wittgenstein to Gadamer, and a full portrayal is beyond the scope of this review. Further, several clini-
cal vignettes are provided in addition to those noted in this review. The book should appeal to a wide variety of readers both familiar with nuances of philosophical theory and those just beginning to consider the importance of the relationship between philosophical and psychoanalytic theories.

REFERENCES


Pluralism is the watchword of the day in psychoanalysis. The final issue of the 2003 volume of the Journal of the American Psychoanalytic Association, a supplement addressing psychoanalytic politics, honors outgoing editor Arnold Richards. His own target paper on psychoanalytic discourse is subtitled “a plea for a measure of humility.” The issue includes authors whose work would not likely have appeared in JAPA before Dr. Richards’s decade-long editorial tenure. Despite Richards’s plea, partisanship trumps humility in several of the compiled papers. Even the postscript essay on the history of Argentine psychoanalysis ascribes a political rationale to rejection of the North American ego psychological model. These essays provided backdrop for this review.

Between Cognition and Emotion is a contribution to the comparative theory of technique. Joseph Newirth, director of the postdoctoral programs in psychoanalysis and psychotherapy at Adelphi University, has been in practice for over a quarter century. He offers here a new integration of what he sees as evolving psychoanalytic theory. He calls his integration neo-Kleinian. It attempts to transcend what he perceives as shortcomings of traditional ego psychology, and to go beyond the insights of self psychology and the relational turn. Beside those of Klein, the writings of Winnicott, Bion, Lacan and Matte Blanco most inspire his new perspective, one that postulates a “generative unconscious” to help in understanding poetry, art, love and friendship as well as clinical work, and to turn on its head Freud’s own pre-structural goal of making the unconscious conscious.

Newirth’s model focuses on subjectivity and the subject, as distinct from ego or self, and on meaning instead of conflict. He favors a post-modern, two-person approach to the treatment of apparently functional individuals whose problems center on feelings of being deadened or disconnected. The culture of narcissism (Lasch, 1978) suggests to Newirth that this “hollow man” typifies the psychopathology of our time, replacing “guilty man” and “tragic man,” Freud’s and Kohut’s respective patient populations.

In a scholarly, thoughtful, and astute presentation, and with clinical examples from his practice and supervision, Newirth demonstrates the refinement and utility of his approach. He speaks to the development of symbolism and its failures. He incorporates Lacanian views on language and its contribution to meaning. He sees pathology as a paranoid expression of a shameful reality experience, and as an externalization of hatred. He postulates development from omnipotence to subjectivity, and resulting in the ability to sustain illusion. Technical recommendations include welcoming paradox and dialectic, addressing power issues to approach complementary relations, and the use of the transitional states of reverie, play, and enactment as treatment modalities.

Newirth is especially clear in his articulation of Winnicott’s contributions to technique, and in the description and use of the ideas of Matte Blanco. This book is an excellent example of a seasoned clinician describing his own mature thinking about the clinical psychoanalytic enterprise, and making suggestions regarding newer, helpful ways for others to think about their patients, particular the deadened and disconnected.
Why, then, would I begin this review with reference to psychoanalytic politics and humility of discourse? I found Newirth’s comparisons to be unfairly directed at an outdated caricature of my own traditional training and work. He seemed gentler with the interpersonalists (among which he includes self psychologists, intersubjective analysts, and those of the relational school), whose approaches he generally supports and tries to extend. (Perhaps reviewers from these camps would also find him unfair.) My formal training, completed over thirty years ago, was suffused with the humanizing influences of Stone and Loewald. Winnicott’s contributions and those of Guntrip and Balint were well appreciated. Kohut’s new theory was respectfully read, and his insights taken seriously.

Freudian analysts have long viewed Freud’s own technical recommendations to be more concerned with taboos than with affirmative methodology, and have modified accordingly the rigid techniques of the first generations of analysts. We approach analysands with respect; we aim to enhance their personal agency, and to foster their creativity and individualism. From the earliest days, Freudians have eschewed authority as suggestion, and have used our own inner experiences (the analyzing instrument) to achieve understanding, not merely to avoid counter-transference interference. Our work has been enhanced further by more recent theoretical challenges calling for closer scrutiny of authority issues and counter-transference, and by feminist critiques.

Newirth conveys the not uncommon triumphalist attitude that I find to be a weakness of several new theorists: giving an impression that their ideas had already supplanted prior theory instead of, more humbly, attempting to build on it. It is as if he were to say, “The traditional approach, whether called ego psychology or modern conflict theory, has been replaced by several post-modern, two-person theories, and my proposed revision improves upon and replaces these.” Freud saw himself as a conquistador; would-be successors adopt this posture (however implicitly) at their own risk.

One troubling technical recommendation is Newirth’s proposal for analytic spontaneity in response to difficult clinical situations. I wonder how spontaneity can be taught. All analysts rely on integrated unconscious resonance with the affects and actions of analysands. The “not-neo” Kleinians considered these resonances all to be projective identifications. What is the test? In one detailed clinical example, Newirth describes what became the ritual acceptance of a gift of a piece of doughnut from a patient. Winnicott is said to have taken tea regularly with his patients. Like Winnicott, neither Newirth nor his patient brought this event into verbal discourse, but it was used by Newirth to help explain treatment gain. Post hoc explanations can be offered by any of us; they no longer provide effective argumentation. No analyst analyses everything. I might have failed either by biting or refusing the doughnut, but to offer non-discussion of a treatment event as exemplary is neither consistent with a talking cure nor with an accountable two-person psychology. Newirth might reject my view as mere traditional rationalism. I will stand with Fenichel (1941) in defining psychoanalysis as a necessarily rational study of human irrationality.

Along with many other post-modern, two-person theorists, Newirth calls for optimistic, affirmative language not focusing on patient deficits. His reliance on Klein’s paranoid-schizoid and depressive terminology as central to his own formulation is both inconsistent with that goal, and unlikely to succeed in influencing a standard discourse. (For an important effort to introduce a neo-Kleinian perspective to American psychoanalysis, see Schafer, 1995).

Readers of this publication may be especially prone to buy into what I see as triumphalism. Relational theorists hold sway in Division 39. Newirth, by accepting many of their basic premises, takes pains not to offend them. Psychoanalytic discourse is, however, much more diverse than Division 39’s seems to be. It is only in the past decade that the American Psychoanalytic Association has come to see its politics of exclusion as harmful to both theory and practice, and to embrace the pluralism of American and international psychoanalysis. It would be a mistake of equal proportion for Division 39 to repeat the insular pre-lawsuit history of “the American.”

This book is recommended. Many of Newirth’s critiques and syntheses are both detailed and helpful. I have emphasized what I see as shortcomings because I do not think we are close to a new paradigm in psychoanalysis. Instead, with Rangell (1988), I believe we have a total composite theory: unsettled, with many rough edges and lots of problems, nowhere near final. Newirth’s integrative attempt is a welcome addition to the discourse. I join Richards in hoping we can debate psychoanalytic ideas with greater humility on all sides.

References

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TRUE LOVE IS AMBIVALENT
The first subtitle of this delightful book, “Intimacy and Its Dilemmas” conveys the thoughtful context for its contents. The second sub-title “Five Stories of Psychotherapy” tells you that it’s a useful book for teaching analytic psychotherapy. If you are looking for a book that can engage students or training candidates with contemporary well-written psychoanalytic case material, look no further. Deborah Luepnitz has written the stories of five long-term psychotherapeutic cases in a manner that could be called “novelistic,” but should also be called realistic and sensitive to the patients whose stories these are. All five cases, whose titles express the metaphoric themes that emerge in their treatments (such as “Don Juan in Trenton” and “A Darwinian Finch”), are presented in a general context of the challenges, pathologies, and hopes for human intimacy. Although this book is aimed at a general audience, it will also appeal to a seasoned analytic practitioner because it is situated within a sophisticated dialogue between Luepnitz and psychoanalytic theory.

Luepnitz begins with her own views on the thorny nature of human intimacy, drawing on a well-known fable from the philosopher Schopenhauer, a story that Freud liked to cite. It tells about the dilemmas of closeness between porcupines who must huddle together to keep warm in the winter, but soon spread apart to prevent the pain of being poked by each others’ quills. This is the perennial problem of human intimacy: can our autonomy bear the closeness that our dependence demands? Luepnitz, to illustrate the point that she will repeatedly revisit in each of her cases, quotes Freud:

“The evidence of psychoanalysis shows that almost every intimate emotional relation between two people which lasts for some time—marriage, friendship, the relations between parents and children—contains a sediment of feelings of aversion and hostility, which only escapes perception as a result of repression.” Freud, of course, believed that the exception to this rule was the love of a mother for her son, which was “based on narcissism” and thus could never be exhausted or turned into aversion. (p. 3)

Luepnitz goes on to remind her readers that Winnicott “listed some eighteen reasons why the ordinary, loving mother might hate her infant daughter or son. (For example: The baby endangers her body during pregnancy and delivery. He may be cranky and implacable all morning, and then go out and ‘smile at a stranger.’) Winnicott maintained that mothers who could acknowledge the discomfiting fact that love—even for babies—is ambivalent would be less likely to do harm than the disavowers” (p. 3). All relationships, not just family relationships, Luepnitz avers, require us to contain contradictory feelings for the same person and this is the reason that the poet Molly Peacock has stated that “There must be room in love for hate” (p. 3).

Naturally, we find this same combination of contradictory feelings at the center of our psychotherapeutic relationships. Relative to analytic love, a great deal has been written about sexual seduction and analytic hate in the transferential field. By the way, Luepnitz gives an excellent succinct definition of transference that should make it easier to teach even to undergraduate students: “The concept of transference turns on the fact that we don’t meet people as much as we construct them, based on previous experiences going back to childhood” (p. 12). I would add that we now recognize how all aspects of the brain are driven by emotional conditioning when the notorious amygdala is activated. Not only do we “construct people” rather than meet them, but also we are fated to perceive situations and people in a childishly defensive way when we are in the presence of what our limbic system regards as emotionally dangerous. It is very difficult to wake up to how we do this for both the perceiver and the perceived. Strong feelings in the transferential field of psychoanalysis and psychotherapy are as hard to manage as they are in other kinds of relationships, except that we analytic therapists have certain rules and rituals on the side of creating a reflective space.

Many of us analytic therapists have learned how to feel and manage both lustful desire and hatred for our patients in order to be effective ethical practitioners, as well as how to transform a patient’s lust and hate into grist for the analytic mill. We may be more confused about what to do about our true love for our patients. Luepnitz’s cases illustrate that we should never confuse true love with our lust, romance, admiration or idealization of patients—feelings that ride the bus with love, but get off at a different bus stop.

Before she introduces the actual cases, Luepnitz invites us to consider a contrast in psychoanalytic theories of love: the difference between a British object-relational Winnicottian view and a French Lacanian view. She
reminds us that Winnicott added “play” to the classical Freudian goal of psychoanalysis enabling people to “love and work” more effectively. Winnicott has taught us about framing and containing our analytic work within a “holding environment” in which patients can reveal more than a false or compliant self. Winnicott coined the term “good-enough mother” which we may now apply to ourselves as “good-enough therapists” who are “capable of having a straightforward love-hate relationship” with our patients, just as the good-enough mother has with her child (p. 14). Winnicott, as you surely know, writes about these topics in a style that is alternately whimsical, clinical, inspirational and evocative.

The first contrast with the iconoclastic French psychoanalyst Jacques Lacan is in our encounter with his writing style. In Luepnitz’s words, “Lacan wrote in a style that is extravagantly difficult even for other analysts.” What’s more, throughout his long career, he believed that “the emphasis on mother-baby love in the work of British analysts eclipsed attention to adult sexuality and the erotic in general. If Winnicott’s key word was “mothering,” Lacan’s was “desire.” For Lacan, desire is what simultaneously defines us as human subjects and what prevents us from ever being whole or complete” (p. 15).

The importance of family life for Lacan was more in “the intergenerational transmission of psychopathology” than in the nature of mother love or holding environments. Lacan insisted that analysts must understand three generations in a patient’s life in order to comprehend the patient’s symptoms. For Lacan, there is never a perfect union, even with a mother at the beginning of life, and so there is never a perfect relationship with anyone. “Only those who know themselves as lacking are even capable of love, according to Lacan” (p. 16).

Luepnitz, who has trained to be a Lacanian as well as a contemporary Freudian, has had both Winnicottan and Lacanian analyses, and considers herself to be a Lacanian practitioner. Recently I had the pleasure of hearing her lecture about her two analyses—how they began, progressed, and ended. She stressed then, as she does in her book, how Lacan insisted that the goals of analysis were not “therapeutic.” He meant that analysis mainly involves letting the “subject of the unconscious” speak—putting words to the incoherent, incipient intuitions that are sometimes called the Big Other. Lacan wanted an analysis to offer the experience of feeling alive in the midst of the confusion and contradictions of our own subjective life—an experience that would ultimately foster the patient’s ability to desire, to choose, and to love. Lacan was less interested in “promoting communication” than in “helping people reckon with . . . the fact of our mortality” (p. 16).

Luepnitz understands that Lacan and Winnicott are contradictory enough that their theories cannot be fused in her work into some kind of weird pessimistic holding environment. But she likes to think about them side by side in an interplay of “the comic and tragic values in the rich tableau of psychoanalytic thought” (p. 16). Whereas Winnicott offers a benign worldview in which it is possible for humankind to exist in healthy families and change for the better, Lacan is more apt to be bleakly skeptical about the nature of human existence being even manageable, much less “healthy.”

Luepnitz’s five cases illustrate her own contrapuntal interplay of holding and pessimism in the experience of love and hate in analytic and therapeutic work. There is no way to summarize the cases, but I will say that my favorite (and I am sure that each of her readers will have a favorite) is the story of the Darwinian Finch. The patient is “Professor Pearl Quincey” who was born in a shantytown in Jamaica and emigrated to the U.S. as a young child. Growing up poor, but being very smart, Pearl eventually became very well educated. After an exhausting twelve years in graduate school (while she was supporting her family in Jamaica at the same time), Pearl attained an academic position in the English Department of a prestigious university. But Pearl very quickly felt empty, stopped and resentful about her new career:

Where Pearl imagined a convivial group of scholars devoted to students and involved with the community, she found small-minded cynics fighting over office space. Students complained of never having spoken to a professor. And as the only woman of color in the department, Pearl felt everyone taking her measure. Secretaries looked right through her; security guards followed her around at the bookstore. (p. 151)

This is not a typical psychoanalytic case, nor are the other cases that Luepnitz describes.

Luepnitz, who has trained to be a Lacanian as well as a contemporary Freudian, has had both Winnicottan and Lacanian analyses, and considers herself to be a Lacanian practitioner. Recently I had the pleasure of hearing her lecture about her two analyses—how they began, progressed, and ended. She stressed then, as she does in her book, how Lacan insisted that the goals of analysis were not “therapeutic.” He meant that analysis mainly involves letting the “subject of the unconscious” speak—putting words to the incoherent, incipient intuitions that are sometimes called the Big Other. Lacan wanted an analysis to offer the experience of feeling alive in the midst of the confusion and contradictions of our own subjective life—an experience that would ultimately foster the patient’s ability to desire, to choose, and to love. Lacan was less interested in “promoting communication” than in “helping people reckon with . . . the fact of our mortality” (p. 16).

Luepnitz understands that Lacan and Winnicott are
A great portion of Pearl’s psychotherapy is connected to the story of the finches, to debates about Darwin’s and others’ meanings, and to questions from each of the women about what they know about love.

There is little that I find lacking in this book written in the venerable tradition of The Fifty Minute Hour. The case stories, told in the fascinating detail that we would expect of a really good novel, held my attention throughout. If I had to complain, I would say that I would have wished for more overt theoretical analyses of the cases themselves. I would want to see more about how Luepnitz sees her work specifically as Lacanian or Winnicottian along the lines that she had presented in her introduction. I could draw my own conclusions, but I would have also enjoyed hearing from Luepnitz more explicitly about her ideas. Still, I think that such theoretical musings might have made the book less accessible to students and the general public. As it is, Schopenhauer’s Porcupines should challenge analysts, students and patients to re-think old prejudices about how and why an analytic approach is dated or limited to the so-called “worried wealthy.” Luepnitz shows how much our field can reach into the desires and loneliness of people in all kinds of circumstances. I highly recommend this book, especially as a gift or an assignment for even the most skeptical critic of psychoanalytic psychotherapy.

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THE THIRD REICH IN THE UNCONSCIOUS, BY VAMIK D. VOLKAN, GARBIELE AST AND WILLIAM F. GREER, JR. NEW YORK: BRUNNER-ROUTLEDGE, 2002; 211 PAGES, $34.95.

We live in a period of escalating politically organized violence that increasingly affects civilian populations. The experience of violent confrontations throughout the world imposes on groups that are directly as well as indirectly affected meaning-laden images of perpetrator/victim that too often become associated with self-representations and object relations, unconscious fantasy and affective experience. There could be no better moment for the publication of The Third Reich in the Unconscious. This important study of the legacy of the large group traumatic experience of the Holocaust provides a brilliant analysis of the transgenerational transmission of trauma that has global implications in today’s world. The book’s authors—Vamik Volkan, Professor of Psychiatry and the founding Director of the Center for the Study of the Mind and Human Interaction at the University of Virginia; Gabriele Ast, a psychoanalyst and family practice physician in private practice in Munich, Germany; and William F. Greer, Assistant Professor of Clinical Psychiatry and Behavioral Sciences and faculty member of the Center of Psychoanalytic Studies at Eastern Virginia Medical School—have deftly co-written an insightful analysis of how socially-shared images of the Third Reich have survived as mental representations within succeeding generations as “deposited representations” that are entangled with individual unconscious and conscious dynamics. The book includes theoretical explorations on a variety of themes with respect to large group trauma and history-related transgenerationally transmitted unconscious fantasies as well as chapters organized around in-depth clinical cases from both Germany and the United States that clearly illustrate the psychodynamics of inherited trauma and how they unfold through psychoanalytic treatment within the context of the transference-countertransference relationship.

The book’s introduction is by Ira Brenner, who foreshadows the authors’ discussion by including a moving personal account of an experience he had as an American Jew traveling in Germany, which was colored by his own transgenerationally transmitted images of the Third Reich that he refers to as “the shadows of the past” (p. xv). He underscores one of the arguments of the book, namely, that the symbols and images of the third Reich have become a part of global consciousness, in his evocative description of how his otherwise pleasurable trip was suddenly altered when he observed several unpleasant examples of German group behavior that mobilized disconcerting associations to the Nazi past. This experience occurred in 1998, during the week before Brenner was due to participate in a unique conference organized by a group of adult children of Holocaust survivors and children of ethnic Germans, for whom Vamik Volkan had served as a group facilitator during its planning stages. The conference’s participants included historians, psychoanalysts and politicians and it represented one of the first endeavors to break the interpersonal and intrapsychic silence in Germany with respect to the Nazi past. As Brenner suggests in his introduction and as it becomes clear in the book’s chapter devoted to a description of the year-long preparation of this conference, Vamik Volkan played an integral role in its coming to fruition. The organizing group’s members had not previously been able to acknowledge their own individual versions of transgenerationally inherited silences, and they benefited signifi-
The authors point out that they are not talking about identification, which refers to the subject’s unconscious internalization of another individual’s self-image as the result of direct interaction with that individual. Identification, they argue, is a process that takes place following the subject’s separation of his/her self-representations from the representations of others and is characterized by the subject’s active participation. They prefer the concept of “deposited representation” to describe the phenomenon they write about, which focuses on the role played by the objects [parents] who unconsciously and sometimes consciously project aspects of themselves into the self-representation of children:

In the process of deposited representation, the active partner is the other person, not the child (or regressed adult) whose self-representation functions as a reservoir...The “deposited image” (Volkan, 1987) becomes like a psychological “gene” that influences the child’s identity and self-representation, initiating certain tasks that the child is obliged to perform—though, again, without the parent or other caregiver ever verbalizing the demand. (p. 36)

They go on to add that the history-related unconscious fantasies transmitted to the descendents of those individuals belonging to the survivors of large group trauma are related to the obligation of the descendents to carry out “tasks of reparation,” including the need to deal with the shame, rage, helplessness, entitlement and guilt that the original generation has not been able to work through.

This approach is related to Vamik Volkan’s well-known theory of “chosen trauma”, which is defined as “the mental representation of an event that has caused a large group to face drastic losses, to feel helpless and victimized by another group, and to share a humiliating injury” (pp. 41-42). Just as with individuals, large groups that have been traumatized need to do the significant work of mourning and of reparation for the humiliation and injury suffered, or their experience jells into a “chosen trauma” that can organize current and future group identity around ongoing hatred and resentment toward the other large group held responsible for the damage to group esteem. Such sentiments are passed down from generation to generation for hundreds of years and repeatedly organize hostile interactions with the group that has been identified as the perpetrator of the historical trauma. It is interesting to note that the authors argue that the transgenerational trauma associated with the Holocaust has not yet crystallized completely into a “chosen trauma” because it is still “hot,” i.e., relatively recent. Their detailed case studies, they suggest, provide the raw material for learning about the nature of the initial stages in the gradual formation of “chosen trauma” because...
they shed light on how generally shared history-related unconscious fantasies draw the progeny of a victimized generation together in profound identification with one another, a process that impacts on the individual and large-group identities of future generations. Indeed, a central part of the work of Volkan has been to understand the role played by “chosen trauma” in sustaining large group antipathies that provoke wars and other hostile interactions repeatedly over many generations. It is easy to see in the clinical work described in the book how psychoanalytic insights into the unconscious dynamics of such processes have the potential to interrupt generational cycles of violence.

I will briefly mention several of the fascinating and complex clinical cases that are described at length in the book. They include Dr. Volkan’s patient, Jacob, a German-born son of Jewish survivors whose own inability to mourn was transmitted to him and then shaped by his wishes, fantasies, affects and defenses against them. Jacob, who suffered from a self-representation that was a reservoir for his parents’ traumatized images as victims of the Third Reich, coexisted with paradoxical intermittent identification with the Nazis, also inherited from his mother’s identification with the aggressor. Jacob defeated everyone who tried to help him, and his negative therapeutic reaction reflected his terror of being dependent or abandoned. Dr. Volkan concluded that Jacob had the unconscious need to remain a memorial candle to all that his parents and he had suffered, a need profoundly connected to his self-representation that included identities of both the Jews and the Nazis. He left treatment because he would not mourn, a process that could have facilitated his psychological development, because it threatened to remove his sense of belonging to his large group as a living memorial.

Dr. Ast’s patient, German-born Uta, is the adult daughter of a family of Travelers, a migrant population within Europe much like the Gypsies, many of whom were victims of the Third Reich. In Nazi-occupied Europe, an estimated 250,000 to 500,000 out of a total of 950,000 nomadic peoples were exterminated. Uta, whose case “exemplifies how individual and large group identities become inextricably intertwined,” had a history of having been an abused child in addition to a number of traumatic developmental experiences, but her fantasies were permeated by images from the Third Reich as well. She grew up with her Traveler parents and extended family, none of whom spoke about their ethnic identity or their experiences during the Third Reich. When Uta entered treatment, she knew and “did not know” her nomadic heritage. Uta’s identification with her mother’s obsessive need to keep clean (good, German) elements separated from dirty (bad, Traveler) elements was reflected in her wish that the therapy could make her into a “clean German” at the same time she feared that by so doing the treatment would take away her (Traveler) ability to laugh and enjoy life. Uta’s early object relations and psychosexual and aggressive impulses revealed themselves to be profoundly saturated with mental representations of Third Reich images that were related to her nomadic identity and the Nazi persecution of her people. Ultimately, in the treatment with Dr. Ast, Uta was able to work through her feelings of inferiority, the product of her personal history and her large group identity, as well as the many manifestations in her self-image and object relations of her identification with the aggressor. She ultimately achieved the development of a new identity flexible enough to incorporate attributes associated with both German ethnic culture and her own Traveler culture.

Another case involves the self-analysis of Sabine, a German psychoanalyst who, with periodic consultations with Dr. Volkan, underwent a six-year post-analytic journal of self-exploration. This case shows how the mental representation of the Third Reich settled in Sabine’s mind, although both her parents had been essentially silent about their experiences during the Third Reich. In the course of her self-analysis, Sabine had to struggle with her shame at having a Nazi father, and to revisit how her fantasies of his participation in Nazi atrocities had motivated her to rebel and develop her own life project in opposition to her parents’ value system. During her self-analysis, Sabine came for the first time to know more directly about her father’s experiences during the Third Reich and to see him not only as a perpetrator but a victim of traumatizing situations. She came to understand how the own death anxieties from which she had suffered since childhood were the result of her having become a reservoir for her father’s unwanted self-images, especially those traumatized by his actual experiences during the war of waiting for imminent death. As Sabine was able to free herself from this unconscious connection to her father, she was able to develop an authentically loving and individuated relationship with him.

I found this book to be relevant to my own work on the legacy of politically-induced trauma in Argentina, Chile and Uruguay, the result of the experience during the 1970s and ’80s of extremely repressive military dictatorships whose state terrorist policies included disappearing, torturing and murdering tens of thousands of men, women and children. Like the authors of The Third Reich in the Unconscious, I have found evidence of transgenerational transmissions of large group traumatic experience in which the offspring of the victimized generation become the reservoir for unresolved mourning and “deposited representations.” For example, one of the pathogenic aspects of state terror was that in its unleashing of extraordinary violence upon the civilian population; it problematized within its
victims the healthy development of aggression. In a culture where torture and persecution were widespread, the victim generation tended to experience aggressive impulses as equivalent to destruction and thus to equate normal aggressive feelings within a relationship as the very real death of oneself and the other. In such cases, what gets transmitted to the next generation is the task of maintaining an illusory conflict-free object relationship within the family. This condition can reinforce omnipotent defenses and feelings of unreality that dominate the internal world and the perception of external reality. Within families who were persecuted during the dictatorships, other aspects of unconscious dynamics, which can often appear to be independent of the larger social world, are in fact the transgenerational transmission of deposited representations. For example, offspring of the generation who lived under state terror often become reservoirs for their parents’ inability to mourn—called “frozen grief” in Argentina—manifested by the unspoken demands that they stay closely connected to their families, lest their normal urges toward separation rekindle anxieties around the involuntary losses suffered during the original traumatic experiences. Children are also under pressure to replace the lost and always idealized objects (those who were disappeared or murdered), representing them in their attitudes and behavior. Perhaps the most dramatic manifestation of this socially-induced family pathology is that children are sometimes called upon to make the past disappear by living out their parents’ aspirations that were cut off when disaster struck through state terror.

_The Third Reich in the Unconscious_ takes up the theme of German silence in the context of the discussion of the conference I referred to at the beginning of this review. The authors are not referring to the German government’s acknowledgement of the crimes of the Nazis nor to all of the cultural and artistic works that are reflections on the meanings of the legacy of the Third Reich. They are concerned with the silence that has interpersonal and transgenerationally intrapsychic meanings. They are interesting in “individuals’ use of psychological mechanisms—ranging from intellectualization and rationalization to splitting and denial—that protect self-esteem by establishing emotional distance from aspects of the Third Reich that induce shame and guilt. The collective effect of these individual “silences” tends to keep intellectual understandings segregated from affective responses to the Holocaust as a trauma.” (p. 145) This important concept of “silence” guided the work of many psychoanalysts in Argentina and Uruguay following the return to constitutional government as they strove to articulate amongst themselves and with their patients and the public the importance of dealing immediately with the traumatizing effects of state terror. They participated in the national discourse in which the forces that supported the importance of memory and of working through the traumatic social experience confronted those who wanted to forget about the past and endorse policies of impunity. Some psychoanalysts developed research teams devoted to a comparative exploration of the psychological effects of the repression of memory in various societies in periods following the liberation from political tyranny. In this regard, in 1995, Marcelo Viñar, then President of the Uruguayan Psychoanalytic Association, attended an international conference in Dachau, _The Concentration Camp and the Carefree World_, where participants explored themes related to social trauma in Germany and its impact on historical memory. Colleagues spoke about how several generations of Germans lived in a culture of social amnesia before the youth of the 1990s finally developed the capacity to search for the truth of what had happened during the Nazi era. They congratulated Viñar on the fact that in the Southern Cone countries, psychoanalysts were already actively engaged in eliminating silences among their populations, allying themselves with social movements that opposed their governments’ official policies of social amnesia.

A final comment: this study of one example of social trauma and how it can become part of the intrapsychic world and interpersonal relationships suggests, from my perspective, the importance of our having a general appreciation of the significant role played by what psychoanalysts often refer to as “external reality” in the formation of the subject. As British analyst Andrew Samuels argues (in _The Political Psyche_. London: Routledge, 1993), we psychoanalysts need to integrate our clinical knowledge with an interest in understanding the constituents of the social order and our patients’ particular insertion into it. Especially in our contemporary period, when the social world seems to be pressing itself ever more profoundly and even traumatically into our psyches, we do well to consider British group psychoanalyst Earl Hopper’s words: “An analyst who is unaware of the effect of social facts and forces…will not be able to provide a space for patients to imagine how their identities have been formed at particular historical and political junctures, and how this continues to affect them throughout their lives.” And, as Hopper goes on to warn, such an analyst “cannot be sensitive to the unconscious recreation of [these social facts and forces] within the therapeutic situation.”

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BUDDHISM AND PSYCHOANALYSIS: AN UNFOLDING DIALOGUE, EDITED BY JEREMY SAFRAN. BOSTON: WISDOM PUBLICATIONS, 2003; 320 PAGES, $19.95. SUSAN PARLOW, PHD

It may be too soon to write the definitive book on Buddhism and Psychoanalysis, but Jeremy Safran’s idea of an edited volume written by psychoanalysts who also are long-time meditators, whose chapters are discussed by well-known psychoanalytic writers, allows us to make a definitive step forward. The unique features of this encounter are laced through the different chapters even where an author may address more conventional issues in psychoanalytic thought or follow traditional methods perhaps not reworked for this particular interdisciplinary initiative. The editor’s own introduction serves as the frame of the discussion and locates the project in a traditional academic domain, but the book itself challenges this framework and by the end illuminates the limitations of this approach in truly grasping the dialogue at the level of real encounter.

Safran locates the encounter at the edge of progressive/relational psychoanalysis. Through rigorous scholarly method, he poses the question: “Why now?” Why has psychoanalysis become strongly interested in Buddhism? Safran maintains that psychoanalysis has recently moved away from a strictly scientific self-image to recognition of itself as a belief system of sorts, one that requires a kind of faith—if faith can be fairly construed as commitment to a set of intellectual principles and procedures. But it is in the common use of versions of dialectical constructivism in both Buddhism and relational psychoanalysis that he finds the major conceptual bridge between the two, finding a meeting point in their shared view of the human self as insubstantial, contextualized, socially constructed, and interdependent. For him, this convergence is compatible with the political, social climate of today where traditional authority—whether of a church or an analytic relationship—is less useful than a democratic re-distribution of power and initiative between the analytic dyad, and ultimately in the inter-dependently and creatively constructed self.

Safran believes that today we are psychological, not religious, in our basic self-view, and believes that purely religious expressions of the human condition can no longer have important meaning for us. He assumes, then, that what is effective and meaningful for us is to see both the religion of Buddhism and the hermeneutic/science of psychoanalysis as human cultural inventions. He traces the development of each discipline through different cultural, social and historical circumstances. He suggests that the traditional agnosticism of Buddhism complements the contemporary upsurge of interest in faith, creativity and community, and recognition of psychoanalysis itself as a belief system. The twain may be meeting.

Safran is himself a long-time serious meditator and respectful student of Buddhism. Like the other authors, he can communicate sense and sensibility of Buddhism in his elegantly construed concepts of mind from a Buddhist perspective. But it is only in the last two sections of his chapter that a hint of the spiritual as having anything truly new and other to what we already know emerges. First, he returns to the notion of the disenchantment of reality that emerged within both traditional psychoanalysis, with its valorization of secondary process, and Western culture in general, with the modern, scientific and technological age. Here again, constructivism offers salvation: the multiple relational self, as developed particularly by Mitchell, can be validly constructed as passionate, ecstatic, and open to fantasy, rather than autonomous, bounded and rational; he is satisfied that openness to enlightenment experiences can fall under this rubric.

But the final section introduces a consideration that to the mind of a spiritually identified person such as myself truly contacts the spiritual in its own nature and hints at its fuller potential and a major challenge to this dialogue. Safran quotes Donnel Stern’s review of the existential commitment of Irwin Hoffman’s book: “He puts psychoanalysis in life, and not life in psychoanalysis”. This bare hint is the nod he gives to the radical, transformative, uncontrollable power of the religious ground, the Infinite, which after all contains us, is entirely outside of our capacity to name it and discuss it, and which creates the larger context of life in which psychoanalysis these days is nervously trying to serve.

Sara Weber has different intuitions of how to profitably open the minds of psychoanalysis and Buddhism to each other. In her graceful opening sentences she gently takes the reader by the hand and enfolds her into the space of surrender: the alert, open, easy space sought as the goal of meditation practice. She is not just talking theoretically about the differences between Eastern and Western notions of mind but has chosen, to fine effect, to use her own surrendered mind as a window open to us. We are no longer outside the walls of the great city but have passed through the gates. “When I was a child I often experienced equanimity,” she begins, “a sense of profound peace when I was sick. If I had the flu or a fever, all was somehow at rest in
the world. Though uncomfortable, I was somehow safe—
held in a state of grace” (p. 170). One reads this, remember
the suspension of angst when one was simply physically ill;
feels her mother, secure in her clear maternal role priorities,
put a cool cloth on her forehead. So,

how can anyone believe, faced with the depth of
pain, wounds, depression, ugliness and fear of
death that we all carry, that we can survive being
alive—much less become fully alive? And yet if
we cannot tolerate our pain and suffering and fears,
can we be truly present in our lives?” (p. 171)

Weber identifies the state she cultivates through meditation
(after Langan) as “willing not to will”...not to will health,
or no pain, or no depression, when one’s “undiagnosed
manic-depressive sister, or one’s mother’s suicidal wishes,”
are roiling the real atmosphere of one’s life. She connects
this with Ghent’s notion of surrender. Weber suggests (she
does not argue) that the state of surrender is connected to
the Winnicottian developmental tasks wherein the baby
inhabits its own psyche-soma, floating as fragments while
being held by the mother. She draws a connection—found
partly through her own study of Buddhism but even more
through her own experience as a mediator—between such
containing and holding, the experience of being safe and
floatingly held, and the practice of Vipassana meditation,
where the goal is to gently attend to the contents of aware
ness, letting it float there but not getting involved with it.

She then suggests that this state can be seen as a
relational, post-scientific interpretation of Freud’s “evenly
hovering attention,” a version emphasizing the holding
quality of the attention of the analyst in the relationship
rather than the precise, technologically imagined objectivity
of Freud’s scientific orientation. She goes on to demonstrate
the efficacy of this quality of presence in an extended and
beautifully articulated clinical example, where a shift in the
quality of the analyst’s attention, once she surrendered her-
self in the presence of the patient, communicated the depth
of safety, profound nonjudgementalness, and lack of fear
necessary for the patient to dare to become fully present to
her own self—“to see things as they are, from a foundation
of equanimity and deep acceptance”. I was impressed by
the radical degree of tolerance for the most mad, shameful
or aggressive material cultivated by this approach. Weber
shows us the spiritually transformed mind at work, a deeply
compassionate, quiet presence that suffers all things and
contains all things, and thus “permits greater creative expe-
riences of being”. She observes that she, perhaps like the
field of psychoanalysis itself, was too much overtaken by
the content of thought in its theories and had forgotten the
powerful value of just being there, if, as Weber clearly has
done, one can achieve this position to begin with.

Jeffrey B. Rubin’s final chapter of the book takes
us the furthest into a post-synthesis statement by content,
spirit and method. I assume that Safran placed this article
last knowing that Rubin has seized hold of the question
of psychoanalysis is in life or life in psychoanalysis and has
developed it in original ways. Rubin’s overarching topic
is the well-lived life, as good a rubric as any for the basic
question of Wisdom traditions (religions that deal with
everyday life, as opposed to dealing with issues of tran-
scendence) that inform faith systems such as Buddhism and
psychoanalysis, placing each system within the question,
how to live? His chapter is richly argued, informed from
multiple perspectives, lively and fresh in its conceptions.

It has been my belief, expressed in the opening
sentences of this review, that the terms, methods and issues
of dialogue between this spirituality and psychoanalysis are
not yet developed. Rubin argues that this area is marked
less by real dialogue and more by “monologue without
interruption” (p. 388), wherein each tradition stands within
itself and lack capacity, interest and real understanding
of the other. We are aware of Freud’s pathologizing of
religion: Rubin adds that the idealization of the spiritual
quest hampers dialogue (and augments disappointment),
particularly true with the current elevation of Buddhism by
some to a place of infallibility and insight into questions
of how to live. He argues for true dialogue of reciprocity,
which requires thinking in the spaces between each tradi-
tion—reminding us of Safran’s emphasis on the process of
psychic construction—and remembering that each of these
disciplines return us to attend to our individual experience;
the Buddha taught we are to be a lamp unto ourselves.
What can each do for the other? Psychoanalysis, for exam-
ple, illuminates the secret self-deceptions and evasions that
lie outside of willed efforts to follow spiritual disciplines,
can reveal the shaping patterns of past experience on the
present, can illuminate multiple private meanings of even
altruistic acts. Buddhism can open up what is the good life
of itself; what life itself is about, when are we ready, for
example, to terminate?

Psychoanalysis has particular value in any dis-
course or practice pertaining to a struggle for the good life,
Rubin continues, because it is itself value-neutral, yet can
interrogate any version or lack of version of the values,
existential attitudes whether an unreflective material-
ism or an unthought though religious life. More centrally,
he makes the point that psychoanalysts have privileged
“access to depths of contemporary subjectivity that are not
explored anywhere else in daily life.” (p. 396)

Rubin weaves the awareness that truth is not a
province of any one school of thought, but thrives in the
interstices between, into a fuller, spiritualized embrace of
that very individual experience. I especially his mention of the Japanese aesthetical conception of wabi sabi: the beauty of things imperfect, impermanent, and incomplete (p. 399).

The embrace of real experience, as found in psychoanalysis, meditation and Eastern aesthetics, challenges the idealism and perfectionism of our culture and retrieves the value of the ordinary, passing moment, in its imperfections being perfectly what it is—the snow three days later, the psychoanalytic session which isn’t yet going anywhere. Psychoanalysis and Buddhism share this embrace of the messiness of real experience in the real world, and each recommend continual vigilance—of self analysis, of meditative acceptance and awareness—to keep it fresh and worth living.

I recommend to the reader the rest of Rubin’s richly textured considerations. As well, of course, I recommend the chapters by the other authors that I do not have the space to address. In certain cases what I believe to be the failure of the discussant to take hold of the spiritual otherness of the meanings of the essays is apparent and can serve usefully to reveal the limitations of existing academic methods in there place in this dialogue. In particular, Owen Renik, in his discussion of Polly Young-Eisendrath’s Jungian systematization of her way of working, winds up returning to arguments he has made elsewhere, as if the very difference of her approach cannot and will not sway him from what he already knows. Charles Spezzano, in discussing Rubin’s chapter, also seems to find the spiritual meaning and direction elusive; Rubin himself comments, “He may be missing a central focus of my essay.” (p. 419)

The chapter by Jack Engler on the experience of self from Buddhist and psychoanalytic perspectives, with Steve Mitchell as the discussant, may alone attract people to this book. In the course of that discussion, Mitchell recognizes that there is a kind of absolute divide between secular humanists and the spiritually experienced. He adverts to several patients of his own who had had mystical experiences that they brought to the analysis. Mitchell says of this: “I can help them explore its possible contributing factors and implications, which can be very important. And I have told them that if I had experienced some of what they had, it would undoubtedly reorient my own sense of realities and illusions.” (p. 86) Mitchell’s appreciation of this limit reminds of another issue that crosscuts the dialogue in question—the issue that Jews and Christians refer to as the divide between the God of the philosophers and the God of Abraham, Isaac and Jacob. In the present volume, Mark Finn takes space in his response to his interlocutor to address the issue of God that lies unspoken just outside of any academic discourse of Buddhism not as the psychology we can comfortably relate to from our existing methods and habits of thoughts, but as in fact the religion it holds itself to be. In responding to Neil Altman, he states: “It struck me that there remains a coyness about spiritual matters that perhaps contributed to my feeling of our agreeing but not quite meeting. I had a sense he found Buddhist psychology generally acceptable but chose not to engage the mystical ground of that psychology. I believe that part of the reason that Buddhism has proven to be so acceptable to psychology is that it is an empirical method of psychological change with spiritual overtones that can be pursued while the whole upsetting matter of religion can appear to be avoided.” (p. 124)

The different approaches allow us to sketch out a few compass points in this dialogue between the sacred and the secular. It is with thanks to the breadth, quality and comprehensiveness that we can begin to ask such questions.

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Andre Green has had an impressive, ongoing impact on French, British, and more recently American, psychoanalysis. He is internationally known. Until recently, when perusing the American analytic literature, it has been too easy to remain ignorant of Green’s thinking and the fact that he has been working at the forefront of psychoanalysis for more than forty years. His work is powerfully characterized by the privileging and clarification of the complexity and centrality of the negative.

Green’s introduction to psychiatry, in 1953, occurred when he won the ‘concours’ which brought him to St. Anne’s, “the Mecca of [French] psychiatry.” One comes to appreciate how, as in most things, the end was apparent in the beginning, as when he announced to his world-famous mentor, Henri Ey, that he, Green, was “... not a psychiatrist.” It is in the context of the negative, that which he was not, that Green began to define what he would soon become, a psychoanalyst.

Green was introduced to Lacan in 1958 and he very quickly became “seduced” by his brilliance, kindness, and ultimately, his perversity. He found himself caught in triangular relationships set up by Lacan, with Green often being the preferred object. However, he was able to extricate himself, finally rejecting Lacan by 1967. One of his biggest criticisms of Lacan is that he was intellectually dishonest in his claim to represent a return to Freud, “[He] cheated everybody... the return to Freud was an excuse, it just meant going to Lacan” (p. 24).

It was in the cauldron of French psychoanalytic thinking and politics and against a Lacanian backdrop, that Green laid the groundwork for his own enduring imprint on the changing map of psychoanalytic ideas. His independence of thought was demonstrated early on when, building on Diatkine, he boldly criticised Lacan for the damage done to psychoanalytic theory by insisting that the unconscious is structured as a language. Green’s interest in preserving the essential nature of the drives in human psychology led him to develop these ideas into a book, Le Discours vivant, enraging Lacan in the process. This book on affects was the beginning of Green’s growing and rich body of work in which he pushes the envelope of psychoanalytical critical thought.

He believed that “something had to be done” given that psychoanalysis was heavily under the sway of American ego psychology with its emphasis on adaptation. Green offered a focused rebuttal, by replenishing our appreciation of the Freudian imperatives of drives, negation, sexuality, and object relationships. The “biological roots of the mind” are the underpinnings of Green’s work as he repeatedly confronts the restrictions of narrowing schools of thought, especially the destructive impact of Lacan’s psychoanalytic nihilism, which threaten to ignore these sina qua non of Freudian psychoanalysis. Yet all the while, Green responds to and capitalizes on emerging ideas as dialectical mechanisms for his own Freudian elaborations. Two English (rather than French!) analysts are essential mainstays of these developments—Bion and Winnicott.

Green avers that psychoanalysis is based on the negative, that which is absent, that which is lost, and that which is always latent, much like the unconscious itself. Repression and representation are critical variables and in this way, Green enforces Freud’s basic elements and actions of the mind to explain his own model. For Green, the negative is a normal, necessary aspect to development, likening his thinking to Winnicott’s interest in the absence of the mother in ordinary ways and Bion’s use of the representation of the maternal container to master separation.

This normative model provides a context for Green’s seminal paper, “The Dead Mother.” In contrast to the missing mother, the one who has died, Green’s mother is psychically dead while physically available, thus confusing and terrifying the child. Green builds this dynamic, all too familiar, encounter on the scaffold of Winnicott’s work on transitional objects, space, and, Green’s valuable addition, time—or, as he puts it, the journey. He claims, (contrary to Masud Khan, an acknowledged authority on Winnicott) that the negative, in both senses of the word, bad and not-present, are to be found in Winnicott even if not clearly explicated. Green brings to life, ironically, the deadening decathexis of this kind of mother by her child. The non-presence of the mother becomes an object, if you will, one tenaciously occupying a central position in the child’s psyche. Non-existence is paradoxically therefore the most intense psychological experience of the child, and then the patient, with myriad, confounding clinical conundrums following suit.

Green’s paper, like much of his writing and thinking on borderline states and hypochondriasis, is amplified, even characterized, by metaphors and abstractions, in ways which often distance the reader from his indisputable intellectual vivacity. Kohon’s The Dead Mother is an outstanding aide to this paper, and to the mind of Andre Green in
general. Whether this book provides for the reader a first-time meeting with Green or an encounter with familiar ideas, Kohon and his authors are interesting interlocuters both on their own as well as in their roles as middlemen and woman (!) between the reader and Green. The book begins and ends with Green himself, in a freewheeling discussion between Kohon and Green as the opening move, and his paper “The intuition of the negative in Playing and Reality” as the final word.

One finds complete consonance between Green’s spontaneity in the beginning and his reasoned psychoanalytic discourse at the end. He is refreshingly honest and always intellectually provocative, thereby demanding close attention from the reader who is eager to know him, and his thinking, better. This describes the experience of reading Green altogether, one which demands constant reflection and review of one’s ideas and convictions to see which are strengthened and which require an expansion of thought. And it is not that one never disagrees with Green (for example, I find myself arguing with his rejection of the death instinct in favor of a concept he calls “disobjectualizing function” precisely because for Green this latter is not characterized by aggression—while the death instinct, in its negation of libido, is) or finds one’s own theoretical apprehension claimed by Green as a “discovery” of his (for example, the paradox inherent in the transitional object which has to do with what it is not, as much as what it is – to my mind a basic, obvious way of working with and conceptualizing transitional phenomena, be they feces, thumbs, or blankets.)

All of this simply demonstrates that Green keeps the reader in ongoing, lively conversation with him. One struggles to keep up, is delighted to skip ahead, and always wants to come back and check to see if she is headed in the right direction. This kind of exchange occurs when in the presence of an enlightened thinker, an eager teacher. Perhaps one signpost of this aspect of Green is that he had three analyses, surely a hallmark of one who needs to know. People who need to know usually want others to join them in the search for knowledge; the contributors to this volume are obviously stimulated by this need and by its outcome.

A book comprised of papers by several authors about the work of another is often a failed enterprise; one organized around the particular interests of those participating often with indirect, even scant, attention paid to the author being celebrated. The opposite is true in this case so that the papers are complementary to one another as well as to “The Dead Mother” itself. The papers are far-ranging presentations based on much clinical data, psychoanalytic history, cultural plurality, and philosophical musing. Bergmann, Bollas, Kohon, Lussier, Modell, Ogden, Parsons, Perelberg, Phillips, and Sekoff each writes a paper worth the price of the book: personal while broadly applicable and in constant interaction with the ideas of Andre Green.

As the title of the book conveys, their realized intent was to resonate with more than one of his papers, even one with such an important place in our literature. And this attribute of the book is isomorphic with Green’s body of work itself, as it folds, or perhaps better put, it unfolds in on itself, like a piece of origami with each facet being a necessary and fascinating part of the whole. They introduce him, they enlarge upon him, they revise him, they play with him. Their papers, preceded by Kohon’s disarming interview, pave the way for Green’s clinical and theoretical tour de force.

The Dead Mother: The Work of Andre Green, its editor and its authors, do justice to his work by invoking and explaining: syndromes and complexes, femininity, death as an inversion of life, modifiers and extenders, dead fathers too, gradations of aliveness, and passion—for life and for death. Rather than summarize the book in its component parts, I would suggest that the reader find for him or herself the unique way the participants add to the luster of their celebrant; and then appreciate the gestalt of psychoanalytic clarity and challenge that emerges as a result of this exchange.

And what is finally best about a book such as this, when done well, is that it highlights, rather than overshadows, its honoree. Thus a book review of this sort perhaps ends best by returning to Green himself. His paper which comprises the last chapter of the book includes a clinical relationship that Green has with a patient seen by and (as Green eventually realizes) written about by Winnicott in his paper on transitional phenomena in Playing and Reality. That these ideas of Winnicott are those with which he is “playing” in this chapter (much like the authors above do with his ideas throughout the book), helps make palpable to the reader Green’s pleasure, intellectual excitement, sense of privilege, and dazzling display of psychoanalytic creativity. It is his emotional salience and vibrant intelligence which is what is best about Andre Green’s work, encouraging those who read, write, practice, and dream psychoanalysis to remain engaged in the continually humbling yet constantly inspiring challenge of the analytic relationship.

For years I have made it a practice to give my supervisees a copy of a paper on interpretation by Herbert Schlesinger (1995). So, I looked forward to reading this treatise on psychoanalytic technique with great expectation. I was not disappointed. Schlesinger has spent over forty years teaching and supervising psychoanalysis and psychotherapy at such places as the Menninger Clinic, the New School University and he is presently Clinical Professor of Psychiatry in Psychiatry, College of Physicians and Surgeons, Columbia University, and Supervising Analyst, Columbia University Center for Psychoanalytic Training and Research.

In the first chapter of this book, Schlesinger states: “While I may seem to be offering a textbook of psychoanalysis (and secretly I hope to have filled the need for one), I have adapted by ambition to a less formal and less demanding and perhaps less off-putting style of simply thinking aloud.” Yes, he has produced a textbook (in spite of two limitations I will discuss later) and it probably is the best such text on psychoanalytic technique since Fenichel (1941) or Glover (1971). But it is not based just on “simply thinking aloud,” but rather on thinking deeply about the complicated issues of treatment and training.

His ambitious goal is to “Present the technique of psychoanalysis and psychotherapy in a way that is both more systematic and simpler than I recall it being taught to me.” He will put his ideas “In the same simple, everyday language we use when talking to patients.” He tries to avoid professional jargon as much as possible, and hopes to demystify the topic of technique. He accomplishes this by showing that traditional psychoanalytic clinical theory can be reformulated in terms of modern systems theory based on the simple concepts that “The society, the organism, or the personality can be viewed as a system, that is, as a self-regulating organization that is purposive and adaptive and also is open and able to make use of the information it trades with its environment.” (p. 15). He re-frames traditional psychoanalytic concepts such as interpretation, resistance, regression, transference, and countertransference in terms of systems theory and processes, and shows how they conform with clinical evidence as illustrated by numerous case examples.

Schlesinger applies systems theory to psychopathology:

A neurosis can be viewed as a set of internal operating conditions that were imposed on the personality, or better yet, created by the personality during early development. These conditions are in the nature of fixed, erroneous, and conflicting assumptions about the nature of the self, the nature of the object world and the contingencies that relate them to each other. In analytic terms these fixed assumptions are not independent but are embedded in unconscious fantasies that originated in efforts to solve an unconscious conflict. (p. 20)

At one time the neurotic behavior was the best possible compromise among the various forces represented in unconscious conflict. Like all systems, neuroses tend to become stable compromise formations which, when disturbed, return to a previous state of stability.

On the basis of this model of neurosis Schlesinger formulates a specific approach to treatment framed in terms of “process.” Thus, “The ultimate aim of psychoanalysis is to promote the patient’s activity to promote the patient’s living in the real world rather than in fantasy.” (p. 28). The therapeutic task is to disrupt the rigid structure of the neurosis and help retard reversion to stasis by follow-up interventions. Schlesinger regards interpretation as “the defining act” of psychoanalysis, but disputes the conventional view that interpretation is defined by the intention of the analyst. Rather, whether an intervention is an interpretation, a suggestion, a confrontation, or a dud depends on how the patient takes it. And how the patient takes it is what the analyst should be listening for so he can include the patient’s judgment in his next intervention (p. 7). [If it has been effective,] the interpretation will have rattled the system, sending it into a self-protective spasm. But, if the analyst relaxes at that point and allows time for the system to recover, it will revert as closely as possible to its previous state. The analyst must understand the effect his interpretation has had and be prepared to follow up, guided, of course by the principles of tact, dosage, and timing.” (p. 16)

The view that interpretation is a process “conflicts with the older view of interpretation as a construction that has arisen in the analyst’s mind and delivered as a package to the patient” (p. 41). It means that interpretation is often offered to the patient in bits at a time over many sessions in the process of building an interpretation or construction linking
events in the session with those in the past and in current life situations. In this way interpretations are constantly corrected and deepened by both the analyst and the patient.

Schlesinger presents us with three principles of psychoanalytic technique, and begs us not to think of them as frivolous. He wants us to take them seriously: 1. The patient is always right; 2. Analysts don’t analyze, patients do; 3. The patient is doing the best he can.

The notion that “the patient is always right” may be used against the overly ambitious analyst who may tend to think that he knows better than the patient what the patient needs. That “analysts don’t analyze, patients do,” is his way of saying that analysis requires participation and activity on the part of the patient, not just from the analyst. “The patient is doing the best he can” is an admonition to attend and respect the limitations of the defensive functions of the patient. Resistance is regarded as “defense expressed in the transference.” The technique of analysis is not seen as an attempt to “undermine or breakdown” resistance, as in the past, but rather to repeatedly interfere with the patient’s efforts to recreate the neurosis in the analytic situation. Above all, the patient is always the focus of technique, and the interpretation is defined by how the patient reacts to it:

[W]hatever the analyst might have intended, the patient always takes an interpretation as a suggestion; at the very least he assumes that the analyst wants him to think in a new way about the matter. (p. 20)

The analysis of transference, conceived of as a process, is central to Schlesinger’s philosophy of psychoanalytic treatment. He defines transference analysis as “the remodeling of patient and therapist role definitions.” (p. 51). “The analyst is required to submit to being cast in a series of specific roles in the reenactment of the patient’s unconscious fantasy.” (p. 73). But, transference is seen as having a function in the adaptive and defensive points of view as well as being a mode of communication with the analyst. To Schlesinger, “The overall ‘purpose’ of the transference is conservative, to preserve the neurosis, to protect the unconscious fantasy from the intrusion of reality, to bar disconfirming information, in short to resist change” (p. 55).

Schlesinger rejects the popular concept of countertransference as referring to everything the analyst feels about the patient. He proposes that the analyst has two kinds of transference to patients. One kind is the analyst’s transference to the patient which is based on general character traits like “overly nurturing attitude, a strong distaste for the direct expression of hostility, and the inability to witness another’s pain.” These trends he calls “transference to the patient.” Such feelings are differentiated from reactions in the analyst evoked by specific elements of the patient’s transference to the analyst, which are usually destructive. Only these are labeled countertransference by Schlesinger.

Schlesinger was trained as an ego psychologist, and though he avoids the murky metapsychology of the earlier ego psychologists, his approach to technique remains close to theirs. Psychoanalysis should promote ego autonomy. He refers to Sterba’s therapeutic split, where the patient learns to experience his feeling at the same time that another part of the ego is observing what is going on. He prefers the metaphor that the analyst’s position is more like that of the midwife than that of Freud’s surgeon: “The patient analyzes himself, with the occasional assistance of the analyst” (p. 32). The goal is to promote freely chosen activity of the patient. “Interpretation is not something that the analyst does to or for the patient but, rather, something he does with the patient.” (p. 106). He does not believe that neutrality means that the analyst should not encourage the patient.

Discussion of Freud’s theories of neutrality, anonymity and abstinence aren’t reviewed until Chapter 10, although everything before had reflected his views, including the three principles already mentioned. Neutrality implies objectivity, which is necessary, but must also be “in the context of deep concern for the patient.” (p. 50). Anonymity is relative at best these days. Abstinence does not mean that the analyst does not provide support to the patient, but for most patients the best support is provided by accurate and timely interpretations.

In a very practical chapter, “Severe Regression,” Schlesinger shows that many episodes of severe regression, are precipitated by a combination of unrecognized vulnerability in the patient and analyst mismanagement, often related to countertransference. (p. 207). The combination of support and understanding due to interpretation of the need for defense in the transference can reduce the anxiety significantly in many cases. But, “Paradoxically, offering support through reassurance but without interpretation tends to deepen regression and invites the very trouble one hopes to avoid” (p. 212).

Chapter 11, “Questioning, Con and Pro,” may stir up some controversy. He discusses particularly the dilemmas of the beginning therapist who, due to his anxiety, starts the treatment with a series of questions: “Whenever the therapist interrupts the patient to ask a question he should be aware that he has ‘changed the rules’ and has assigned new status to himself and the patient. In effect, he is saying ‘I know that I asked you to say whatever might come into your mind, I want to interrupt you now because I’m more interested in what came into my mind and I can’t wait to find out what your response to that might be.’ Thus, questioning the patient undermines the analytic situation. To the related issue of how to respond to the patient’s question to the analyst, Schlesinger advises focusing on the act
of questioning itself and recommends responding to it as to any other association. However, he recognizes that flexibility is often necessary: “The analyst may answer any time he believes it would advance the analytic purpose, or at least not interfere with it” (p. 177).

Schlesinger doesn’t get to the problems of how to start a treatment until Chapter 18, “Whether and How to Begin a Psychoanalysis.” He asserts, “Beginning is not for beginners” (p. 231), a way of saying that it requires broad knowledge and great clinical skill to decide whether to start a treatment, and, if so, how to go about it. He compares starting a treatment to a “blink date” and discusses the anxieties and temptations of the candidate facing his first case. In advising on how to structure the first interview, he argues that we do not sell “time” as a landlord sells room space, but instead we provide a valuable clinical service. He takes the unusual point of view that by not charging for missed appointments, it “frees both analyst and patient to inquire into the meaning of absences.” He denies that this policy has ever affected his income.

Schlesinger wrestles with the thorny issue of the difference between psychoanalysis and psychoanalytic psychotherapy, and confesses that he has deliberately used psychoanalysis and psychotherapy because most of what he has had to say applied to both. But he does make a distinction. He feels that at times most psychotherapy patients slip into a state comparable to psychoanalysis, at least for a brief time, but it is not usually sustained. To him,

[T]he major difference between psychoanalysis and psychoanalytic psychotherapy is that, when conducting any of the psychoanalytic psychotherapies, unlike when conducting psychoanalysis “proper,” the analyst or therapist will (that is should) attempt to preclude the development of a transference neurosis. (p. 262)

Perhaps this stipulation would be better put as, “the therapist should avoid encouraging more regression than the treatment requires and that the patient can stand.” (p. 262). The analysis of the transference neurosis is, then for him, the defining element in psychoanalysis, although he recognizes that the very concept of the “transference neurosis” is disputed by Brenner and many others. However, it is one of his favorite concepts. He sees it as a state where the various infantile relationships reflected in the transferences have coalesced around the person of the analyst. Interpretation of this system increases defensiveness, which must then be loosened by successive interpretations that gradually loosen the hold of the unconscious fantasy that generates the neurotic conflicts.

I found this chapter disappointing. I felt that the author could have expanded much more fully on the several differences between classical analysis four times a week on the couch and once or twice a week psychotherapy facing the therapist. He seems to imply that therapy is only practiced with more severe pathologies where regression is likely, but in fact much of psychotherapy today is conducted with higher-level neurotics. He also doesn’t discuss the important issue of converting a psychotherapy into an analysis, a practice that is increasingly the way an analysis is started.

Near the end of his book, Schlesinger reports that in more than 40 years of supervising and consulting two common problems stand out with both beginners and experienced practitioners: “The first has to do with translating insight into action within the analysis [i.e.,] does the patient take an active stance toward an interpretation”(p. 275). The second problem is that the analyst does not recognize that resistance is not just against the analysis, but is also for some position of safety in the patient’s complicated pattern of conflicts. It usually indicates that both sides of a conflict have not been analyzed.

I mentioned at the beginning of this review that there were two limitations to this book. One limitation is that there is no chapter on termination, although Schlesinger has announced that he is writing a book on termination, which I assume will be an extension or completion of this book, and is to be looked forward to. The other limitation is the price of this 300-page book. At $55.00, it is outside the budget of many students and may delay its inclusion into the curriculum of schools and institutes. It is hoped that the publishers will issue a paper back edition at a reasonable price soon.

It is impossible to do justice to this book in a brief review. It is an elementary textbook for institute candidates and beginning psychotherapists. It is also a challenge for experienced analysts and therapists to rethink and retest their technique in their clinical practices. The book will also prove invaluable to supervisors training the next generation of analysts and psychoanalytic psychotherapists.

REFERENCES

Edwin Fancher is a member, training analyst and faculty member of the New York Freudian Society and the New York School for Psychoanalytic Psychotherapy and Psychoanalysis, where he is also president. He is also a member of the International Psychoanalytical Association.

Geneva S. Reynaga

It is well known that arguments attacking the scientific credibility of psychoanalysis exist in modern discourse. The vehemence with which these critiques are often made implies defensiveness and deeply rooted sentiment against depth psychology. Instead of perpetuating the debate(s) by arguing in favor of psychoanalysis, Bowman makes clear throughout his work that their presence marks resistance against the insight that psychoanalysis offers. His convincing text outlines the arguments commonly made against psychoanalysis, followed by a reconceptualization of neurosis, concluded with an illustration of psychoanalysis’ contribution to the understanding of living in a scientific culture.

Bowman clearly illustrates the foundations of the often contradictory and circuitous arguments made against the scientific viability of psychoanalysis. Drawing on the work of both Nietzsche and Freud, illustrating how Freud’s work provides psychological metaphor for Nietzsche’s conceptualizations of the difficulties individuals face while living in a scientific culture, the author makes clear that psychoanalysis is a necessary by-product of science. He explains that both “Nietzsche and Freud saw that the problem of the health of the human soul now has to be approached in a scientific context, with a new kind of scientific discipline” (p. 134). In fact, it is science that allows us to understand the unconscious in ways never before possible.

The rise of science has led to decreasing credence paid to traditional religious institutions. Although emotional illnesses have plagued human beings since the beginning of their existence, individuals living in today’s society of technology and the skeptical eye of science are plagued with unique challenges without the support of traditional networks. This task is not given due respect as a difficult and novel undertaking, and few fully appreciate the unique challenge it poses to human existence:

We are all … a little afraid, and some of us are significantly afraid, that we do not have the strength to bear responsibility for our own internal divisions and ambiguities. This is the underlying anxiety that science in general provokes in us. And it is the underlying anxiety that psychoanalysis in particular provokes in us. (p. 11)

We are afraid of the scientific imperative to think about our emotional life in conditional terms because we are afraid that we may lack the strength to organize our lives in a self-governing way, without the support of categorical imperatives. We are afraid we may lack the strength to take responsibility to mastering our own divisions… This is a psychological transition unlike anything human beings have had to go through before. We need to try to confront in an honest way just how difficult it is. (p. 135)

In a desire to return to the “good old days” when religion and dualistic thinking were the rule of the day, many critics argue against psychoanalysis, using the laws of science to “prove” their points. As science has replaced those institutions, or at least cast a skeptical eye on them, individuals are left to develop their own identities without externally imposed guidelines. As freeing as this is, it evokes considerable anxiety and fear from which critics of psychoanalysis allow us to hide. Although explorations into the unconscious are exactly what science now provides, those who are defended against this self-understanding argue against its credibility, citing dualistic philosophies as their “proof.” Arguments against the scientific value of psychoanalysis are simply masks for the fear of the ability to master oneself without the external control of religion. These critics advocate the dualistic thinking of sciences like physics and mathematics, or the prevailing philosophy in the days when moral certainty was prevalent in society. The methodologies of these sciences can hardly be applied to psychoanalysis, however, as they cannot possibly be used when studying the unconscious. Critics of psychoanalysis allow individuals to avoid looking into the nature and conflicts of their unconscious, and if their efforts were successful, it would allow science to exist without threatening one’s identity and traditions, allowing them to enjoy the benefits of science and technology without being required to gain insight into unconscious processes.

Although emotional illnesses have existed throughout time, it seems that many people do not feel strong enough to overcome their neuroses and are unwilling to partake in the lifelong journey of defining their own identity. Bowman writes,
This provides sufficient motivation for “scientific” arguments against the very science that provides the tools with which to alleviate neurotic symptoms, as...

...the aim of psychoanalysis is to help the individual to meliorate the worst excesses of the conflicts created by living in a scientific culture. It aims at the questioning and weakening of unconscious fears that keep the creative, synthesizing part of the self from developing its strengths. (p. 137)

The appeal of traditional religious and moral codes is that they provide strong external guidance and, as a consequence, people do not have to think for themselves. Freud argued that science allows us to explore the unconscious, using the past to shape our ideas about the future. Dualistic thinkers argue that the unconscious should be kept “safe” from the skepticism of science. Bowman allows us to understand these arguments as a defense against the anxiety psychoanalysis speaks to those uncomfortable with its requirements.

Bowman’s work makes clear not only that science is often used as a defense against psychoanalysis, but also that psychoanalysis can be placed firmly in the middle of life in a scientific culture. Not only did the foundation of psychoanalysis come from the development of scientific thought, but it is also our only hope of surviving the stresses inherent in daily life within such a culture. In a world that is increasingly dependent on the medical model to “cure” all ailments facing human beings, both physical and emotional, Bowman’s text makes it very clear that neuroses cannot be approached in the same ways as physical ailments.

The author describes neurosis as the effect of when “…the forces of the rule become so strong that they distort what is fresh and courageous within the self into contorted and pathological expressions” (p. 75). It is the means by which we may create something that has not existed before, which allows us to see the potential positivity of suffering, allowing us to “…break out of the past” (p. 79). This helps us understand defense as “…an inability to overcome the past and let it go” (p. 81). Thus, emotional illnesses are essentially human and offer insight into the human condition in ways physical illnesses never could.

Bowman’s book is a must read for those facing the challenge(s) of working as a depth psychologist in today’s profit-driven market advocating extremely time-limited treatment modalities. Although it seems that popular opinion is swayed only by arguments utilizing the terminology of the medical model, with fewer graduate programs teaching depth approaches, the condition of living in a (post) modern world governed by science and technological advancements may be best understood and most appropriately treated by depth psychology. It seems unfortunate that the very science that offers solution and comfort, or “cure,” in a scientific culture, is the very science against which so many critics and individuals are defended. One wonders how successful the critics of psychoanalysis will be in swaying public opinion against a therapeutic approach that appreciates and attempts to nurture what is uniquely human about each individual seeking treatment from its practitioners.

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ONLINE DISTANCE-LEARNING: A PSYCHOANALYTIC TRADITION
CONTINUES

In this article I will explain how online continuing education websites usher in a new chapter in the long tradition of distance-learning in psychoanalysis, discuss the development of psychoanalysis online, present opinions from the pioneers of internet learning, and give an overview of how today’s computer technology can lead to a more inclusive and globally-connected psychoanalytic community.

Distance learning, albeit by pen-and-paper correspondence, had been an integral part of psychoanalytic training since the time of Freud. As a matter of fact, as Freud’s students began practices in other cities and countries, they maintained their relationship by letter. Amongst these early psychoanalytic “correspondence” students were Carl Jung (Freud and Jung exchanged over 3,000 letters), Sándor Ferenczi (828 letters, even while Ferenczi was in the Hungarian army), and Karl Abraham (492 letters).

When psychologist-psychoanalyst Theodore Reik moved from Europe to New York City, he maintained contact with his old mentor by letter. Freud reassured Reik that this form of distance-learning would be satisfactory. Upon saying good-bye to each other in Vienna, and knowing they were unlikely to ever see each other again, Freud comforted Reik by saying “People need not be glued together when they belong together” (Listening with the Third Ear by Reik, 1948, p.513).

Freud’s reassurance has special meaning in today’s world where distance, full schedules, commutes, family life, finances, and managed care add to the difficulties of “real time” professional development. In my own pursuit of psychoanalytic training, I always remembered those important words. As a result, I accumulated training in the United States and in other countries. In every case, the “distance resistance” was resolved and the results always outweighed the hardships.

When looking at the history of the Internet, it is breathtaking to see how quickly this technology has grown. In 1957, President Eisenhower funded the Advanced Research Projects Agency (ARPA), a think-tank created to help fight the Cold War. Eisenhower was looking for a method to decentralize communications in the event of a nuclear attack. In 1968 the ARPANet sent its first message between researchers at UCLA and Stanford, a crude form of E-mail appeared in 1973, and finally the technical aspects of interconnecting many computers was successfully worked out in 1983. The ARPANet was renamed the Internet at that time (although it was open to government-related researchers only).

During the same year that the Internet went into operation, 1983, I acquired my very own personal computer in order to process psychotherapy research statistics in my office instead of running off to the “keypunch” machines (for those of us who remember such things) at the local university. A few years later, in 1991, the Internet was opened to the public, and in 1993 the Netscape Browser was invented, bringing the Internet into truly accessible form. There were about 500 “host computers” on the Internet during 1983, and this number had grown to about 2 million host computers by 1993 and the advent of Netscape.

Despite the astronomical growth of the Internet, websites designed for psychoanalyst and psychologist professional development was not part of the early Internet milieu. Instead, “listserves” provided a first step to online professional discourse for in our field. Listserves were a form of “groupware” which allowed people from multiple computers locations to communicate to one centralized listing which displayed everyone’s e-mail for all members to see. As the name implies, these were literally long lists of e-mailed comments, involving multitudes of participants across the globe, demonstrating a common interest in psychotherapy, and earmarked by a jumbled cornucopia of topics.

I joined several of these sites, and especially enjoyed Haim Weinberg’s group psychotherapy e-mail discussion, moderated from his office in Tel Aviv. Like other early listserves, the discussion was unwieldy, involved e-mails from hundreds of participants, the threads of discussion were meandering, and there were many “lurkers” who remained in the background. But the possibilities were exciting and I was especially delighted that many of the participants were institute-trained and the online “conversations” often touched upon psychoanalytic themes. Weinberg’s group has stood the test of time and still exists online today (Dr. Weinberg can be contacted at haimw@group-psychotherapy.com).

In 1996, I was invited to meet with the National Association for the Advancement of Psychoanalysis (NAAP) in the role of an Internet-based distance-learning consultant. The eventual goal was to explore the feasibility of psychoanalytic distance-learning for professional development in far-flung locations. However, in our deliberations, we opted to wait until there were fewer technological obstacles to surmount.

Not everyone felt that the technological obstacles in 1996 were insurmountable. That same year, distance-
learning pioneer Daniel Hill decided to conduct an online psychoanalytic symposia series and came up with a very creative solution to the problems of the prior listserves. When I discussed his early decision to damn the technological torpedoes and go full speed into the virtual world, Dr. Hill told me, “I was in there too early! But I’ve hung on.” And hang on he did since his early online symposia has grown into the premier accredited psychoanalytic and psychological online distance-learning continuing education presence on the Internet today, Psy Broadcasting Corporation or PsyBC (for more information go to www.psybc.com).

Dr. Hill’s 1996 online symposia consisted of a panel of experts, led by Glen Gabbard along with leading thinkers from many schools of psychoanalytic thought representing Contemporary Freudsians, Relational, Self-Psychology and more. “I felt that all the points of view should be represented,” said Hill, “They all made important contributions.”

The leap forward that Dr. Hill provided was a work-around that put an end to the overpopulated and unwieldy nature of listserves. “We used the same technology, but configured it differently,” he explained. In the symposia the panelists would discuss articles from journals, and members of the listserv community would submit questions and comments to Dr. Gabbard who would screen them and present them to the online panel for discussion. Over time this model was applied by Psy BC to symposia on many areas of psychology. Although this method precluded direct participation from online symposia attendees, it completely controlled the unwieldiness, and was a giant leap forward for online professional development. Over time, Psy BC has been inclusive of many therapeutic modalities, in addition to psychoanalysis, applying the same online methods to conduct symposia on group therapy, psychopharmacology for psychotherapists, and other topics using this format -- some of which still continue today.

Dr. Hill reported that operating the early symposia was difficult in that, “Most people didn’t have e-mail, and those who did were just in the process of learning to use it.” Much of his time was spent working out the technical details with the users, and providing user education and support.

Finally, as we ushered in the new Millennium a few years ago, Bulletin Boards had come a very long way from those original listserves and had evolved into “Online Forums.” Forums have a very high level of user-friendliens. Online class or web-seminar size in forums could be limited in terms of number of registrants through the use of password protected registration, and although asynchronous (not occurring in real time) there was a feeling of more immediacy and vibrancy to the online interactions between participants. In conjunction with this new technology, there was an increase in the level of technological sophistication in the people using the Internet. Consequently, online interaction environments could be designed to promote a feeling that more closely approximated a real classroom interaction, with dialogue among participants and with the instructor, while still offering the convenience of reaching the website from one’s own home or office computer at anytime, day or night.

Once this development occurred, I created The Virtual Institute of Psychoanalysis (The VIP) using the new online interactive classroom forum model (for more information go to www.thevirtualinstitute.org). I started the VIP to provide the academic and continuing education side of psychoanalytic training in a form that is accessible and convenient to interested psychoanalysts and psychotherapists. The VIP had a beta-site using this new forum technology available on the Internet in 2002 and opened for accredited Internet-based continuing education in 2003. Of course, Dr. Hill -- always on the cutting edge -- began to changeover the underlying technology of PsyBC at the same time and Psy BC started to use forum technology for online seminars and even for conferences. This year, even Psy BC’s online symposia are changing to this new format.

The intimacy aspect of the new Forum “server-based” programs also attracted Jeremy Safran at the International Association of Relational Psychoanalysis and Psychotherapy -- a group that had previously only used the listserv model. IARPP is a new international association, founded in 2001, inspired by the memory of psychoanalytic educator and author Stephen Mitchell. Conceived of as a professional and intellectual world-wide community of those interested in relational psychoanalysis, the use of cyber-colloquia and seminars would be natural tools to help accomplish this purpose. Interestingly, given the cutting-edge nature of the endeavors mentioned in this article, it may not be simply coincidence that Dr. Mitchell (sadly, posthumously) and Psy BC’s website both won NAAP’s prestigious Gradiva award for creative endeavors in psychoanalysis, and that The VIP’s website was nominated for this award last year.

Dr. Safran reports that, “People have been very enthusiastic about the web seminars, especially people who would not have been able to get involved without online technology. People from other countries, for instance, are extremely grateful for the opportunities that are presented by this medium.”

According to Dr. Safran, “Most of the seminars regarding a particular paper or publication, were conducted by the authors themselves. One seminar [Conceptos relacionales en psicoanalisis] presented a case for discussion, and was conducted in Spanish. It was tremendously well
received from the comments I’ve gotten from the Spanish speaking psychoanalytic community.” Thus far the IARPP has run three online seminars using this model and has limited the number in each seminar to twenty participants to maintain classroom-like intimacy.

According to the feedback I have received so far from forum participants at The VIP, once new users get some experience with online posting and replying, the procedures quickly become “second nature.”

Beyond the myriad of technical matters, there is an entire world of online relationships involved in Internet distance learning. Interestingly, all of us involved in providing online psychoanalytic education share the same reaction to the nature of user participation on our sites. Drs. Hill, Safran and myself were each very impressed with the consistently high quality of thoughtfulness that exists in the forum postings from participants. And, we all attributed it to the asynchronous nature of the text-based communications. In other words, people were more deeply thoughtful when typing on their computers, with no pressure to reply to a waiting conversational partner, as compared to talking in an immediate, real-time, conversation.

“There is a lot more time to think about what you are going to say,” Dr. Hill explained about a text posting in an online forum. “You can get away with a great deal of sloppy thinking when you are in a talking conversation, but in writing, you tend to be more articulate and thoughts are more well-developed than when you speak. While the ambiguity of talk is good for therapy, it leaves much to be desired for intellectual discourse.”

Dr. Safran also agrees that online forum participants have demonstrated, “clinically astute comments and interchanges about the material especially when compared to some of the early listserv seminars of the past where, from my experience, comments could get rather unfocused.”

Another factor that has been a happily surprising “non-issue” on the various websites mentioned in this article is the excellent level of confidentiality regarding patient information when participants discuss material from their own ongoing cases. To date, I have not had to edit a single post on the Virtual Institute’s website for any indiscretion regarding confidentiality of patient material in the classroom forums. According to Dr. Safran, his experience with IARPP’s forums has been the same, “People are very careful about confidentiality when discussing cases, they are pretty cautious.”

Since the technological aspects of creating and maintaining sites with online forums and classrooms is still quite a daunting prospect for many schools and institutions with limited funds or limited staff, so an immediate need is for places where classrooms and forums for seminars and conferences could be “leased” in virtual real estate. Dr. Hill reported that PsyBC is moving into this business of offering their forum set-up to other organizations such as journals and training institutes along with help to create online conferences as well. Todd Essig’s Psychoanalytic Connection website is also involved in making the online technology available to organizations wanting to run online programs (http://www.psychoanalysis.net). And on a more modest scale, online forums for small seminars, meetings, and continuing education courses are also available at the Virtual Institute of Psychoanalysis website.

And in terms of the future of online distance learning in psychoanalysis, everyone seems to agree that there is one clear imperative, and that is the incorporation of interactive video into the forums. Again, these can be synchronous, or asynchronous (in other words, you might see and hear someone live and in real time, or you might see and hear each participant’s recorded comment video streamed at you when you click on their contribution the conversation instead of simply reading their text). Dr. Hill also felt that “The next big leap would be the richer communication that you get when there is video and once you see somebody’s face while they are communicating. Then I think it is really going to get interesting!”

Indisputably, the Internet presents an exciting new venue for psychologist-psychoanalysts to dialogue, learn, teach, further professional development, and feel closer together as a global community in a manner that overcomes time and distance. The participants and faculty who come together for in the online interactive classroom, seminar, and conference forums are proof that, “People need not be glued together when they belong together.”

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REFLECTIONS ON THE TREATMENT OF ADULTS WHO GREW UP WITH DIVORCE

Estimates are that 25% of adults under the age of 44 have grown up in divorced families\(^1\), a statistic consistent with the rapid increase in the divorce rate that began in the 1960’s. Adults who grew up in divorced families are more likely to seek mental health services than those raised in intact families.\(^2\) They comprise a significant and probably increasing portion of contemporary analytic caseloads.

My analytic work treating adults who grew up with divorce has been influenced by experiences conducting forensic custody evaluations and counseling divorced parents with co-parenting conflicts. This has led to my increased awareness of the ways in which divorce increases the complexity of the developmental tasks facing the child while, at the same time, reducing parental support for the child’s efforts to master these tasks. As a result, I tend to think about my adult patients’ struggles with separation and individuation and with intense anxiety and guilt over their own drives in this context.

J. Wallerstein\(^3\) has noted that, from the child’s perspective, divorce is not simply the parental breakup, but a series of subsequent events that unfold over a period of years. No single event in the series is necessarily traumatic, but the accumulated disruptions may amount to what Khan has termed cumulative trauma.\(^4\) Cumulative trauma consists of repeated instances of the mother’s failure to provide optimal protective shielding of her child from external and internal stimuli. This concept may be extended to include breaches in the protective shielding provided to the child by each parent individually and by the couple acting in concert. Such breaches are nearly inevitable during the breakup of a marriage and its aftermath. When the cumulative impact of these breaches is severe enough, the child’s ego, helpless to master the quantity of internal and external stimulation, employs premature ego defenses, which affect the development of ego integration.

While each divorce is different, there is an expectable series of events and strains experienced by many child of divorce. These may include the following: exposure to pre-divorce parental conflict; exposure to intensified parental conflict during the divorce; diminished contact with one or both parents after the divorce; one or both parent’s diminished parenting capacity (that may last for two years or longer until the parents restabilize their lives); the strain of juggling school, homework, extracurricular activities and friends while shuttling back and forth between two households; exposure to parental dating; parental remarriage; adjusting to step-parents, step-siblings, and the arrival of half-siblings. Parents who are consumed by their own emotional distress and the difficulties of re-building a life apart from the marriage find it challenging to provide the same level of emotional support to their children as prior to the divorce. Even parents who are empathic and concerned about the effect of the divorce on their child can find it too painful or guilt provoking to listen to their child’s divorce-related feelings of sadness or anger and may openly or subtly discourage the child from speaking about these. Those parents who are traumatized by their divorce are even less able to shield their children from experiencing its most disruptive aspects. Other parents, often the initiators of divorce, may be caught up in the euphoria of liberation from an imprisoning marriage. Their commitments to their children may, for a period of time, become an unintended casualty.

These occurrences can threaten the security of the child’s attachments, stimulate anger and guilt, and provide less than optimal support for the child’s mastery of developmental tasks. Children of divorce often feel hurried, pressed into a precocious maturity, lacking time to move at their own developmental pace. The marital bond of the intact family buffers the child from rifts that may develop when the self-interests of parents collide or when conflicts arise between the self-interests of parents and the needs of their children. For the child the break-up of the marriage is a loss of this holding function of the family. The child loses the sense of being held in the center of their family and may feel shunted to one side while the needs of parents take precedence. Yearnings for a lost sense of safety are reflected in the ubiquity of fantasies of reunifying the parents.

With the severing of the marital bond, there is fertile ground for parental distrust, misunderstanding, and competition over the child. In some cases the parents manage to coordinate childcare and communicate about child rearing with each other after the divorce. In many cases the child is subjected to parental influences, which are at best uncoordinated, and at worst at cross-purposes with each other. Cracks open in the continuum of parental care into which the child can too easily fall.

Parents’ misattributions and distorted perceptions of their child’s affects and behavior, which arise with some frequency in divorced families, interfere with parents providing needed emotional support to their child. For example, children who have visitation with a non-residential parent or who are in a joint custody arrangement often
find that the time of the transition from one parent’s house to the other re-erodes feelings of loss and anger and loyalty conflicts. It is not unusual for children to appear withdrawn, restless, anxious, or angry during these transitions. In my work with Max, aged five, and his divorcing parents, his father reported to me that Max became quiet and sullen during the car ride home to his mother’s house after a weekend visit. The father was all too ready to assume that this was because Max did not really enjoy being with his mother. After being dropped off, his mother reported that Max was angry and defiant for the rest of the evening. She was all too ready to assume this was because his father had been too strict with Max and hadn’t spent enough time with him over the weekend. By attributing the psychological strains of these transitions on Max to the other parent’s shortcomings, neither parent became aware of what feelings these transitions evoked in their son. Unable to hear his distress, they were failing to offer support to help Max during transitions, leaving him alone to manage his feelings.

For the child of divorce, aggressive wishes and fantasies can become overwhelmingly frightening because they receive environmental reinforcement. As Furman notes, “the failure of the parental relationship suggests to the child that his destructiveness has real, as opposed to imagined, power and lends substance to his fears of retaliation. Usually both drives are overstimulated by the failure of the parents’ relationship, but it is the preponderance of aggression and the experience that it actually causes harm which renders it especially dangerous.” According to Furman, this often results in difficulty in fusing aggressive and libidinal drives. As a consequence, there is less neutralized energy available to the child’s ego for integration and mastery of developmental tasks. Additionally, the superego develops along overly harsh and punitive lines. Burgner, in a study of children of divorce in analytic treatment, found a persistence of preoedipal attachments into and beyond the oedipal phase accompanied by primitive fears of object loss and an anxiety-driven wish for closeness. My experience with treating adults who grew up in divorced families are consistent with these findings based on children in analytic treatment.

The oedipal-age boy whose father moves out of the house at the time of separation really does have mother all to himself. At the same time he experiences ambivalence, feeling the loss of his father as a protective figure. This victory over his oedipal rival frightens the boy, raises his fears of retaliation, and leaves him feeling unsafe. The situation may be compounded when, as often happens, the mother is lonely after the separation and turns to her son for companionship and solace. Needing her son to be there for her, she does not support his progression toward further separation and individuation. This boy is likely to have difficulties separating from his mother, managing his aggressive impulses, and resolving his Oedipal conflicts.

The parental neediness described in this example is not unusual. From my anecdotal experience separated and divorcing parents frequently take their young children to sleep in their beds at night. Adapting to parental neediness, children of divorce learn to assume caretaking roles towards one or both parents, sacrificing their own developmental needs in the process.

In a group I co-led for young adults who grew up in divorced families most of the participants were women in their twenties each of whom had a similar story to tell. Prior to their parents’ divorce, they had felt special and important to their fathers as little girls. After the divorce, they reported feeling progressively betrayed as their fathers moved out of the house, remarried, and made new families and children their first priority. Each participant felt poignantly bitter, sad, and angry.

This brief look at the impact of difficult divorce-related events in a child’s life does not include more seriously pathological situations such as major emotional disorders and/or acting out of one or both parents or exposure to intense and protracted parental conflict.

Psychological factors which are protective of children during and after divorce include having a secure relationship with at least one parent, good parental adjustment during and after the divorce, consistency and reliability of relationships with both parents, and low levels of inter-parent conflict after the divorce. Some children show a notable resilience to which temperament undoubtedly contributes.

Patients who grew up with divorce often do not emphasize their divorce experiences when they tell their history to the analyst, acting as if these are not particularly worthy of attention. Just below the surface, these patients almost always have painful memories and affects associated with these experiences. Minimization of the experience of their parents’ divorce may be a repetition of the child’s experience growing up, when the adults paid little attention to their feelings about the divorce.

Adult patients who grew up with divorce respond to the analyst’s expression of interest with a sense of relief at having this aspect of their experience recognized and the expression of their feelings encouraged perhaps for the first time. Their emotions often emerge with a surprising intensity undiminished by the passage of time.

Patients often begin treatment having internalized a divorce narrative that assigns blame to the parents based on which parent the child felt more closely aligned with growing up. In this narrative, the child often perceives one parent as a winner and the other as a loser in the divorce,
coloring the patients’ identifications with each parent. In the course of treatment such divorce narratives can be revisited and each parent’s role in the divorce reassessed in a more realistic light. This process frees the patient from the self-constriction imposed by loyalty conflicts and guilt.

When treating such patients, derivatives of divorce-related experiences in childhood emerge in current conflicts and in the transference in ways that are sometimes obvious and sometimes subtle. A 26-year-old woman I treated several years ago began treatment because of difficulties finishing law school. She would experience intense anxiety and flagellate herself with self-criticism over these difficulties. An attractive, petite woman, she also doubted her ability to interest a man. This concern clearly connected to her experience of greatly diminished contact with her father following her parents’ divorce when she was a young child. She felt that I must think her boring and feared that I would abandon her as she felt her father had. She defended against this fear of abandonment by turning passive into active, several times considering a move that would take her out-of-state and out of treatment.

After successfully graduating law school and finding employment, this patient expressed self-criticism about performing her professional tasks too slowly. This came up in a session after she had reported a rare moment when she allowed herself to luxuriate in a leisurely, unpressured state of mind. It was possible to hear in her self-criticism echoes of feeling rushed during visitation transitions, of experiencing time as an intrusion on more spontaneous rhythms of relating, and of having to grow up fast in response to the complexities of changed family circumstances. The self-criticism also appeared as a defense against anxiety over the libidinal meanings of “luxuriating.” This patient remembered the angry look on her mother’s face when she returned home from the infrequent visits with her father. She recalled being careful to conceal from her mother any feelings of excitement or pleasure during these visits because these upset her mother. It took a great deal of work in treatment before she could recognize her need to conceal from herself those things that excited her and gave her pleasure. In the transference I represented, at different times, the abandoning father, the exciting father, and the mother who did not want her to separate and who was angry about her excitement with father. These transference feelings were both intense and intensely defended against.

This patient’s anxieties were not based on her childhood fantasies alone but received painful reinforcement in reality by virtue of her parents’ divorce. The environment’s reinforcement of her anxieties left her feeling a lack of safety as a child, without a holding environment for her fantasies and wishes. This prepared the way for the eruption of intense anxiety and self-criticism when she attempted to graduate, which unconsciously represented, among other things, separating from her mother. Her divorce-related experiences made it very difficult for her to feel safe enough to confront the oedipal-related wishes and conflicts that emerged in her current conflicts and in the transference.

I have tried to show the relevance for analysts of understanding the nuances of children’s divorce experience when treating adults who grew up in divorced families. While the bold outlines of such experience are well known, those who have not worked with divorced families in other contexts may be less familiar with many of the subtle and cumulative influences to which the breakup of the parents’ marriage subject the child. The diminished degree of protective shielding these children receive strains their capacity to master developmental tasks and contributes to the symptoms and characterological issues that bring them, as adults, into treatment.

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Dr. Steven Demby is in private practice in Manhattan and Brooklyn. Dr. Demby is a member of the New York Freudian Society and is Chair of the Society’s Committee on Divorce. He is an Associate Adjunct Professor in the Department of Psychology at Pace University and is on the Faculty of the Family Forensics Program at the Washington Square Institute. Dr. Demby is the current Co-President of the New York State Chapter of the Association of Family and Conciliation Courts and is a member of the Interdisciplinary Forum on Mental Health and Family Law. Sdemby@aol.com.
Most Board Certified Psychoanalysts have previously completed more than four years of post-doctoral coursework, over four years of intensive personal analysis, more than four years of psychoanalytic clinical supervision and a formal written analytic thesis, culminating in certification by a psychoanalytic training institute. Most of the Academy Fellows have been in clinical practice for over 25 years, and many of them have been previously board certified in another specialty, and all this before they decided to apply for examination for ABPP Board Certification in Psychoanalysis. Why did they apply?

Increasingly, psychologist-psychoanalysts in North America have become somewhat less concerned with asserting the superiority of a particular theoretical emphasis, and more interested in the unique contribution an “analytic attitude” provides for a genuinely humane understanding of human experience and the reduction of psychic distress. Many have decided that qualifying as ABPP Board Certified in Psychoanalysis goes beyond any original institutional identifications and allegiances to a more general psychoanalytic attitude toward professional life and the practice of this psychological specialty.

The Specialty Board and the Academy of Psychoanalysis have developed in typical analytic fashion—carefully, thoughtfully, deliberately and, as a result at times perhaps, slowly by comparison with other specialties. Particular recognition and acknowledge is due for the careful, thoughtful and effective work provided by several retiring and current Specialty Board and Academy Officers. Nathan Stockhamer and Kenneth Isaacs have both stepped down, respectively as President and Chairman of the Specialty Board. Bertram Cohler, while remaining on the Board, has passed responsibility for Treasurer to Ruth Ochroch, who is also the Board’s Secretary, and also turned over his position of ABPP Trustee to George D. Goldman. Delores Morris is now President-Elect of the Academy from Spyros Orfanos. Laura Barbanel is now President-Elect of the Academy, and Stan Marlan has begun coordinating the Academy’s Mentoring Programs.

The Specialty Board has just recently welcomed three new directors to four-year terms. Harriet Basseches, Sylvia Ginsparg and Franklin Goldberg were asked to quickly and actively orient themselves and participate during the Board’s recent Retreat and Business Meeting in New York City. The Retreat agenda included a review of current specialty organizations and their roles relative to psychoanalysis. Nathan Stockhamer provided an update on progress toward an accreditation process for post-doctoral training programs in psychoanalysis, and the Board’s ABPP Trustee, George Goldman, reported on new ABPP developments and initiatives.

As the Specialty Board of Psychoanalysis and the Academy of Psychoanalysis continue to develop, the primary goals include the refinement of work sample evaluation and oral examination procedures, and the formalizing of examiner training and mentoring programs. Additional Board goals for the coming year include clarification of current certification requirement descriptions for psychoanalysts, refinement of the examiner’s manual and rating scale, and the development of new ethics questions for the oral exam.

The Board’s review committees, through the efforts of Johanna Krout Tabin and Ruth Ochroch, carefully take into account the complexities of psychoanalytic diversity (gender, cultural, ethnic, and theoretical, to mention only a few). The specialty’s unique challenges will remain most interesting and engaging for many years to come.

The Academy of Psychoanalysis, in coordination with specialty board directors organized a new Examiners Training program which began during this Spring’s 2004 Division 39 Conference in Miami. Arnold Schneider, and Laura Barbanel, President and President-Elect of the Academy, provided very informative and helpful information sessions for prospective board certification candidates, and also conducted the Academy Board’s Business meeting during the Division 39 Conference.

Finally, the Psychoanalysis Synarchy, with representatives from Division 39, the Academy of Psychoanalysis, the Psychoanalysis Specialty Board, began meeting to develop a process for coordinating psychoanalysis specialty activities and initiatives.

Thomas W. Ross is president of Psychoanalysis Specialty Board. This article was previously published in a longer version in The Specialist, the newsletter of ABPP (American Board of Professional Psychology).
The winter issue of this column reviewed a conference entitled “Walking the Bicultural Tightrope: Psychoanalytic & Literary Perspectives on the New American” that explored the impact of the immigrant experience on the cultural self through the perspective of psychoanalytic theory and the literature of immigrant and second-generation writers. Highlights from this conference served as a framework for consideration when working with an immigrant population. We were pleased about the feedback and interest that was expressed in the topic. In the limited space allowed, we will develop the previously mentioned concepts of identity transformation and cultural conflict as well as countertransferential issues as it pertains to working with an immigrant population.

Salman Akhtar (1995) refers to the intrapsychic process of immigrants following the crisis of culture shock, as a “third individuation.” For him it demands an adult reorganization of identity and sometimes of earlier character logical development, reminiscent of the individuation process of adolescence, which resembles the separation-individuation process of childhood. This process of identity change evolves throughout the life span and is influenced by four interlinked dimensions that are likened to earlier developmental issues and the level of development that the individual has achieved (Akhtar, 1995; 1999). The first dimension refers to a struggle to differentiate feelings about the homeland and new country, and to develop a capacity for ambivalence toward both places. The second dimension involves separation via an attachment to transitional objects (e.g., native foods and music). The third dimension involves nostalgia for the homeland, that is an over idealization of memories of the past, which offsets the feelings of lost. There is mourning over losses inherent in having left one’s homeland and a fantasy to return. The fourth dimension refers to the development of a sense of “we-ness,” in contrast to a sense of difference between “mine” or “yours. This development of “we-ness” results in an appreciation and acceptance of the dominant culture and increased idiomatic fluency in the new language.

John W. Berry describes four acculturation styles that dovetail nicely with Akhtar’s notion of the “third individuation.” The clinician may find Berry’s (1990) schema useful in understanding the self-representation and identities issues of immigrant clients. The schema is as follows: **Assimilated** individuals relinquish their ethnic culture and move into the dominant mainstream culture, while **separated** individuals maintain their ethnic culture and withdraw from the mainstream culture. **Marginalized** individuals identify with neither mainstream nor ethnic cultures, and feel alienated. **Bicultural/integrated** individuals identify with both mainstream and ethnic cultures.

Bicultural individuals can appear to engage in “cultural frame switching” by being comfortable in two cultural modes. However, clinicians should not always assume that this biculturalism naturally occurs, because as Akhtar and Berry have pointed out, immigrants’ adjustment is varied. Some bicultural individuals identify with both cultures and perceive their dual cultural identities as compatible and integrated (Benet-Martinez, Leu, Lee, & Morris, 2002). These individuals can engage in cultural frame switching by enacting social behaviors consistent with the cultural demands of the situation. Other bicultural individuals perceive the mainstream and ethnic culture as highly distinct, separated and oppositional. These individuals may experience dissociated, oppositional cultural identities, where internal conflict influence their ability to engage in cultural frame switching.

Seeley (2000) alerts the clinician that as individuals migrate across the ethnic and national borders, they develop person-specific cultural identities that have shaped their psychologies and are different from the standard Western ideologies. Therapists must be prepared to understand that these clients bring with them cultural constructions of emotional instability and healing. Mutual misunderstandings in the dyad may lead to premature terminations, misdiagnoses, culturally inappropriate interventions, and fragile treatment alliances. In addition, she points out that presenting problems could be cultural in their content (i.e., where a crisis arises from acculturation difficulties), or in their formal properties (i.e., concrete and circumscribed problems that are externalized). Seeley (2000) points out that the concept of the self as internally cohesive and consistent across contexts is a Western configuration. However, in intercultural interactions, patients will present different cultural selves to the therapist at different therapeutic intervals. The therapist must consider the historical past, cultural ideologies and ethnic identifications of the client.

The therapist’s Western value system, academic
theories, practice orientations, personally driven idealizations and prejudices toward ethnic groups, and personally driven biases about one’s ethnicity encompass what is termed, “cultural countertransference” (Perez-Foster, 1999; see also Grey, 1993). Clinicians must work actively with these countertransferential feelings. Perez-Foster (1999) elaborates this concept by pointing to aspects of the communication within the therapeutic dyad that operate in cross-cultural clinical situations, such as anxieties, fears, biases and misunderstanding when working with the clients that come from culturally different backgrounds. These communications may highlight the therapists’ or the clients’ projections and distortions that limit, or prematurely end the clinical work. Importantly, open discussions about these issues in the treatment should be well timed, unfolding within the natural flow of the clinical work and best within the context of already strong and trusting relationships.

This review introduces the reader to the complex process of understanding and working with an immigrant population. The dimensions elucidated by Akhtar provide a familiar psychological framework for encouraging growth and the interpretation of a new identity when a person is transplanted to a new land. Berry’s schema inform clinicians about the delicate balancing act that bicultural individuals engage in intrapsychically. Fundamental to this increased awareness of these identity processes of the immigrant client is a concurrent awareness of the clinician’s own subjective experiences in the therapy room.

The general thrust of this discussion is that the process of immigration is not just an adjustment in reality but an intrapsychic process that is linked to cultural sensibilities and an object related scheme of development.

**REFERENCES**


Winnie Eng is a Postdoctoral Fellow at the University Counseling Service of New York University.

**LIAISON TO CAPP AND IG**

This report summarizes the Integration Group (IG) and Committee for the Advancement of Professional Psychology (CAPP) meetings held January 30 and 31, 2004. The new CAPP co-chairs are Jean Carter and John Corrigan. They bring a new style to the meetings. A major feature was breakout sessions made up of small groups to discuss important practice issues. Each small group reported their ideas back to the committee for further consideration. I believe this process will provide a greater opportunity for liaisons and observers to participate. Most likely, this will be a procedural advance towards more openness and inclusiveness which will serve the Division well.

The January meeting was the first meeting I co-chaired with Stan Moldawsky. I am trying to bring a similar openness of discussion to the IG meetings.

In my reports to the Division I alert the membership to issues that are under consideration in CAPP which are relevant to our Division. For example, the Committee on Professional Practice and Standards is going through a process of revising the Record Keeping Guidelines. It is important that this committee know our views. Therefore, David Ramirez (President-Elect) has written to the committee on behalf of the Division.

At the January meeting CAPP directed Practice Directorate staff to study the following issues:

1). Telephone therapy (this also includes supervision by telephone) issues. These issues concern licensure in various states; correct CPT code for insurance benefits; ethical guidelines and other legal and regulatory issues such as privacy and confidentiality of telephone sessions. The Practice Directorate can help us with these types of issues.

2). The neuroscience perspective on psychological disorders. Some people are concerned about whether ADHD is primarily a brain disorder or a psychosocial disorder. This is part of a larger issue having to do with the medicalization of psychological disorders and frequent use of medication and

**MARTIN MANOSEVITZ, PhD, ABPP**
disregard for psychotherapy. This is an extremely complex issue with many facets. As psychoanalytic psychologists, we must be alert to this debate and contribute what we know about the psychodynamics of various emotional problems and learning dysfunctions.

Ron Levant, APA President-Elect is getting an early start on his Presidential initiatives. Some of his initiatives are especially relevant for us and he needs help implementing them. One of his major initiatives is evidence based therapy. At our Spring Board meeting he presented, some of his ideas about the issue. Diane Halpern, President of APA, had her initiatives distributed at the CAPP meeting.

We were reminded that psychologists give very little money to our political action committee. The APA Practice Organization is now collaborating with the Association for the Advancement of Psychology to raise funds for political action. Each of us who pay the special assessment received a letter this Winter asking for PAC contributions. I urge you to give. Not all candidates may be our favorites, but it is a way of getting access which is the key to effective legislation.

Oxford Insurance company, (this is especially important for our members in New York and New Jersey), audited and asked for money back from selected practitioners. Russ Newman wrote a strong letter with good results. Oxford returned money to the psychologists. Practice Directorate staff is now working with Oxford to get them to accept our standards for record keeping and not let them develop their own standards.

The Practice Directorate is now publishing a biweekly electronic newspaper. Each of you should be getting a copy of it. This is a new project and they would like feedback, especially suggestions for articles to feature in the newsletter. This is a place where we can push for psychoanalytically relevant articles. The electronic newspaper uses links to other material. We really want to be alert for articles that have wide appeal and are relevant to psychoanalysis. This will enable us to recommend articles for the electronic newsletter.

I encourage members to be alert in their home states to see if changes in state laws regarding privacy are being modified to drop down to HIPAA standards. This would lower the standards. for privacy and consent. Also, watch to see if your state is working to cut Medicaid benefits. Psychology is an “optional service”, and some states (e.g., Ohio, fortunately the effort failed there) are trying to cut “optional” benefits in order to cut deficits.

New York’s practice act for psychologists removed the use of extenders, i.e., psychometricians who administer the Wechsler tests. This is a big problem for neuropsychologists and those who do assessment. There is no solution in sight. However, this is a problem that needs to be resolved.

The APA Practice Directorate budget is meeting its targets. This means that the Directorate is functioning with some staff reductions and a smaller budget. Some critical needs are being met by hiring new staff. With less money and less staff, the practice directorate is doing less.

The HIPAA product made some money for the Practice Organization. The next product that is coming out is an electronic billing service that is compliant with the HIPAA transaction rule.

I encourage all Division members to alert me to issues that they would like CAPP to address. Our best vehicle for doing so is through the IG work group. Through this group, our issues can be sent on to the CAPP. It is my general impression that the voice of psychoanalytic psychologists is being heard by APA governance. This very good for our Division and its members. This is due to the fact that more of our members are becoming active in APA governance and making a difference in how APA functions.
DIVISION 39 PRIORITIES

When Diane Halpern’s term began as President of the American Psychological Association on Jan. 1, 2004, one of the first things she did was to ask all divisions and state psychological associations, through their APA Council Representatives, to survey their memberships and find out what the group considered its two or three highest priorities. These were to be shared with the other groups at APA Council meetings in February. It was part of Dr. Halpern’s efforts to break down an “us-them” mentality, as between science and practice, and have us all learn what is important to each of Council’s constituent groups and make APA work “even better” for the general good of all. We gave our report at the Council break-out groups we attended at the February meeting, and are now waiting to hear what other constituent groups reported in their break-out sessions.

How did we compile our Division 39 priorities? We had been told to use whatever means we chose to get the list of our group’s priorities. What we in Division 39 did was send out an e-mail to the entire D39 membership and to the Board. Many of those we would have expected to hear from, surprisingly, did not respond, nor did we get a tidal wave of responses (N=31). But the ones we got tended to be thoughtful, relatively detailed and suggested that we had tapped into a well that was overflowing. Because the responses did not wander all over the map, the analysis of the data was very simple. As Council Rep in charge, I reviewed the responses and made a rough tally of what I saw as the issues. At first, the plan was to have the other Council Reps also review the material, but time pressures precluded that. Had we had more time, though, it doesn’t seem that much would have been added because, as it turned out, it was quite obvious what the overriding priorities were. Even though comments often came from such different angles that they did not seem to be about the same issues, in the end three different priorities seemed to emerge clearly.

One is dealing with managed care, with special concern about the readiness with which it facilitates reliance on so-called empirically based treatments. The impact of managed care is such a broad issue that it is often not identified per se, but it is the background for many other high-priority issues, such as concern about a symptom-oriented DSM approach and other reductionistic ways of going about doing psychology. One philosophically-informed person decried these forms of “naive realism.” Within this area, probably the most pressing priority for our members is the need to topple the interest in EBTs in favor of treatment approaches that demonstrably do more justice to the complexity of the phenomena we deal with.

Another priority is increasing the understanding of what we do. We want to get out the word about psychotherapy in general, and psychodynamic approaches in particular, including the vast variety of socially relevant topics we engage with psychoanalytic sophistication, e.g., issues of global environmentalism, diversity, cost-effective treatment approaches, trauma interventions, etc. We want to get this out not only to the general public but to the professional public as well, especially including other psychologists. There is of course a marketing aspect to this, but it is also seriously educational. We are eager to be better known to our psychology colleagues, and even to each other, so that we are united by our commonalities rather than divided by theoretical allegiances. We want to help the media cover us, to be sure we are represented not only accurately but more often—in fact, whenever there is an opportunity.

Then there is the high priority given to care and tending of our own professional growth. Some of the suggestions here were specially psychoanalytic, but equally they had to do with creating a more welcoming environment within psychology and APA. Suggestions took many forms, from asking for CE credits for attending meetings and conventions, continuing to improve our journal, setting up listserv clusters to reduce professional isolation (for example, for analysts in rural areas, or in university counseling centers, or other settings that wander from the traditional but outdated model of urban private practice), to including psychoanalytic ideas in schools and graduate schools, and reaching out across theoretical schisms to each other and—more important—to our colleagues in other forms of clinical psychology.

In sum, we have one specific priority right now, and that is to stop the push for EBTs. We see that as related to the damage caused by managed care approaches, and we want our professional organizational homes to help us with that. Beyond that, what Division 39 wants is what we all want: an organizational home with two faces, that provides us, facing inwards, with a secure base for continued professional improvement and, facing outwards, presents our work effectively to those we want to serve.
The Council of Representatives Meeting:  
February 20-22, 2004

We have five Division 39 representatives to APA Council. They are (in alphabetical order): Judie Alpert, Neil Altman, Harriette Kaley, Bertram Karon, and Bryant Welch. Laurie Wagner replaced Bryant Welch at this meeting. In addition, Neil Altman arranged for Elizabeth Fritsch from Washington, DC to replace him on Saturday, when Neil could not be present. Bert, Bryant, and I are the senior members, which means that we are in the final years of our terms. While I undertook responsibility for preparing the minutes for this meeting, Neil, Harriette, Bert, and Laurie provided input. Highlights of the meeting are presented below.

Diane Halpern, President of APA, scheduled two breakout sessions during the 2-1/2 day meeting, with seven groups each time. Each council member was assigned to a group. Within that group, each member presented three priorities, identified by his or her constituency (division or state association). In order to determine Division 39 priorities, Harriette Kaley sent an email to the Division 39 membership and then summarized the results. Based on this, Division 39 representatives presented the following division priorities: 1) practice concerns and specifically concerns around managed care, the increased reliance on "empirically-based treatments," and other narrow emphases; 2) marketing and specifically increasing understanding of what we do both to other mental health professionals as well as to the public (e.g., educating others about our socially conscious professional activities; clarifying what is involved in psychodynamic treatment, etc.); and 3) professional growth, and this includes suggestions such as receiving CE credits for attending meetings and conventions, listservs to reduce professional isolation, etc. Harriette Kaley will summarize this survey more fully in another report. Many of the entities in the breakout groups I was in reported some version of these three priorities.

The second breakout group focused on facilitating communication and familiarity between council representatives and APA Boards and Committees (e.g., Board of Directors, CFSC, Publications and Communications, Governance Affairs, etc.) These breakout groups with representatives from different boards and committees will continue at future council meetings.

APA President Diane Halpern also discussed her three presidential initiatives: 1) work-family interactions, with a plan to facilitate the development of data-based recommendations for policy makers, employers and families; 2) retiring psychologists; and 3) prejudice and, in particular, the translation to many languages of materials concerning prejudice.

A good deal of time was also spent on issues concerning Raymond Fowler’s retirement package. Ray Fowler was APA’s chief executive officer from 1989 until his retirement in December of 2002. Recently, as part of reporting on top salaries at Washington trade and interest groups, the National Journal and the Washington Post reported that Dr. Fowler was paid slightly more than $2.2 million in 2002. The figure was misleading in that it seemed to report one year’s salary when, in fact, it reported Dr. Fowler’s retirement package in the year when it was given, including accumulated benefits and deferred compensation. His actual compensation (salary and benefits) for 2002 was $364,172. This issue was discussed at Council as well as in executive session. APA has prepared a statement on Raymond Fowler’s retirement package and it is appended.

One item that was passed has already received a lot of press. It concerns the APA policy calling for restrictions on advertising during children’s programming. In brief the resolution called on federal regulators to restrict advertising aimed at children age eight and under, citing research that shows that children accept a commercial’s claims without question.

Laurie Wagner, mindful of the priorities expressed by Division 39 members, proposed an amendment regarding “evidence-based practice,” and by doing so sparked a lively debate. The term “evidence-based” was used throughout a resolution regarding children’s mental health. Harriette and Laurie both rose to speak against the terminology. Laurie’s amendment, which provides a broad based definition (“Evidence-based practice involves the integration of best research evidence with clinical expertise and patient values”) passed overwhelmingly. The support the amendment received made it explicit that the council representatives did not support a narrow and constricting definition of “evidence-based practice” in this resolution on children’s mental health. Harriette Kaley, Chair of the Committee of Structure and Function of Council (CFSC), was responsible for introducing helpful changes in the way new members were initiated into Council as well as in the way the meeting was conducted. As a result of efforts like these, Division 39 is becoming an “household term” within APA.
TRAUMA INTEREST GROUP

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. While there are many divisions that consider trauma, most of these divisions are either more practice-oriented or more science-oriented. The proposed division would enable scientists and practitioners to work together. At the same time, a trauma focus would continue in the other divisions where it currently exists.

We need approximately 800 signatures in order to move toward establishing a division. Presently, we are 150 signatures short. Thus, my request: please print multiple copies of the signature sheet which appears in this newsletter and ask APA members to sign it and mail it to me. While Terry Keane (Division 18, Psychologist in Public Service) and I (Division 39, Psychoanalysis) initiated the effort to establish the division, almost every division has representation and has been involved in some way. Our division has spearheaded this effort. Clearly, we are leaders in trauma and in the effort to promote coordinated work between science and practice. We have been working on establishing a Division of Trauma Psychology since 1999. Although we are close, we’re not there yet. Please help.

In order to introduce you to the proposed division, I 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 (not all!) 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, Laura Barbanel, 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, and Sari Dworkin. 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: As the Division 39 (Psychoanalysis) Council Representative, I attended the February 1999 APA Council meeting. Hearing very little about trauma on the floor of Council, I 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 join us for lunch. APA staff members Drs. Gwen Keita (Women’s Program Office) and Sarah Jordan (Divisions Services) provided support.

During that lunch meeting, we developed a questionnaire, which 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. What we learned is that many divisions, state associations, as well as central office are engaged in activities related to psychological trauma and PTSD. Nevertheless, there is no coordinating structure that disseminates information about the activities engaged in by central office, the divisions, or the state associations. 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. Most of these meetings have been co-sponsored by several divisions. Division 39 has been a co-sponsor at every meeting. 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 not as one that would obviate the need for such a
focus within other divisions where it currently exists, but rather 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 Courtois, Bob Geffner, Terry Keane, Katherine Kendall-Tackett, Dean Kilpatrick, Laurie Pearlman, Kay Saakvitne, Peter Sersh, Shilpa Taufique, Harry Wexler) was established.

Development of a Trauma Listserv and Other Means Of Communication: (Shilpa Taufique and Judie Alpert, Chairs) The Trauma Interest Group has a listserv, which is administered by Shilpa Taufique. Thus far the list-serve 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 list-serve, e-mail me at Judie.Alpert@nyu.edu. Identify the item as: “Join Trauma List-serve.” We would be delighted to have you join the listserv.

Sponsoring a Hospitality Suite: Every year (since 1999), we have hosted a hospitality suite which Division 39 and other divisions have co-sponsored.

Organizing a Mini-Convention: 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. This website is now up and running. Laura asks that we send her information on books we’ve recently written and/or links to our own websites. www.geocities.com/traumainterestgroup/

How can I help? Please print multiple copies of the signature sheet which appears in this newsletter and ask APA members to sign it and mail it to me. While Terry Keane (Division 18, Psychologist in Public Service) and I (Division 39, Psychoanalysis) initiated the effort to establish the division, almost every division has representation and has been involved in some way. Our division has spearheaded this effort, and other divisions within APA are now recognizing us as a leader in trauma and in the effort to enable science and practice to work together. We have been working on establishing a Division of Trauma Psychology since 1999. Although we are close, we’re not there yet. Please help.
FOR APA MEMBERS

DIVISION OF TRAUMA PSYCHOLOGY

A NEW PROPOSED DIVISION OF THE
AMERICAN PSYCHOLOGICAL ASSOCIATION

MISSION STATEMENT
Traumatic stress may well be the single most important behavioral health problem facing people today. It is a major factor in the health and well-being of people who have endured 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, certain medical and surgical procedures, etc. Yet scholars and practitioners interested in research, prevention, and treatment do not have a common forum within APA to share their knowledge. We do not have ready access to the research methodologies and findings of others working in relevant areas.

The purpose of the proposed APA Division of Trauma Psychology 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. We envision the new Division of Trauma Psychology not as one that would obviate the need for such a focus within other divisions where it currently exists, but rather one that would allow for cross-fertilization, broader support for psychologist researchers and practitioners, and the resulting greater growth of assistance to people in need of it.

In order to establish this new division, we need to collect signatures of APA members and fellows. **By signing this form, you agree to the following:**

To maintain a continuing interest in the division
To accept membership in the division if it is established
To pay membership dues of $15 for the division if it is established (you will be billed automatically)

Please provide the following information.

APA Membership Status (check one):  _____ Member  _____ Fellow

Name (please print):  ____________________________________________

Address (please print):  ____________________________________________
                      ____________________________________________
                      ____________________________________________

Membership Number (if known): ____________________________________________

Signature:  ____________________________________________

NOTE: Return this form by mail, send to: Judie Alpert, PhD, New York University, Department of Applied Psychology, 239 Greene Street, 5th floor, New York, NY  10003
Representative to the APA Business of Practice Network

Steve Axelrod, PhD

As the new Division 39 representative to the APA Business of Practice Network (BOPN), I attended my first meeting of this national group at the APA State Leadership Conference in Washington March 13 and 14. The BOPN was instituted in the late ’90’s and for the past 5 years has focused on advancing the Psychologically Healthy Workplace Awards (PHWA) on the state level. The PHWA program is currently up and running in 34 states, and the BOPN has 55 from the states and APA divisions. In 2003 the APA launched a “Best Practices” awards program to give the psychologically healthy workplace initiative national visibility. Further description of the PHWA program can be found on the APA Practice Directorate web site www.apapractice.org.

The PHWA is an exciting opportunity to raise the profile of psychology as contributing broadly to people’s health and well-being in the workplace. The focus of the BOPN is on action at the state level—public information, recruitment of companies to apply for the awards, site visits, evaluation procedures, and awards ceremonies. States develop their own programs but generally look at four dimensions of psychological health in the workplace - employee involvement, employee growth and development, health and safety, and family support. The BOPN is currently evaluating these criteria and the research that relates to psychological health in the workplace.

As the Division 39 representative I bring a depth psychological perspective along with my organizational consulting experience to this evolving program. I think this is a good time to show how a psychoanalytic view can add value to the program. I would encourage Division 39 members who are active in corporate/organizational work to contact me, first so we can gauge how many of us there are in the division and second so I can begin to get your ideas and input. I can also help you get involved in the PHWA program in your state. Contact information: email: sdaxel@aol.com or by phone at (212) 633-0077.

Awards and Competitions

Stephen A. Mitchell Award: Papers are invited for the third 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, 2004, and presentation of the paper will be at the 2005 Spring Meeting in New York City. 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

Deadline: July 1, 2004

Section III Dissertation Grant: A $500 grant will be awarded yearly for the support of a dissertation in keeping with the mission of Section III, to promote research and theory concerning gender and women’s issues, to advance the psychotherapeutic treatment of women, and to advocate on behalf of women’s issues. The Section has an additional focus on contemporary social issues. Any doctoral student whose dissertation proposal has been approved is eligible to apply. The application will consist of three (3) copies of a letter, not to exceed two double-spaced pages, describing the dissertation and its relationship to the interests of the section and proof that the proposal has been approved. (Faxes and emails are not acceptable.) Applications will be judged on: Relevance of the topic to the Section’s mission, importance of the contribution to the field, and likelihood that the dissertation will be completed in a timely fashion. The winner will be announced at the Section III reception at the Annual Spring Meeting of Division 39 and, upon completion of the dissertation, will be invited to participate in a conversation hour sponsored by the Section. Send application to Toni Vaughn Heineman, D.M.H., 2481 Clay St., #201, San Francisco, CA 94115

Deadline: January 1, 2005
SECTION REPORTS

SECTION I: PSYCHOLOGIST PSYCHOANALYST PRACTITIONERS

Section I was actively involved in the recent Division 39 Spring Meeting in Miami Beach. Saturday afternoon the invited Section I panel, Is the Unconscious Culture Bound?, was presented by Mary Beth Cresci, Albert Brok, and Allan Frosch. Dr. Brok presented a paper, “The Unconscious and Culture: Whose Internal World is It Anyway?”, on the relationship of culture and language to unconscious contents and processes. Dr. Frosch presented a paper, “The Culture of Psychoanalysis and the Concept of Analyzability,” on the role that internal dynamics play in the construction of psychoanalytic theory and culture. Cresci discussed the two papers.

On Saturday night the Section held its reception. Joseph Reppen and Lorraine Goldberg were presented Service Awards for dedicated service to the Section. Dr. Reppen is a past President of the Section and was the Section Representative to Division 39 for many years. Dr. Goldberg was the Section Secretary for many years.

Section I events are also “in the works” for the future. The Section will present an invited panel at the 2004 APA Convention in Honolulu, Hawaii. Maurine Kelly, Mary Beth Cresci, Johanna K. Tabin, and Batya Monder will present a panel entitled, Psychoanalytic Perspectives on the Treatment of Older Women. The Section also is planning a presentation for the Philadelphia Society for Psychoanalytic Psychologists over the Columbus Day weekend of 2004. Tentatively, the topic will involve the interface between psychoanalysis and cultural diversity. Section I panels are also planned for the 2005 Division 39 Spring Meeting in New York and the 2005 APA meeting in Washington, DC.

SECTION V: PSYCHOLOGIST PSYCHOANALYST CLINICIANS

Section V sponsored a well attended panel The Enhancement of Developmental Models through Infant Mental Health Research and Theory: Implications for Clinical Practice. Robert Prince, K. Mark Sossin, Phyllis Ackman, Gerard Costa, and Anni Bergman (in absentia) participated, with lively discussion from the floor. At the Section V reception later, prizes were awarded for the best essays on “Meeting the World as a Psychoanalytic Psychotherapist,” this year’s Morton Schillinger Essay Competition. Sally Bloom-Fessbach won $1000 for “Some Thoughts on the Loss of a Spouse” and Fern Cohen $200 for “Attachment is Where You Find It.” Ghislaine Boulanger also presented the $250 award to Gabriella Serruya for best student essay on discovering the unconscious, “Enchantments and Hauntings.” David Lichtenstein’s 2001 winning essay, “Appearance of the Other” has been published in D. Moss, Ed., Psychoanalytic Essays on Racism, Other Press (2003) and will be part of a special issue of Psyche in German. All of these are on the Section V website, www.sectionfive.org.

SECTION VIII: COUPLE AND FAMILY THERAPY AND PSYCHOANALYSIS

At the recent Miami meeting of Division 39, March 17-21, 2004, members of Section VIII participated (in addition to the invited panels and papers) through two novel forms. During the pre-conference offerings, current president Gerry Stechler presented a full-day continuing education workshop on affect-based couple therapy. Later, during the regular meeting time, past president Carolynn Maltas led a continuous case seminar in three 90-minute discussions on three successive days, focused on a couple she has been treating. We are now evaluating the feedback from these teaching efforts to determine the best way to present our specialty to a wider audience within a limited time-span. This is of particular relevance to us in light of the rapidly increasing call for psychoanalytic couple therapy that is now being filled largely by well-trained psychodynamic individual therapists.

In the same vein, over the past year or two, brief weekend or one-day workshops in couple therapy were delivered at three local branches of Division 39 by Gerry. The board of Section VIII is now planning to explore the level of interest other local branches may have for similar offerings. If that interest is substantial, we will develop a
roster of skilled teachers who can bring these presentations to locales around the country.

For our own membership we conduct ongoing learning exercises, organized by Justin Newmark, chairman of our Education and Training Committee. At regular intervals someone posts a clinical vignette on our listserv for our members to discuss. A summary of these discussions is then put on our website. In addition, about three times a year a key article is sent to all members, followed by a month-long open discussion on the listserv.

Our newsletter, edited by Antonia Halton, is published twice a year with each issue built around writings on a selected topic, as well as news of section and member activities.

Larry Brown, our webmaster, is now preparing to make all of this accumulated work, the clinical vignettes, the on-line discussions of articles, the newsletters, and other archives permanently available via the Section VIII website.

The first winner of our annual prize of $500 for the best dissertation proposal related to the topic of psychoanalytic couple or family therapy is Nancy J. Blair, California School of Professional Psychology, San Diego, Alliant International University, for her thesis, “Patterns of Connection and Separateness in Couples: An Exploratory Study.”

Beyond the boundaries of clinical and scientific interests, our membership is showing more and more involvement in outreach activities. We discussed this topic at our reception and conversation hour at the recent Miami meeting. We have begun to stimulate further learning and activity in this area by using our listserv to post and discuss the considerable outreach experiences of our membership, and the next issue of the newsletter will focus on psychoanalytic outreach.

Join us in Hawaii this summer for more interesting learning experiences. We will have a fine panel on gender issues in psychoanalytic couple therapy, on Friday, July 30, at 8am, and a reception and conversation hour on ethics in couple therapy, on Thursday, July 29, from 1 to 3pm, in the Hospitality Suite.

Section IX had a very successful panel at the Division 39 March 2003 meeting. The papers, which presented clinical case material as well as theoretical perspectives on “Being a Clinician in Contemporary America: Class, Race and Politics in the Consulting Room” drew a sizable audience that participated in an exciting exchange about how in today’s world, social and political realities are increasingly impacting on psychic reality. Panelists and audience members dialogued about the new challenges for psychoanalytic practitioners in the current period. One of the central questions we addressed was how psychoanalysts respond to the political and social concerns of patients. Specific clinical experiences provided by panelists stimulated a lively discussion about how we respond to patients whose content is explicitly about “external reality,” for example, do we do so by responding to the material on its own terms or by interpreting it as merely a reflection of symbolic meaning, intrapsychic process or transference significance? We plan to expand this discussion at next year’s Division 39 Section IX Invited Panel.

To continue this dialogue during the upcoming year, Section IX is offering a special course on “Culture and Psychoanalysis” to our membership. Each month the Board of Section IX will be initiating a discussion based on one article from a course syllabus developed this past year by our Education Committee. Anyone who is member of the Section is invited to participate in these monthly discussions of themes related to gender, class, race and politics in the clinical setting and the transference/countertransference relationship. We look forward to this exciting peer educational experience and encourage you to join Section IX and to participate with us. We hope that this important course will be introduced into psychoanalytic training programs as a regular part of the didactic offerings to candidates. To join Section IX, please contact Neil Altman at neilaltman@hotmail.com

Section IX: Psychoanalysis for Social Responsibility

NANCY C. HOLLANDER, PHD

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LOCAL CHAPTERS: Appalachian Psychoanalytic Society

A PS had had a very successful program year under the leadership of our current president, Chris Hebb, with two excellent all-day conferences and many other programs designed to meet the diverse interests of our members. One of the important innovations in recent years has been our outreach to the graduate student community. Although we have always had strong participation from among the students, over the last few years we have found that we can reliably count on 10-20 graduate students at every event. One tip for other chapters: think free food and free booze! And, oh yeah, free presentations.

Our programs this year have included Nancy McWilliams, who came to us for our Fall Conference, and Françoise Davoine and Jean-Max Gaudilliere, who presented at our Spring Conference. In between, we have had presentations on “Jungian Therapy,” by Kathryn White, “Attachment Theory,” by John Auerbach, “The Impact of Patient Suicide,” by Jane Tillman, and “The Concrete Attitude,” by Antonio Virsida. Joyce Cartor gave an excellent talk on the implications of working on an outpatient basis with highly troubled individuals. Diane Humphreys-Barlow and Gale Johnson led a seminar on ethics. Mike Nash, Jeff Borckhardt and Mark Moore led a seminar on psychotherapy research.

During the Tennessee Psychological Convention in November, APS continued its tradition of offering a day-long symposium. This year, the theme of the conference was self psychology with Scott Glass and Laurie Giberman providing excellent perspectives on work with underserved populations. Paul Lerner, one of the founder of APS 15 years ago, served as “anchor” for this presentation and was presented the Hans Strupp Award in recognition of his contributions to psychoanalytic training, research and practice.

CONNECTICUT SOCIETY FOR PSYCHOANALYTIC PSYCHOLOGY

The Connecticut Society for Psychoanalytic Psychology continues to thrive, offering a variety of opportunities for collegial exchange of ideas and clinical experience. Thus far this year we have sponsored three very well received scientific programs. On October 22nd, Barbara Pizer presented “Passion, Responsibility, and ‘Wild Geese’; Creating a Context for the Absence of Conscious Intentions” in which she discussed the relational concept of the “analytic third,” a concept analogous to Winnicott’s concept of transitional space as exemplified by her introduction of poetry into a psychoanalytic treatment. Her paper sparked lively discussion about the implications of her creative, but unorthodox approach.

Later in the fall Muriel Dimen presented an evocative paper entitled “Sexuality and Suffering, or the ‘Eew!’ Factor” in which she used a relational perspective to explore the interrelationships among sexual suffering, abjection, disgust, shame, and hatred. Discussion focused on the clinical challenges posed by countertransference responses to such disturbing and disavowed aspects of sexuality.

Most recently, on March 6th, Kirsten Dahl presented “‘The Dog Did Nothing in the Night’: Patient Collusion with an Impaired Analyst.” Her paper is a remarkably forthright and cogent reflections by an analyst of an inaccessible countertransference response to her own debilitating physical impairment and the impact of such denial on the treatment process. Dr. Dahl’s insight and openness elicited a response in-kind from her appreciative audience.

Following our tradition of collaboration with other psychoanalytically interested professional organizations, we will jointly sponsor a conference with both the Connecticut Society of Clinical Social Work and the Connecticut Psychological Association on April 3rd. Presenters Suzanne Weill and Martin Livingston will speak on “The Journey Toward Intimacy: Vulnerability, Yearning, and Loss in the Extramarital Affair and Chronic Marital Conflict.” Irwin Hirsch will lead our discussion.

We also look forward to our final scientific program of the year to be held on April 17th. John Auerbach, an esteemed former member of CSPP, will visit us to present his recent work. His paper is entitled, “Developments in Attachment Theory: Implications for Psychoanalysis.”

In addition to these organization-wide programs, CSPP sponsors regional meetings typically held at the home of a member. These “mini-meetings” are intended to be smaller and more informal than our scientific meetings, and are predominantly clinically oriented. In the fall, Douglas Bunnell organized a discussion on eating disorders for our Fairfield County members. This spring our New Haven County members will hear Steven Atkins on the topic of schizoid phenomena.

We were pleased to recognize the special achievements of three of our members. Virginia Shiller has
recently published her book, *Rewards for Kids! Ready to Use Charts and Activities for Positive Parenting*. Dr. Shiller’s book integrates behavioral and psychoanalytically informed understanding of child development in order to help parents to motivate change in their child. Well-known author Maggie Scarf’s “Secrets, Lies, Betrayals: How the body holds the secrets of a life and how to unlock them” is expected to be available sometime this year. Our newsletter editor, Carol Mahlstedt, has received the Connecticut Psychological Association Annual Award for Distinguished Contribution in the Public Interest in recognition of her many volunteer activities in the community.

In an ongoing effort to maintain our accessibility to our colleagues and to increase awareness of psychoanalysis in our community, we embarked on two projects this year. The first, the redesign our organizational brochure, has been recently and quite felicitously completed. Just under way is our newest endeavor, the development of a CSPP web site that will allow us another means of disseminating information about our organization.

## THE RHODE ISLAND ASSOCIATION FOR PSYCHOANALYTIC PSYCHOTHERAPIES (RIAPP)

RIAPP is the only organization in the state where those interested in psychodynamic psychotherapy and psychoanalysis can come together to provide support to each other as we learn. Our emphasis is on a comparative approach. Because we have no psychoanalytic institute to provide educational programs, we have focused on offering such programs. Highlights of our monthly lecture series have been presentations by Jonathan Slavin on sexuality and agency in psychoanalysis, Stephen Schlein on Erik Erikson, and Anna and Paul Ornstein on self psychology.

We are looking forward to our Spring Conference, which will feature David Shapiro. Dr. Shapiro, whose work over several decades has been focused on neurotic styles and on character, will speak on May 1 on the relationship between character and psychotherapy.

RIAPP has begun having an annual dinner meeting. This has been successful in attracting people who have not regularly attended other meetings, as well as providing a place for our members to get to know each other better. Recognizing the importance of interesting graduate students in psychodynamic work, our Board has been considering how to encourage them to participate in the organization.

## SAN DIEGO SOCIETY FOR PSYCHOANALYTIC PSYCHOLOGY

Last month our Society spent an exciting day with Charles Spezzano from San Francisco. In the morning we discussed: “How does one know what to say to patients? Gathering evidence for interpretations.” Charles described the relational aspect of gathering evidence, and in the afternoon we looked at clinical material from a relational perspective.

Our other out of town speaker this year was William Hans Miller from Los Angeles who talked about compulsive caretaking. Hans described new ways of treating those patients who feel compelled or required to take care of others even at their own expense. Many therapists fall into this category.

Within our own ranks we found much local talent. Hollis McMillan discussed her paper on dissociation and connection, “Unseen: Psychoanalysis, the Couch, and Dissociative Defenses.” Holly pointed out that dissociated states often go unrecognized on the couch, and she showed how to recognize subtle shifts in affect states that signal dissociation.

Jill Weckerly did double duty. In one presentation with her coworkers Sherry Hartwell and Ruth Newton, she reported on the latest in attachment theory research with their paper “Perspectives on Attachment: From a Secure Base to Mental Representations.” Later in the year Jill presented her own work on “Mood Disorders in Children and Adolescents—What’s in a Name?” She pointed out that how we conceptualize disorders, and how we talk about disorders with our clients, has an impact on our clients and is at the heart of the therapeutic process. She gave us much to think about.

Next month Rita Kahn from Berkeley, will present a provocative paper: “Long Term Psychotherapy—The Terminable Patient.” She will discuss the shame therapists often feel when treating patients over a very long period of time.

While the San Diego Society for Psychoanalytic Psychology continues to be a center for contemporary psychoanalytic intellectual inquiry, we have few Division 39 members. Perhaps the Division needs to reach out more as we have much local talent available.
DIVISION OF PSYCHOANALYSIS
BOARD OF DIRECTORS MEETING
AUGUST 8, 2003, TORONTO, CA

Present: J. Darwin, President; J. Slavin, Past President; D. Ramirez, President-Elect Designate; Council Reps: N. Altman, B. Karon; Members-at-Large: M. Cresci, D. Morris, M. McCary, L. Zelnick, M. Gerson, L. Pomeroy. Section Reps: A. Brok, VII; S. Shimmerlick, VIII; G. Gerber, VI; M. Kelly, III; A. Corn, IV. Also attending W. MacGillivray, L. Barbanel, F. Goldberg, D. Debiak, S. Pytluk.

I. Call to Order: President Darwin called the meeting to order at 9:04 am.

II. Proxies: The following proxies and substitutes were submitted prior to the meeting: Proxies: B. Karon for B. Welch; A. Corn for M. Lionells; N. Altman for J. Alpert; L. Pomeroy for H. Seiden; M. Cresci for D. Ehrensaft; L. Zelnick for J. Reppen; A. Brok for M. Jacobs in the am and D. Debiak for M. Jacobs in the pm; A. Brok for M. Kelly in the pm; J. Slavin for N. Altman in the am. Substitutes: D. Ramirez for M. Manosevitz; F. Goldberg for H. Davis; W. MacGillivray for N. McWilliams; L. Barbanel for H. Kaley

III. Draft Minutes of April 4, 2003 Board of Directors Meeting

Motion 1: To approve the draft minutes of the Board meeting of April 4, 2003 as submitted. Action: Passed

IV. Information Items


2. International Psychoanalytic Association 2004 meeting venue: Dr. Darwin apprised the board of the events surrounding the IPA meeting date change, which coincides with the Division 2004 Spring Meeting. A short discussion was held.

3. Section Programs – Dr. Darwin apologized for Section program listings in the Toronto Program Brochure. She reminded the Sections that if they chose to cancel programming, they must let the Division know as quickly as possible.

4. Report of Invited Panel at the Canadian Psychological Association: Dr. Slavin offered a brief overview of the panel he was part of at the Canadian meeting. He reported that the experience was very positive.

5. Steering Committee for the Working Group on Psychodynamic Approaches to Classification (Psychodynamic Diagnostic Manual): The Division is participating in a project spearheaded by Stanley Greenspan, M.D., to create a psychodynamic diagnostic manual. Dr. Karon is participating in the Outcome Research Subcommittee and spoke about the success of their first meeting via conference call.

IV. Budget Update

1. Report on Budget Matters: Dr. Ramirez, in Dr. Manosevitz absence, gave a brief report on the financial status of the Division. He indicated that the fiscal situation was as expected. Expense lines are within range of what was anticipated.

2. Comp Issues for Spring Meeting Attendance: Dr. Slavin informed the board of the current policy for complimentary registrations for Spring Meetings. Since 1996 members of the Steering Committee of the program committee in the local area have received complimentary registration. Complimentary registrations are given to speakers, invited by the steering committee, who are not APA members, and graduate students who work as monitors at the meeting.

Motion 2: To empower the EC to set up guidelines for waiving registration fees for the Spring Meeting Steering Committees. Action: Passed

Sections and Committees are reminded that they are responsible to either pay for their speakers or inform their speakers of the requirement to pay registration.

V. APA Practice Directorate Update: Dr. Russ Newman updated the Board on the activities of the Directorate. His update included the HIPPA issue. At some point they will do a survey regarding compliance. The next step in the process is the transaction rule—with a compliance date of October 16. Transaction rule is different than the
privacy rule. It requires that if you do electronic claims submissions to 3rd party providers you must place information in that claim in a standardized process. Insurance companies will be required to accept those claims that contain the standardized information. Dr. Newman believes many insurance companies would eventually require electronic format for claims submission.

He also discussed the proposed merger that Blue Cross was involved in Maryland and Virginia. The merger was rejected and in the lawsuit, Blue Cross settled, and did not force APA to waive their right to appeal. He summarized the progress in that lawsuit and the next steps.

VI. Old Business
1. Ad Hoc Committee of Scope of Practice in NY State: Dr. Darwin reported that the Ad Hoc committee now has 140 people interested in forming a division of the New York Psychology Association. Dr. Goldberg reported further on the efforts to establish this division.

2. Section Membership Quotas, Reporting and Representation Policy
   a. Section III – Now has enough members and regained their voting right on the board.
   b. Section VI - Now has enough members and regained their voting right on the board.
   c. Reporting: December 1st of each calendar year, all Sections must report their numbers. If a Section loses it’s vote, it must submit a full list 30 days prior to the meeting they wish their vote to be restored.

3. Internet Issues
   a. Website and LISTSERV policy – Dr. Zelnick reported on the progress of the new website and solicited feedback from Board members regarding the website. He will investigate other upgrades to the site, cost, time frame, etc. and bring a report back to the Board. Dr. Zelnick discussed internet policy and reported that his committee will continue to make editorial judgments with the participation of the Division Officers. The next issue will be how to handle information online requested by outside organizations or individuals. Dr. Zelnick will talk with the chair of the Publications Committee to explore bringing the Internet Committee under the umbrella of the Publications Committee.
   b. PEP CD ROM – 17 people purchased the PEP CD ROM.
   c. AOL problems – Dr. Darwin explained the problem with AOL users and the list serve. Members on other servers indicated they were also not receiving list serve information. Dr. Darwin will continue to pursue a resolution to this problem through the assistance of APA.

VII. New Business
1. Division Bylaws Concerning Proxy Votes at Board Meetings – Dr. Darwin reported to the Board that because the Bylaws were silent regarding proxies the Division’s de facto practice about proxies was not permissible. She reminded the group of the current use of proxies for meetings. She raised for the board several options to consider. If the division wishes to continue to have proxies, a Bylaws change would be necessary.

   Motion 4: To change the Bylaws to allow for assignment of one proxy vote and/or substitute at Division meetings – with no more than one proxy vote per person attending. Action: Failed

   Substitute motion: To change the bylaws to allow board members who are unable to attend all or part of a meeting, appoint a substitute for the entire meeting. Action: Failed. 3 yes; 17 no; 1 abstention.

   Main Motion 5: To change the bylaws so that a board member who is unable to attend any portion of the meeting may appoint a division member to serve as a voting substitute. Action: Passed. 19 yes; 5 no

2. Name Change of SILGBT
   Motion 6: To approve the name change of the SGLBTI to the Committee on Sexualities and Gender Identities. Action: Passed.

3. Division Strategy on Evidence-Based Therapies: Dr. Darwin referred to the article written by Dr. Levant and asked the members to open a discussion on this important issue. Dr. Newman of APA had emphasized the importance of this topic within the APA. Dr. Pomeroy, President of Section VI, distributed a viewing copy of a draft of summaries of psychoanalytic research from around the world. The document will assist the Division to take a very proactive stand on evidence-based therapies. Section VI will bring back a revised document and asked for any specifics the board members would like included. The President will appoint a Task Force to present to the board an organized plan to address the issues involved for the January 2004 Board meeting.
Reports

4. Division 39 Program Issues
   a. Spring Meeting Updates
      i. March 2004 Miami – Dr. Corn updated the board on the activities and events of the upcoming Spring Meeting in 2004. She distributed a report and commented that the committee has worked to put together a strong Conference program and strong Continuing Education programming. She briefly summarized the theme and program.

      Dr. Corn also discussed the format of the new and innovative Continuous Case programs. These programs would be limited to small groups of 8-10 people per program. The committee stated the plan was to charge an additional fee for attending the Continuous Case programs and those funds would be split between the presenters and the Division. Concern was raised regarding two issues. The first issue was charging attendees an additional fee when the registration fee should be all inclusive of the conference, since these programs would be held during the Conference as a continuing education program. The second issue was the idea of paying the presenters. The policy of the meeting has been not to pay presenters.

      Motion 7: To allow CE to take place during the body of the meeting and to allow CE registrations to pay and CE presenters to pay and be paid during the spring meeting for the 2004 spring meeting with the policy to be re-evaluated by the board at the august 2004 board meeting. Action: Passed. 19 Yes; 2 No; 1 abstentions

   1) 25th Anniversary of the Division: This will be an ongoing “celebration” beginning at the 2004 Spring Meeting. Also, over the next two years Dr. MacGillivray has commitments from several individuals to write articles for the newsletter regarding events within the division over the past 25 years.

IX. Committee Reports
   1. Committee on Sexualities and Gender Identities:
      Dr. Debiak reported on the activities of his committee. Dr. Pytluk reported that the effort in cultivating a relationship with Division 44 was very successful. He hopes to continue to build on this relationship. Website links, publishing articles for the newsletter, and working on a special edition of the journal were ideas presented to continue building the relationship. He also proposed a possible joint reception next summer. Dr. Pytluk asked the board to make suggestions on other ways the two Divisions can work together.

   2. Multicultural Committee: D. Morris referred to her written report and asked the group to help her develop a strategy to increase participation. A short discussion was held regarding the Multicultural Summit to be held in 2005.

   3. Federal Advocacy: Dr. Goldberg gave a brief report and distributed an informational piece regarding the Managed Care task force on which he represents the Division.

   4. APA Council

   5. Trauma Interest Group

   6. Calendar of Events: Forthcoming Meetings of the Division
      b. 2004 APA Honolulu (7/28-8/1): Dr. Metzl, Chair (co-chair to be announced)
      e. 2006 Spring Meeting Philadelphia: Drs. Debiak and Burton, Chairs
      f. 2006 APA New Orleans (8/10-8/13): Chairs TBA
      g. 2007 Spring Meeting Toronto (4/18-4/23): Chairs TBA

X. Calendar of Events: Division Business Meetings:
   1. Executive Committee Meetings:
      c. March 18, 2004 – Miami, FL

   2. Board Meetings:
      a. January 24, 2004 – New York, NY
      b. March 19, 2004 – Miami, FL

XI. Adjournment: There being no further business to come before the board at this time the meeting was adjourned at 3:30 pm.

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Recorder: Ruth E. Helein
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Volume XXIV, No. 2 Spring 2004 Contents

FROM THE PRESIDENT
Jaime Darwin.................................................................1
Division 39 Schedule for the APA Hawaii Annual Convention, July 28-August 1, 2004............. 3
In Memoriam, Erika Fromm
Stephen Kahn and Mike Nash...........................................5

SPECIAL SECTION: Psychoanalysis and GLBT Issues
Scott Pytluk, Editor
State of the Art I
Scott Pytluk.................................................................7
Creating Allies
Judith Glassgold.............................................................10
State of the Art II
Dennis Debiak...............................................................13
Coming Out and Being Out
Shara Sand.................................................................15
The Hidden History of Gay Psychoanalysts
Mark Blechner.............................................................17
The Ambiguity of Cure: A Reappraisal of Analysis Terminable and Interminable
Michael Guy Thompson...............................................20

PSYCHOANALYTIC RESEARCH: Developmental Affective Neuroscience and Clinical Practice
Allen Schore, Editor......................................................25
The Hidden Impact of Stress in Therapy
Richard Carr..............................................................27
Healing Traumatic Reenactment: Psyche's Return From Soma's Underworld
Jane R. Wheatley-Crosbie..............................................28

PSYCHOANALYTIC BOOKS: Reviews and Discussion
Allen Schore's Affect Dysregulation and Disorders (and Repair) of the Self
Mary Pharis.................................................................33
Robert Stolorow, George Atwood, and Donna Orange's Worlds of Experience
Louis Rothschild..........................................................35
Joseph Newirth's Between Emotion and Cognition
Jeff Golland.................................................................37
Deborah Luepnitz's Schopenhauer's Porcupines
Polly Young-Eisendrath................................................39
Vamik Volkan, Garbriele Ast and William Greer's The Third Reich in the Unconscious
Nancy Hollander..........................................................41
Jeremy Safran's Buddhism and Psychoanalysis
Susan Parlows..............................................................45
Gregorio Kohon's The Dead Mother: The Work of Andre Green
Barbara Simmel............................................................48
Herbert J. Schlesinger's The Texture of Treatment
Edwin Fancher............................................................50
Marcus Bowman's The Last Resistance:
Geneva Reynaga..........................................................53
Online Distance-Learning
Farrell Silverberg........................................................55
Treatment of Adults Who Grew Up with Divorce
Stephen Denby............................................................58
ABPP: Psychoanalysis Specialty Board
Thomas Ross............................................................61

COMMITTEE AND LIASON REPORTS
Multicultural Concerns
Dolores Morris and Winnie Eng.........................62
Liaison To CAPP and IG
Martin Manosevitz....................................................63
Division 39 Priorities
Harriette Kaley..........................................................65
Council of Representatives
Judie Allpert............................................................66
Trauma Interest Group
Judie Allpert............................................................67
Membership Committee
Louis Rothschild.........................................................68
APA Business of Practice Network
Steve Axelrod.............................................................70

AWARDS AND COMPETITIONS.................................70

SECTION REPORTS
Section I—Stephen Miller.................................71
Section V—Johanna Tabin.................................71
Section VIII—Gerald Stechler.........................71
Section IX—Nancy Hollander.........................72

LOCAL CHAPTER REPORTS
Appalachian—Bill MacGillivray........................73
Connecticut—Barbara Marcus.........................73
Rhode Island—Myra Lall........................................74
San Diego—Sandy Shapiro.................................74

BOARD OF DIRECTORS Meeting Minutes..75

SECTION DIRECTORY........................................78
BOARD DIRECTORY........................................79

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