Wo Es war, soll Ich warden. Where id was, there ego shall be. Does psychoanalysis have a motto? If it did, would this be it? These have been words to ponder and to reference in theoretical papers since written by Freud in 1933, comprising a lexicographic distillation of what was generally considered the aim of the psychoanalytic process. Throughout the twentieth century, these words were considered both literally and figuratively as a kind of core coda to many psychoanalytic concepts. Where id was, there ego shall be. More koan than motto, psychoanalysis, with its combination of mysterious concepts and idealistic outcomes, had a little something for everyone.

Key to this transformation of id to ego are the words that constitute the dictate to the subject of analytic therapy: “Say everything.” Now there’s a motto! Short and to the point. Like the Boy Scout mantra “Be Prepared,” the words suggest a course of action that few could disagree with. As a motto, these two words capture the beguiling simplicity of psychoanalytic psychotherapy as well as its most challenging technical dilemma.

Instructing a patient to say everything is to invite a leap of faith into a process where talking becomes a catalyst for change. Those of us who work this way, whose ultimate irreducible standard for therapeutic progress is the progressive unfolding of the patient’s struggle with saying everything, face a daunting scholarly dilemma: how do we communicate the experience we have with the palliative and transformational power of verbal expression in an action oriented world? Can listening really trump instruction manuals?

During this, the 25th anniversary of the Division of Psychoanalysis, whose theme for its Spring Meeting was Being and Becoming, the question of the adequacy of talking and listening loom large in mainstream clinical psychology. For those of us trained before the mid-1980s, a book on clinical technique like Listening as a Way of Becoming, might have been standard fare. The development of an “evenly hovering” attentive focus was considered the bedrock beginning for the apprentice psychotherapist, as important as competence with formal assessment and knowledge of the DSM.

Despite the cliché “easier said than done,” many of us were taught to listen in ways that recognized listening to be a special skill requisite to facilitating talk, to saying everything. We came to understand just how hard this “saying” is, and that in fact, when it comes to the experience of emotion, it is actually much easier to do, to act, than to say. Listening well as patients struggle to express the difficulties of living and understanding was valued as the psychoanalytic clinician’s strong suit.

Today, graduate clinical training is marked by an emphasis on activity by the therapist, demonstrated by the phenomenon tagged as “manualized treatments.” These protocols of therapist activity are predicated on the notion that the patient is constituted by symptoms that are already well known to the therapist. Symptoms are conceptualized functionally with little or no consideration of potential personal meaningfulness. In this paradigm, listening serves a superficial function, a means of identifying and cataloguing clinically prefabricated targets.

My clinical training was too long ago to have first hand knowledge of today’s training schemes. I have come to know about these protocols from graduate students who seek out Swarthmore College’s counseling center as a place to train. While the analyst’s motto might be “say everything,” the motto of today’s graduate school training could be “actions speak louder than words.”

There’s nothing inherently wrong with action, of course, but the students who come to us do so because they believe that there must be more to therapy than giving people instructions. It has been interesting to learn that locally there is an “underground” information network students are plugged into identifying sites where psycho-dynamic therapy is still practiced. Training and supervision at these sites is highly sought after. I suspect this is true throughout the country. Certainly, we see plenty of gradu-
GUIDELINES FOR SUBMITTING MATERIAL

Submissions, including references, need to be in APA style. Email your submission in an attached Word or WordPerfect file to the Editor. If you do not have attached file capabilities, mail the disc to the Editor. Hard copies are not needed. Please write one or two sentences about yourself for placement at the end of the article and indicate what address information you would like published. Submissions should be no longer than 2500 words.

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

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DEADLINES

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

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We are listening now to what the coming generations of analysts need. Freud insisted "the business of the analysis is to secure the best possible psychological conditions for the functions of the ego; with that it has discharged its task” (Freud, 1937, p. 250). Twenty-five years into our existence as an organization, we believe that the business of the Division of Psychoanalysis is to engender and protect the best possible conditions for its members to ply their craft, be it research, scholarship, practice, education, or social change.

REFERENCES

DIVISION OF PSYCHOANALYSIS (39)
26TH ANNUAL SPRING MEETING

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

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

KEYNOTE SPEAKERS:
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Dennis Debiak, Psy.D.
Noelle Burton, Psy.D.
FROM THE EDITOR

WILLIAM A. MACGILLIVRAY, PHD

This issue is not quite the last of my tenure as editor. The next issue will mark the completion of six years as editor, and my appointment runs to the end of the year. This time of year, however, does mark another anniversary, since it will be ten years since I was first elected president of my local chapter, Appalachian Psychoanalytic Society, which was the start of my involvement with the Division. And then there is the 25th anniversary celebration of the Division. By the time you read this issue, this celebration in New York City during the Spring Meeting will be over.

So here are my reflections as editor. As many of you know, the newsletter has been around as long as the division, and its first editor, Bob Lane, developed this publication and laid down the basic format. I only have a few of the earliest newsletters. Nancy McWilliams was kind enough to give me her earliest copies and I had a chance to look them over. She gave them to me three years ago during the last Spring Meeting in New York. They were impressive, on glossy magazine paper! At this point, I will confess, for the first time, Nancy, that those copies disappeared from my hotel room before I checked out. As a result, I only have a complete set of issues dating from 1988, when Jim Barron served as editor. Looking back at those issues, it seems to me that the Division was addressing some weighty concerns at the time, including its support for the lawsuit against the American Psychoanalytic Association, fostering the development of independent institutes, addressing the threats posed by the new phenomenon of managed care, and, oh yeah! fighting about who was and who was not a “real” analyst.

With the exception of the lawsuit, many of the concerns noted above have continued to find their way into division politics and the pages of the newsletter, continuing on through the editorships of Stuart Pizer and Maureen Murphy. One thing that stands out for me in looking over these issues has been the divergent ideas and topics discussed and the willingness of very prominent, as well as not so prominent, members of our profession, to present ideas and opinions in an extended format. The newsletter has always been, it seems to me, a place where conversations can take place, albeit not always welcome or polite.

When I first took over as editor, I looked around for other models, including the Independent Practitioner (IP) and The American Psychoanalyst (TAP). Division 42’s newsletter, IP, clearly had lots of information in it concerning practice and threats to practice that was important and helpful. The American Psychoanalytic Association’s newsletter, TAP, was very professional and excellent at communicating to its members the role, functions and accomplishments of the American’s component groups and committees. There is much to admire about both publications and there are certainly times when I wish our committees, sections and local chapters would do a better job communicating with our members about their important work and contributions. But, in the end, I felt that the model offered by my predecessors worked the best. I think it is important that there is a place for “thinking out loud” about clinical and theoretical issues, practice and training concerns, and maybe a little controversy and conflict as well.

I have tried to add a few of my own ideas to the mix. I have particularly been invested in developing the Psychoanalytic Profiles series. I inherited the book review section from Joe Reppen, and trust this has been a valuable resource for our members. I also have been pleased with the sections on psychoanalytic research as a way to have a forum to discuss practical applications and implications of research to practice and vice-versa. Most of all, I have enjoyed getting to know a whole lot of members from around the country (and Canada) who care deeply about the psychoanalytic enterprise. I find it awkward when someone compliments me about the newsletter, since it is the creation of our colleagues who are willing to take the risk to express ideas, open up about their analytic work, or take on political and institutional responsibilities… and all for free!

Several articles in this issue was “commissioned” by me, since I requested that our various chapters, sections and other subgroups in the Division take the opportunity to write a kind of “update” of their history as part of our 25th anniversary. Richard Ruth continues the story of Section II that originally appeared in the book edited by Bob Lane and Murray Meisels, History of the Division of Psychoanalysis (Lawrence Earlbaum Associates, 1994). Rachel McKay and Jane Widseth for the Philadelphia chapter and Sharon Dennett, for the Vermont chapter, also continue on their chapter’s story and “filling in” the last 10 years or so. Renee Natvig reports on the development of one of our newer chapters in Orlando. I hope that other groups will complete this cycle and update their histories over the next few issues of the newsletter.

And for the rest? We have the usual diverse fare, which I hope meets some of our members’ needs: 15 book reviews, 3 clinical papers, 2 “occasional” papers (and please enjoy the Auden poem. I had to pay $75 for the privilege of reproducing it!), 5 committee reports, and so on. As always, please let me know what you like or do not like about the newsletter.
Love, desire, and passion are among some of the most enigmatic experiences for psychoanalysts to address theoretically, and some of the most disruptive in our clinical work. Various theories have attempted to make sense of these complex aspects of our lives. Due to this complexity, psychoanalysis has often either avoided such subjects or, in attempting to theorize them, has tended to oversimplify, resulting in a loss of the richness and multiple meanings of these experiences.

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

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

**FOR EACH SUBMISSION:**

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

**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) proposals will be accepted per person. Scheduling decisions are nonnegotiable.
3. Psychoanalytic Psychology has the right of “first consideration” for all papers and panels under the aegis of the Division of Psychoanalysis (39).
4. Please direct all questions regarding submissions to Conference Co-Chairs: Dennis Debiak, Psy.D. Ph: 610-690-2442 Email: ddebiak@comcast.net, Noelle Burton, Psy.D. Ph: 484-557-7708 Email: burtonnm@yahoo.com

Send all submissions to:
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PSYCHOANALYTIC RESEARCH: PROGRESS AND PROCESS
NOTES FROM ALLAN SCHORE’S GROUPS IN DEVELOPMENTAL
AFFECTIVE NEUROSCIENCE AND CLINICAL PRACTICE

This month’s column contains further elaborations of previous contributions from two members of the Los Angeles groups. In the first essay, Vicki Stevens offers continuing explorations of her work extrapolating models of non-conscious right brain processes within the psychoanalytic dyad to the problem of how interpretations are incorporated into deeper psychic structure. Using an interdisciplinary approach, she deftly weaves together recent cognitive models of the unconscious that portray the mind as inherently embodied, thought as primarily occurring at levels beneath conscious awareness, and abstract concepts as fundamentally metaphorical, with neuropsychoanalytic models of right brain psychic structural processing of bodily-based subjective and intersubjective information. She argues that not only does the analyst’s state of right brain reverie enhance the reception of unconscious communications from the patient’s embodied mind, but this right lateralized system which processes patient-driven external and internal external stimuli also allows for metaphor generation embedded in “critical-semiotic” (vs. “semantic-literal”) interpretations.

Steven’s proposal is echoed in very recent clinical psychoanalytic writings as well as in current neuroscience data. To give but one example, Marcus has recently concluded “The analyst, by means of reverie and intuition, listens with the right brain directly to the analysand’s right brain” (1997, p. 238). In these columns and other contributions, I have reviewed a body of studies from neuroscience which clearly demonstrates that not only the left but also the right hemisphere is involved in both communication and certain essential affect related aspects of language processing. In fact, the idea that only the left hemisphere is involved in language functions is a fallacy shared by many clinicians and researchers.

For example, it is now well established that the processing of metaphor is a right hemispheric function (Sotillo 2005; Winner & Gardner, 1977). The right hemisphere is also dominant not only for prosody (Pell, 1998) and the processing of emotional words (Bowers, Bauer, & Heilman, 1993), but also for humor (Borod et al., 2000), the detection of one’s first name (Perrin et al., 2005), social discourse (Bryan & Hale, 2001), and the organization of information at the pragmatic-communicative level as well as in the generation and modification of mental models that fit a text (Marini et al., 2005). The strategy of thinking of the right hemisphere is manifest when information is complex, internally contradictory, and basically irreducible to an unambiguous context (Rotenberg, 2003). These data are relevant to psychoanalysis’s interest in interpretation, as well as in the unique affectively charged language that occurs in the therapeutic intersubjective context.

In the second essay, Paula Thomson offers extremely interesting information about very premature babies. Last year she and I were fortunate to be invited to spend a good deal of time at the UCLA Neonatal Intensive Care Unit (NICU) in order to behaviorally and neuro-biologically observe extremely low birth weight infants. Citing Winnicott’s description of patients who suffered “primitive agonies” in their early infancy, Thomson speculates upon how stressful bodily experiences that occur pre-natally could be an important factor in the early etiologies of disorganized/disoriented attachments. She then applies this recent developmental information to clinical work with primitive personalities. In such cases an essential therapeutic task is the integration of early appearing (pre- and post-natal) pre-verbal embodied experiences into a disintegrated self-system that frequently experiences psychosomatic dysregulation.


Lastly, in recent columns I have described my interest in expanding attachment and trauma models beyond humans to also include animals. These efforts attempt to reconnect the linkage between ethology and psychoanalysis, first suggested by Bowlby. I direct the reader to the Nature article listed below.
We must endure our thoughts all night, until the bright obvious stands motionless in cold.

Wallace Stevens

*Man Carrying a Thing*, 1954

The rapidly developing field of interpersonal neurobiology with its grounding in attachment theory, affect regulation theory, developmental psychology and psychodynamic theory is creating a need to expand the understanding and operational definitions of certain commonly used therapeutic terms. At the same time, findings from other disciplines engaged in the study of the mind are also rethinking and redefining certain commonly held theoretical assumptions. These disciplines include cognitive science, philosophy, and linguistic theory—all of which are concerned with questions regarding the nature of the self, subjectivity, the mind and the brain. There are many points of intersection that are emerging from this interdisciplinary matrix of interpersonal developmental neurobiology, cognitive science, linguistic theory and psychodynamic therapeutic theory and technique. In this paper I am going to focus on one area of intersection: that of interpretation.

In their 1999 work *Philosophy In the Flesh*, cognitive scientists George Lakoff, a professor of linguistics and Mark Johnson, a professor of philosophy, state that there are three major findings from cognitive science that call for a questioning of the traditionally accepted understanding of reason within the Western philosophical tradition. These three findings are: “The mind is inherently embodied; thought is mostly unconscious; and abstract concepts are largely metaphoric” (p. 3). The fundamental assumptions that these findings call into question are: we can know our own mind through introspection; most of our thinking about the world is literal; and that reason is disembodied and literal.

Lakoff and Johnson posit the term “cognitive unconscious” describes thinking that operates beneath the level of cognitive awareness, and is therefore inaccessible to consciousness because it occurs too quickly to be focused upon. In this formulation they expand the term “cognitive” to include “aspects of our sensorimotor system that contribute to our abilities to conceptualize and reason” (p. 12). They further state, “Since cognitive operations are mostly unconscious, the term cognitive unconscious accurately describes all unconscious mental operations concerned with conceptual systems, meaning, inference and language” (p. 12). Finally, they claim that “This shift in the understanding of reason is of vast proportions, and it entails a corresponding shift in our understanding of who we are as human beings” (p. 5).

While these findings (especially the first and second) have been understood by psychoanalytic theorists and clinicians for at least a century, this recent updating of the concept of unconscious operations by cognitive science is particularly relevant to current reformulations of psychodynamic theory. Given this reconceptualization of thought and reason, the question that arises regarding interpretation is: how can one embodied, largely unconscious and subjectively unique metaphoric mind understand the experience of another human being whose mind is also embodied, largely unconscious and equally subjectively unique in its own system of metaphors?

**Literal–Semantic versus Critical–Semiotic Interpretations**

The philosopher Paul Ricoeur (1974) defines interpretation as “the work of thought which consists of deciphering the hidden meaning in the apparent meaning, in unfolding the levels of meaning implied in the literal meaning” (p. 13). He goes on to say that although “interpretation begins with multiple determinations of symbols…each interpretation, by definition, reduces this richness, this multivocity, and ‘translates’ the symbol according to its own frame of reference” (p. 14). Within Ricoeur’s definition lie the two basic kinds of interpretation as understood by linguistic theory: the semantic or literal interpretation of a text or communication, and the critical or semiotic approach.

The first, literal interpretation is a form of decoding or translating the literal meaning of words or actions based upon some assumed theoretical understanding that is acting as a selective lens of perception. On the other hand, the second, critical interpretation assumes the ability on the part of the interpreter to remain open to the entire and ever-changing context of whatever is being interpreted, and while still being subjective, to attempt to understand the particular intent and language/mind of the person making the communication. This is an area where interpersonal neurobiology contributes in an important way, by exploring in detail how the self-regulating and essentially right-brained empathic attunement of the analyst facilitates the critical type of interpretation (Schore, 2003).

In psychoanalysis, a “good” interpretation is considered to be one of the most important factors in the therapeutic growth and development of the patient. The many functions of interpretations include the expansion of the patient’s ability to tolerate feelings - including anxiety and the pain of love and loss; the capacity to recognize and think about these
feelings; the awareness of what has previously been unconscious; and the ability to think, be and play creatively.

Ogden (2001) brings this discussion of interpretation closer to the current findings in cognitive science and interpersonal neurobiology when he says that psychoanalysis is moving in terms of its hermeneutics from attempting to deduce and discover “the meaning” of a symptom, word, sentence, association, dream narrative or pattern of behaviors, to an understanding of meaning only in terms of the larger context which is always intersubjective. He states that the question “What does that mean?” is expanding to include such questions as “What is going on here?” In terms of analytic technique, he calls for a new kind of language of interpretation—one that is informed heavily by an understanding of the particular metaphorical use of language by a patient and accessed by an attuned state of reverie on the part of the therapist.

REVERIE, RIGHT BRAIN COMMUNICATION, AND VITAL INTERPRETATIONS

Reverie as understood by both developmental neurobiology and psychoanalysis is a mind/body state of creatively attuned empathic resonance in which the analyst is both open to the patient’s verbal and non-verbal communications, and simultaneously sustains a heightened sense of self awareness that is tuned in to all levels of their own internal experience in response to the patient’s communications. It is an essentially right-brain-to-right-brain interaction with the analyst’s preconscious receiving and processing internal and external stimuli at all levels (Schore, 2003). This state of mind/body is one of openness to the particular metaphorical language of the patient as the therapist explains (bodily, semantically and prosodically) what his/her experience is like at each moment.

This state of reverie opens up the mental space in the analyst for bi-lateral interplay between the categorical information and linguistic representations stored and processed predominantly in the left hemisphere and the associational and contextual links to non-verbal, unconscious sensory/affective experience processed predominantly in the right hemisphere. This integrative functioning allows for the translation of sensory and affective experiences and memories into symbolic representation, the development of a narrative sense of self and others and the emotional foundation for the associative play of the imagination (Stevens, 2003).

The development of the ability of the analyst to “listen” to their cognitive unconscious and imaginatively “play” in the space created by holding themselves in a state of responsive and fluid reverie allows for a kind of understanding that informs a “vital” interpretation as opposed to an interpretation that is rote or not linked to the moment-to-moment intersubjective experience. This kind of interpretation will be linked both to the metaphoric content of language and non-verbal communication from the patient as opposed to the literal or semantic meaning of words or behavior. Upon the foundation attuned resonance are layered many other abilities that taken together begin to describe the components of a vital interpretation.

These abilities would include the following: to read all the levels and kinds of communications from the patient and from within the analyst in the context of the narrative being “told” by the unconscious of the patient - with the analyst as a co-respondent and vehicle for the story’s unfolding; to read and understand the particular language and logic of the particular patient’s way of organizing and making meaning out of experience; to unpack metaphors in terms of their expression of meaning for the patient and their linking sensory and affective experience with language; to hear themes and leitmotifs as they weave through the patient’s language and history; to hear the sub-text/accompaniment underneath and surrounding the dominant themes or literal, semantic content of a communication; to tolerate and listen to silences as well as words; and to hear meanings of all kinds of communications on multiple levels at the same time and in terms of past and present simultaneously.

The empathic, attuned, resonant analytic stance provides the containment and space for these abilities and facilitates the imaginative, creative mind of the analyst to link the sensory–embodied–affective–unconscious cognitive experience of being with the patient to her knowledge of the patient’s history, the history of the analytic relationship, the realistic details of the adaptive context of the life of the patient at the time of each session, as well as their knowledge of her own history, theoretical biases and assumptions and somatic/affective/behavioral signals of counter-transference reactions. These myriad abilities taken together are part of what is meant by the term “intuition” and guide the analyst’s sense of timing as well as the content of an interpretation.

I believe that this is a skill that can and needs to be developed as an essential tool for psychoanalytic and psychotherapeutic work. As Poincare said in 1908:

A first hypothesis presents itself: the subliminal self is in no way inferior to the conscious self; it is not purely automatic; it is capable of discernment; it has tact, delicacy; it knows how to choose, to divine...It knows better how to divine than the conscious self, since it succeeds where that has failed (in Hadamard, 1948, p. 23).

The contributions of interpersonal neurobiology, psychoanalytic theory and technique and cognitive science are combining to create a vital interchange and exploration of ideas of the development of an embodied mind. This questioning and discussion will lead to important insights as to what
kinds of experiences and techniques inform an analyst’s ability to facilitate the process of awareness, insight and transformation for patients. Important among these insights are the notion that the cognitive unconscious imagination can be trained, that intuition is a skill that can be honed and developed in both the analyst and patient, and that the concept of interpretation needs to be freed from its semantic, verbal and conscious cognitive moorings.

LESSONS FROM THE NEONATAL INTENSIVE CARE UNIT (NICU):
WHAT CAN VERY PREMATURE BABIES TEACH US ABOUT WORKING WITH PRIMITIVELY ORGANIZED ADULT PATIENTS?

Primitively organized patients, early in their treatment, often reveal clues about hidden disintegrated and fragmented states. They frequently describe recurrent dreams replete with images of buildings crumbling, water seeping in through walls and ceilings or animals and people being mauled, dismembered or savagely destroyed. They may describe their terror of falling into a million pieces just like Humpty-Dumpty - they also fear that all the experts will not be able to put them back together again. Winnicott recognized these patients by their self-proclaimed fear of suffering a future breakdown – an experience that already occurred in their past (D. W. Winnicott, Davis, Shepherd, & Winnicott, 1989). Primitive agonies were suffered in their early infancy, before their ego could gather experiences into a coherent whole and their psyche could safely ‘indwell’ in their body. They fear ‘remembering’ a time when their defensive structures were not developed - a time when they were profoundly vulnerable to annihilation by the holding environment of their caregivers.

Attachment theorists describe these experiences as disorganized and disoriented and Allan Schore, offering neurobiological explanations, portrays these states as literally entering into a psychic ‘black hole’. Winnicott stated that the “original experiences of primitive agony cannot enter the past tense unless the ego can first gather it into its own present time experience” (p. 91). The struggle for the patient and the treating therapist is to integrate these pre-verbal embodied memories into an integrated experience. Often the therapeutic work involves processing physical sensations and emotions that seem devoid of any tangible episodic content.

EARLY INFANT OBSERVATION

Theories of primitively organized patients have primarily evolved retrospectively since most clinicians work with children, adolescents and/or adults who have language acquisition. However, infant observation of not only postnatal but prenatal development can provide invaluable prospective training for many psychoanalysts. In this paper I suggest that neuroscience, early attachment and prenatal research sheds further psychoneurobiological light into the etiology of disorganized patients.

Today we can observe the fluctuating states of a fetus as it interacts with positive and negative environmental stimuli. With medical advancements, premature babies of 22 weeks gestational age can live in an extra-uterine environment in the Neonatal Intensive Care Unit (NICU). Infant observation now includes premature extremely low weight babies who should still be maturing in their mother’s wombs. According to Winnicott, this early phase of development is when the immature psyche struggles to ‘indwell’ within the soma – a time when the primitive agonies such as disintegration of the psyche-soma may occur if the good-enough scaffolding support from the caregiving environment is not adequate.

Since premature babies must survive in the NICU, their ‘holding’ environment is often extremely impinging. Like our primitively organized adult patients, a misreading of need can cause rapid and massive physiological disintegration and fragmentation for these fragile babies. Life-threatening physiological distress signals such as dysregulated respiration, reduced oxygen saturation levels, rapid unstable heart rates and massive insults to the vulnerable brain, in particular to the earlier developing right brain, the primary location for socio-emotional responsivity and physiological regulation, may result (Als, 1999; Schore, 2003). These disorganized physiological experiences are embedded within visceral memory – they are the unthinkable primitive agonies that occur before the psyche can defend and protect itself. One could easily speculate that the fear of a breakdown is in fact a memory of similar pre- and post-natal mistimed, misattuned or impinging responses from the ‘holding’ environment.

Knowledge acquired while working with very premature babies can be applied to the treatment of patients who suffered similar primitive agonies when they were in an unintegrated phase of development. An important contributor to this expanding body of knowledge is Dr. Hedelise Als, developer of the Neonatal Individualized Developmental Care and Assessment Program (NIDCAP). Through a process of observing and interpreting the non-verbal communication of premature babies, and most importantly, allowing their needs and pacing to guide effective care, Dr. Als has demonstrated that adequate and appropriate support helps facilitate the maturing self-regulatory systems of these fragile babies. NIDCAP programs have decreased the length of hospitalization stays, encouraged optimal parental
interactions with babies, and enhanced infant physiological and brain development (Als, 1999). On a psychological level, the NIDCAP program provides a ‘holding’ environment that is more respectful of each baby’s unique communication — it supports the indwelling process of the psyche and soma and moves the baby from unintegration to integration, rather than into repeated and prolonged states of disintegration and disorganization.

Moving from Unintegration to Integration — A Critical Survival Journey for Premature Infants and Primitively Organized Patients

The last trimester in pregnancy is a period of rapid growth (Thomson, 2004) and a period wherein babies begin to negotiate the transition from unintegration to integration (Winnicott, 1965) via the maturation of the developing autonomic nervous system’s (ANS) burgeoning capacity to regulate both internal and external stimuli. As the fetus grows the intrauterine environment gradually becomes too small; the diminished space helps the fetus maintain a folded posture where arms, legs and head move towards the midline or centre of the body. The fetus feels the surface of the mother’s womb as it pushes against it, a process that helps the fetus develop the first rudimentary body scheme of self and other.

The stressful early exposure of premature babies to extraterterine life places great demands on the infant and caregiving environment. Gradually premature babies’ unstable physiological states, most notably their sleep and awake states, mature and organize and the transitions between states become smooth and regulated. Indeed, the ability to smoothly shift or maintain states indicates robust internal self-regulation. Premature babies clearly express desires for approach and withdrawal and they let us know what causes pleasure or pain — when these signals are appropriately recognized and supported a movement towards integration follows.

Watching a premature baby who weighs less than one pound reach with a tiny foot for a surface to press against in order to help soothe and ‘ground’ is a poignant reminder that this baby still needs the mother’s womb. Just like our psychoanalytic patients who thrive within a contained therapeutic holding environment, the very premature baby in the incubator desires containment. Frequently the struggling of premature babies to return to their midline can be easily observed. Even when they don’t have the strength to achieve this curved posture on their own, they will expend great effort attempting to curl their spines and draw their legs and arms inwards. Watching them is a powerful reminder that many of our adult patients also lack the strength to return to their psyche-soma midline, and when they do we may misinterpret their closed fetal-like posture as defensive or withdrawing rather than seeing it as an attempt to self-regulate and self-soothe. In fact flexing around the midline will provide physical comfort and self-regulation throughout our entire lives.

When premature babies are snugly nestled and positioned into this curled fetal posture they show marked ease. Their physiological systems respond better; they are able to remain in quiet sleep states longer where growth promoting development can take place and their diffuse motor activity is reduced. To help enter growth promoting states, these babies brace with their legs against the edges of the rolled nest within the incubator, clasp their hands near their mouth and bring their feet together in a tucked position. With decreased distress they begin to differentiate swallowing and sucking from respiratory activity and they gradually develop more direct alertness as is evident by shiny-eyed focused attention and animated expressions of frowning, cooing or smiling. Their facial muscles relax as they acquire greater smooth state transitions — a condition that is present when a baby can maintain a state such as deep sleep for a significant period of time and then smoothly shift into a different discrete state such as ‘quiet alert’ where learning takes place (Hadley, 1999).

Primitively organized patients have great difficulty shifting smoothly into states and they are not able to self-regulate and self-soothe. They show similar behavioral and physiological responses to stress as premature babies suggesting that they have not successfully navigated into the phase of integration. Non-verbal gestures of frantic diffuse activity, splayed hands and leg extensions, along with tremors, increased startle response, excessive yawning or sighing and twitching, all replicate the premature baby’s distress signals. Furthermore, sudden change in skin coloration and rapid shifts to either hyper-tonicity or flaccidity often mark extreme states of disorganization. The blank ‘dead’ dull-eyed stare, glassy floating eyes or strong gaze aversion are clear indications that our adult patients are entering dysregulated states. Both premature babies and primitively organized patients also show marked physiological fluctuations such as unstable changes in temperature, respiration, heart rate and vestibular and proprioceptive imbalances — they cannot regulate internal and/or external stimuli.

Supporting the Process of Integration

When we make therapeutic errors with patients in treatment we rely on the possibility of reparation. Indeed, optimal failures and adequate repair are growth promoting phenomenon but with primitively organized patients, just like premature babies, the most minimal error can cause significant negative physiological alterations and increased allostatic load. Unlike the babies in the NICU who are hooked up to monitors that measure heart and respiratory rates, oxygen saturation levels and are given ongoing blood tests, PET...
and CAT scans and medical examinations, our primitively organized patients are psychobiologically ‘hooked’ up to us. We have to rely on their subtle non-verbal cues and understand how to provide regulation for their fragile psyche-soma integration.

Ways to help regulate our primitively organized adult patients may echo the regulatory support offered to premature babies. The NIDCAP program teaches parents and medical staff to see and hear the physiological communication of premature babies and it can also enhance our treatment approaches for primitively organized patients. For example, physically returning to a midline position where arms and legs are crossed may in fact help soothe our adult patients. Repeatedly, I have found that asking extremely dissociative patients or patients struggling to manage intense anger to cross their arms and legs and curl into a fetal position actually helps them re-organize and re-regulate. Furthermore, the desire to press against a surface can easily be achieved by feeling the feet pressing into the floor. A mindful awareness of pressing into their shoes and against the floor can help ground and re-orient dysregulated patients.

Diffuse uncoordinated movement clearly shows a collapse of a physical and emotional center but when this center is physically strengthened many people find an enhanced emotional robustness. The training of dancers and athletes clearly demonstrates that when the individual maintains a strong physical center, movement can freely expand outwards. One young patient who struggled with pervasive patterns of collapsed hypo-tonicity along with intense anxiety, disrupted sleep patterns and recurrent bouts of depression discovered that as she strengthened the muscles in her pelvic floor she began to feel more confident, she was able to speak her mind with more assertiveness and she felt greater self-efficacy. For her, the simple act of strengthening her midline/core provided her greater psychological freedom—she was able to experience an embodied ‘indwelling’ of her psyche and soma.

The NIDCAP program can provide us with a wealth of information about supporting regulation and development as we begin to process the primitive agonies of our patients. Focusing on pacing, introducing and managing sensory levels of stimulation such as light and sound levels, responding to and helping regulate breathing patterns and body postures and gently engaging and disengaging to support state maturation facilitates containment and regulation. Monitoring the autonomic visceral systems, motor tone and activity, sleep and awake states and attentional-relational systems offers non-verbal insights into the earlier unintegrated stage of pre- and postnatal development of our patients. These implicit unconscious memories, including the primitive agonies, are deeply etched into the intrapsychic world of our embodied unconscious mind.

Preliminary findings from my ongoing research project, “Psychological Profile of Performing Artists”, has shown a strong correlation to elevated dissociative behavior and increased affective variability in individuals with an early history of premature birth and prolonged stays in the NICU. These individuals described primitive agonies such as disintegration, depersonalization and derealization during the Adult Attachment Interview and several recounted employing self-injurious behavior as a means to regulate unmodulated anger, self-criticism and intense anxiety. Further, they all displayed postural weaknesses and muscular imbalances, including respiratory ailments. These preliminary findings strongly suggest that the early primitive agonies are indelibly recorded in the subcortical structures of the limbic system and the brainstem – regions that are fully functional during the last trimester (Thomson, 2004). For these artists, past primitive agony experiences repeatedly infiltrate their present experiences.

Our non-verbal physiological communication remains our first and most enduring means of communication. Premature babies can tell us much about our own innate and ongoing need for self-regulation. Diffuse and frantic behaviors let us know that we cannot smoothly shift and transition between emotional and physiological states or modulate the intensity levels within these states. How we self-regulate informs every future expectation and is manifested at every level of our intersubjectivity. It is a dynamic
system of expression about self and other. Following the wisdom of Drs. Als and Schore, both strong proponents of self-regulation theory, when we respond appropriately to and value non-verbal communication we can enhance the healing of our patients’ primitive agonies—they can move from disintegration to integration as they experience the indwelling of their psyche-soma.

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After I read Winnicott’s “Hate in the Countertransference” (1947) the world would never be the same. I could not hear “Rockabye Baby” (or sing it to a child or, now, a grandchild) without thinking of the ambivalence buried in it. More than that, and worse than that, never could I think seriously about love again—much less about countertransference—without knowing that however good and pure and whole an attachment feels, it’s likely that something in it will be swimming the other way.

Alas for the idealization of love! In our purest loving moments, in the most tender of tendernesses, that between mother and baby, the “hate,” says Winnicott, is never absent. It is sublimated, transcended, but never banished. Well, here’s another lullaby worth a psychoanalyst’s attention—this one for adults—from the poet W.H. Auden, who was roughly contemporary with Winnicott. (Auden was born in 1907 and died in 1973; Winnicott lived from 1896 until 1971. They may well have known each other and almost certainly would have known of each other in the upper middle class England of their early adulthoods.) Auden’s “Lullaby” is widely regarded as one of the great poems of the 20th century. The poem is informed by a skeptical psychoanalytic vision. Auden was a close reader of Freud, an admirer of Georg Groddeck, and is said to have undergone a brief analysis in 1928. It is informed profoundly by a distrust of sentimental idealization. Auden had much to be disillusioned about: as a homosexual whose love life was regarded as criminal, as a disenchanted idealist and (now ex-) Communist, and as an appalled witness to the political horrors of the age. “Lullaby” was written in 1937, at about the time he was deciding to abandon his English life to come to America with his lover.

Lullaby
Lay your sleeping head, my love,
Human on my faithless arm;
Time and fevers burn away
Individual beauty from
Thoughtful children, and the grave
Proves the child ephemeral:
But in my arms till break of day
Let the living creature lie,
Mortal, guilty, but to me
The entirely beautiful.

Soul and body have no bounds:
To lovers as they lie upon

Certainty, fidelity
On the stroke of midnight pass
Like vibrations of a bell
And fashionable madmen raise
Their pedantic boring cry:
Every farthing of the cost,
All the dreaded cards foretell,
Shall be paid, but from this night
Not a whisper, not a thought,
Not a kiss nor look be lost.

Beauty, midnight, vision dies:
Let the winds of dawn that blow
Softly round your dreaming head
Such a day of welcome show
Eye and knocking heart may bless,
Find our mortal world enough;
Noons of dryness find you fed
By the involuntary powers,
Nights of insult let you pass
Watched by every human love.

I think you will agree that is a beautiful poem and a masterful one—for the conciseness of its expression, for its music, for its complex construction: ten line stanzas, rhyming on the fifth line, and rhyme so organic, so of a piece with the diction of the poem, that one has to look twice to see that it’s there. And I think you will agree that this is an adult version of “...down will come baby, cradle and all”—a modern take on the ancient truth. This is the quintessential modern love poem. The voice is ironic, disillusioned, worldly and at the same time wounded, heartbroken and tender.

“Lullaby” has the intimacy of a love song but the conceptual power of a manifesto! And it’s brave enough to state the facts, brave in the way psychoanalysis wants to be brave, which is to say, unsentimental. “Sentimentality,” says Winnicott, “is the denial of hate” and as such is “useless.” When (and if) we get real about it, we know that love is never simple and that the comfort love brings is more comforting, not less, when we acknowledge it’s complexity.
Interestingly, Auden’s “Lullaby” came before Winnicott’s “Hate in the Countertransference,” and takes things further: love is corrupt and the universe winds down. Lovers will be unfaithful; beautiful children will grow old and die; what truth there is, is unreliable—lovers “in their ordinary swoon” will feel themselves to be one with God, hermits (and theologians and scholars) will have orgasms over their “abstract insights”; detested moralists abound. Our situation is comic and tragic.

And yet; and yet, some human comfort is to be had. There’s the comfort of this night, the possibility of a welcoming tomorrow; people can watch over each other and call a blessing down upon each other (even as we doubt the existence of the “involuntary powers” that we call upon). What can we lovingly wish each other? Hear the echo of Winnicott’s “good enough mothering” here? That we “find our mortal world enough.”

**Note:** The website of The W.H. Auden Society (www.audensociety.org) is an excellent resource for his poetry (including some recorded readings in his own voice), and for bibliographical and critical material.

**Reference**

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**Phantom Willow: A Springtime Reverie on the Nature of Memory and Anniversary Reactions**

Anna Aragno, PhD

One cannot escape history, memory’s falcon flies through time landing always on today’s tree.

The days are lengthening, winters sting has blunted, and spring is in the air. Every year, around this time, I find myself drawn toward a patch of earth with a few random trees on it, nestled in the building complex where I live. They call it the ‘field’ now but it used to hold two handsome little playgrounds, each encircled by benches where mothers sat chatting, watching their toddlers race wildly, gleefully around the two outstanding trees that stood proudly, protectively at their centers. So integral to the playgrounds visual symmetry, the children’s laughter, and the visiting bird’s accompaniments were these trees that it is impossible to split them apart in memory. One of them was a willow.

For those who love nature, the presence of anything green in Manhattan, no matter how modest, is cause for rejoicing. With their deep and spreading roots reminding that we are all connected to the earth in some way; their filigree naked silhouettes against winter skies; ebullient spring and resplendent summer foliage, that picks up the color and movement all in one, trees are truly a balm to the city dwellers mind. But a willow! Surviving, nestled in the shadow of two towering buildings, ready each spring to grace its territory with delicately fluttering leaves, arriving on time every year decked out in its finest branches, harp-like, draped and swaying like a crinoline. This is a special, cherished and much loved tree!

Until one day they cut it down.

I recall walking by the playgrounds, now bulldozed out of existence, and seeing a tag tied around its trunk; “What are you doing?” I asked roughly, realizing how I must have appeared to a demolition crew of young guys who ‘only work here’, the proverbial meddling, green-obsessed female. But what the heck, this suddenly struck me as a life and death situation. I pushed on. “What are those tags, and what do you think you are doing?” “Lady” one of them politely offered, “we’re tagging the trees they told us to be cut down”. Just like that. A random pick. This one and not that. Senselessly. Horrendous historical connotations flooded my consciousness. My willow suddenly stood before me as a friend, a member of my family, my clan. “Why? How dare you?” I challenged, loudly. No reason. A long, long, useless argument ensued. And I left distraught, tears- useless tears - streaming. A few weeks later, that early spring day, they cut it down and placed the piled branches of its almost budding leaves around the perimeter of the grounds, close enough to touch them. I will never forget the look of those buds, unknowing, ready to burst in bloom, cheated of the sap that would have carried them confidently into spring.

Years have passed. Life has since felled some of my deepest loves. And from those losses I have had to learn to appreciate the gift of memory. Chuckling to myself, I remember the willow’s bold defiance in living, for over thirty years, against all odds of survival! And, every early spring, just before the bursting of the buds, I walk by the field, and there in the playground, snuggled in the slope swaying ever so gently on a luminous day, there stands my willow.

Anna Aragno is the author of Symbolization (1997) and Forms of Knowledge (2004), both published by International Universities Press.
THE LONG GOODBYE: TERMINATION IN THE TREATMENT OF BORDERLINE PERSONALITY

GREG NOVIE, PHD

“What is realized in my history is not...what was...but...what I am in the process of becoming.”

(Jacques Lacan, 1977)

AFTER NINE YEARS OF ANALYSIS, I CAME TO REALIZE THAT THE CASE OF MS. D SHOULD BE BROUGHT TO AN END. THIS THOUGHT STAYED WITH ME FOR SEVERAL MONTHS AND I WENT THROUGH A NUMBER OF INTERNAL ARGUMENTS. THESE ARGUMENTS WERE OF COURSE ABOUT WHAT THE THOUGHT REFLECTED ABOUT THE STATE OF THE TRANSFERENCE AND COUNTERTRANSFERENCE DYNAMIC. A THEORETICAL RATIONALE BEGAN TO TAKE SHAPE AND FINALLY IT JUST FELT RIGHT. IT WAS CLEAR TO ME THAT SETTING A TERMINATION DATE WOULD BE A CRUCIAL PART OF MS. D’S ANALYSIS. IN BORDERLINE PERSONALITY THE EXPERIENCE OF SEPARATION CAN BE TERRIFYINGLY INCOMPLETE. INDEED, TO A BORDERLINE PERSONALITY SEPARATION IS ABANDONMENT AT ITS BEST AND BETRAYAL AT ITS WORST.

FINALLY THE DAY CAME TO ANNOUNCE TO MS. D MY RECOMMENDATION TO END HER TREATMENT. WHEN I SUGGESTED WE SET A TERMINATION DATE A YEAR IN ADVANCE SHE SAID SARCASTICALLY “YOU THINK IT’LL TAKE A YEAR TO SAY GOODBYE?” WITHOUT HESITATION I SAID IT WOULD. AS I BEGAN WRITING THIS PAPER WE HAD THREE MONTHS TO GO AND BY THE TIME I FINISH HER TREATMENT WILL HAVE COME TO AN END. I DEBATED TO WAIT UNTIL AFTER THE TERMINATION DATE TO BEGIN TO WRITE ABOUT HER, TO ORGANIZE HER ANALYSIS AROUND THEORETICAL THEMES. I THOUGHT THAT I WOULD HAVE GREATER DISTANCE AND OBJECTIVITY AFTER IT WAS OVER AND THIS WOULD BE BETTER. IT MIGHT BE BUT I THINK THERE’S A COMPETING ARGUMENT TO WRITE NOW WHILE I’M STILL IMMERSED IN THE “SEAS OF COUNTERTRANSFERENCE” (NOVIE, 1997).

THERE ARE TIMES WHEN I’VE WRITTEN ABOUT THIS CASE OUT OF SHEER NEECESSITY AND DESPERATION, LOOKING FOR SOME SORT OF THEORETICAL ROOT TO GRAB ONTO AS I SLID DOWN THE ABYSS OF BORDERLINE EXPERIENCE. HOWEVER, AS A TESTAMENT TO PROGRESS IN HER TREATMENT I FEEL ON SOLID GROUND NOW AND ANY CONCERN THAT WRITING THIS WITH THREE MONTHS TO GO WILL ADVERSELY AFFECT IT IS ABSENT. SHE HAS JOKED THAT I OUGHT TO WRITE A BOOK ABOUT HER AND I SUPPOSE IN ONE WAY THIS PAPER IS A FORM OF TRIBUTE TO HER AND WHAT WE’VE BEEN THROUGH TOGETHER OVER THE LAST 10 YEARS.

WRITING ABOUT THIS CASE NOW, WHILE IT IS STILL ON-GOING, I HAVE COME TO REALIZE IS PART OF MY OWN SEPARATION PROCESS FROM MS. D. I HAD THOUGHT ABOUT WRITING FOR A NUMBER OF MONTHS BUT I COULD THINK OF NOTHING TO SAY. WE BOTH FELT A GREAT DEAL OF SATISFACTION THAT HER ANALYSIS HAD BEEN A SUCCESS BUT I COULDN’T GET MUCH BEYOND THAT GRATIFYING EXPERIENCE. I DIDN’T WANT TO DISTANCE MYSELF FROM IT BY DECONSTRUCTING HOW WE GOT THERE AND WHAT TECTONIC PLATE SHIFTING OCCURRED WITHIN MS. D’S PSYCHIC STRUCTURES. THIS SPEAKS TO THE IMMERSEMENT IN THE COUNTERTRANSFERENCE THAT SEEMS A PARTICULAR REQUIREMENT WHEN WORKING WITH BORDERLINE PERSONALITIES. SEARLES ONCE SAID THAT FOR TREATMENT TO BE SUCCESSFUL SUCH PATIENTS NEED TO FEEL THAT THEY HAVE HEALED SOMETHING WITHIN THE THERAPIST AND IT IS THIS FEEL EXPERIENCE OF HEALING THAT CHANGES THEM AT A PROFOUND LEVEL. GROTFEIN ONCE WROTE THAT BORDERLINE PERSONALITIES NEED TO PUT THE THERAPIST THROUGH THE SAME LEVEL OF PSYCHIC SUFFERING THAT THEY HAVE LIVED AND HE COMPARED THAT TO THE SCENE OF CRUCIFIXION AND THE STABAT MATER. FROM A TECHNICAL PERSPECTIVE TREATMENT WITH BORDERLINE PERSONALITIES OFFERS AN IN-DEPTH VIEW OF THE COMPLEXITIES OF COUNTERTRANSFERENCE PHENOMENON. IT IS A LONG GOODBYE FOR ME AS WELL.


“...THE ASSUMPTION OF THE ARMOUR OF AN ALIENATING IDENTITY WHICH WILL MARK WITH ITS RIGID STRUCTURE THE SUBJECT’S ENTIRE MENTAL DEVELOPMENT.”

(LACAN, 1977)

I HAVE ALWAYS BEEN AMBIVALENT ABOUT THE CONCEPT OF BORDERLINE PERSONALITY. PART OF THIS HAS BEEN MY COUNTERTRANSFERENCE TO THIS PATIENT. I HAVE THOUGHT THAT USING THIS CONCEPT DEMEANS MS. D AND RELEGATES HER LIFE (WHICH HAS BEEN IMPORTANT TO ME) TO SOME SORT OF FORMULIC AND CATEGORICAL HISTORY AND DESTINY. IT IS A SLIPPAGE BETWEEN THE SIGNIFIER AND THE SIGNIFIED. BUT NOT EVERYTHING IS COUNTERTRANSFERENCE. THE LIMITATIONS IN THE CONCEPT OF BORDERLINE PERSONALITY AREN’T JUST MAKING MY PATIENT LESS UNIQUE BUT ALSO THE PRIVILEGING OF STRUCTURE OVER PROCESS. THIS PRIVILEGING IS IN PART DEFENSIVE ON THE PART OF THE THERAPIST, DRAWING A LINE OR BORDER BETWEEN OURSELVES AND THE PATHOLOGY. SUCH DEFENSIVE MANEUVERS ARE A HALLMARK OF BORDERLINE EXPERIENCE, GIVEN THE COUNTERTRANSFERENCE PRESSURES INHERENT IN THIS WORK. IT IS SOMEWHAT LIKE THE UNDERCOVER DETECTIVE WHO SUBMERGES HIMSELF IN THE WORLD OF THE CRIMINAL AND THEN THE LINE BETWEEN GOOD AND EVIL, WHICH STARTED OUT SO CLEAR, ENDS UP BLURRED AND ARBITRARY. THIS WAS DEPICTED WELL IN THE 2002
film “Traffic,” a story of the complexities of the so-called “war on drugs.”

Thinking of borderline personality as the intense interplay between binary oppositional poles underscores both the prevalence of splitting as the primary defense mechanism and the lack of a transitional space. The primal experience of feeling unwanted and bad or evil forces the borderline to early on structure their inner experience around delusional and grandiose beliefs. Beliefs that no one could care about them is very much reality-based and at least provides some continuity of self experience. Severely punitive introjects, created out of experiences of self-hatred, co-exist with grandiose fantasies of purity and perfection. Such binary opposites fuel the never-ending “sturm und drang,” so often seen in the vicissitudes of transference positions. In recalling her childhood Ms. D described how her siblings called her “Miss Goody Two Shoes” to belittle her attempts to do well in school and not fall into the drug and dropout lifestyle they had as early teenagers. It wasn’t until after high school that Ms. D reverted to this world and the ensuing internal schism resulted in her first suicide attempt.

The sin quo non of borderline personality from all versions of the DSM is a pattern of unstable and intense relationships that alternate between the extremes of idealization and devaluation. I would say this in a bit different way. Such patients tend to feel extremes of love and hate towards those who have breached the fortress walls of their inner world. Secondarily, borderline personality has been commonly described as involving disturbances of identity, with acts of self-destruction and mutilation. One of the aspects of borderline experience is that patients can appear much higher functioning for long periods and indeed will evidence good ego functioning in many aspects of their lives. It is often when the patient’s world is challenged that pronounced decompensation runs parallel to the precarious edge of forward psychic change.

“The radical lack of meaning in life creates the desire to live despite everything.”

(Lucie Cantin, 2002)

As Kirsner (2004) recently pointed out there is a continuing problem in psychoanalysis of specifying treatment outcome. As other treatment approaches are far less costly and time-consuming it is all the more important that proof be offered to support the choice of psychoanalysis. How do we put into words what we feel with a patient when a long treatment is drawing to a successful close? Would a before and after MMPI show differences? Does this, or any other paper and pencil measure, capture the depth and breadth of change? Psychoanalysis has a long and continuing history of presenting results in single case reports, unlike most all other methods that rely on group statistics and collapse individuals into group means. Ms. D reports that when she feels depressed now she might have a passing thought of suicide but she knows, she knows, she will not go through with it. This is a clear difference from earlier in her treatment when she suffered through three attempts and hospitalizations.

Over the years Ms. D would frequently ask “Why do you care?” This question spoke to her deeply held suspicion and mistrust of others, in a Lacanian perspective an elemental paranoia of “the Other.” This Other with a capital O is “the locus in which is constituted the I who speaks with him who hears…and extends as far into the subject as the laws of speech…well beyond the discourse that takes its orders from the ego” (1977, p.141). This other is transindividual, it is something other than individual consciousness. It is the culture we are born into, what Lacan calls the Symbolic Order. This order includes legends, family traditions, but above all else language. Our lives are a search to find our subjectivity, our own unique voice in the midst of this transindividual consciousness, a consciousness both of us and not of us.

A difference between Freud and Lacan is that Lacan believes that we experience a fundamental alienation in the earliest formations of an ego. This formation takes place in what he called the mirror stage. The analogy is that the tod
dler seeing herself in the mirror takes in the whole image of itself as an identity, an identity with a coherence and wholeness preferred over the chaos and undifferentiation of the interior mental space of infancy. In Lacan’s words this is “…the assumption of the armour of an alienating identity which will mark with its rigid structure the subject’s entire mental development” (Ecrits, 1977, p.4).

For Ms. D the crucial element for her progress, as she talked about during her termination phase, was that she believed I cared about her. She was convinced of this and nothing I could do or say would shake her from this belief. Although she would still wonder why I cared this was less of a concern. Earlier this wondering why took paranoid dimensions. For example, in her 7th year of treatment there was a significant breakthrough. She began talking about how I was inside her head, that she let me inside. However, there were also times when she was very agitated about a “presence” inside her, a foreign object, an “Other.” Around that time I had the sense that her encapsulated narcissistic world, her monad, had been breached. Of course this ushered in a period of instability and emotional flooding. She was emerging form Lacan’s Imaginary Order to the Symbolic. Her resistance, anger, and anxiety around this was at a higher level of development, not in the chasm between the Real and the Imaginary but between the Imaginary and the Symbolic.

In her progress toward the Symbolic Ms. D now had to consider another, or an “other.” She was experiencing a forced awareness of another person’s feeling, thoughts, and perceptions. This brought a great deal of unpredictability as well as a heavy burden to her. The narcissistic world she had created was indeed her creation where she imagined she could control everything in it. Of course, a hallmark of borderline pathology is the vulnerability to what others say and do, the vulnerability stemming from the delusional nature of what is being signified in these actions. There is a brittleness and exclusivity in the signifying chain. All experiences with others relate to one of two split selves. One is the idealized self that takes it as a matter of course to be not just loved but adored and hence the demanding sense of entitlement as a hallmark of borderline experience. The other self is the deeply ingrained, core sense of being unloved, unwanted, and hated. This aspect of the early maternal dyad conveys the idea that these patients have never experienced (or it has been fleeting and ambivalent) being the gleam in mother’s eye. It is this fundamental, bedrock belief in their inherent evil that effectively perpetuates their suffering. But at the same time such a primary signification is an organizer of experience that keeps such patients from the chaos of psychosis and the destruction of language as part of a shared signifying chain. When they do fall into such chaos it is usually for brief periods under identifiable triggers.

“Desire has no object – it creates one – one which is always inadequate and insufficient and which ultimately serves only to maintain its movement.”
(Cantin, L. 2002)

Patients with more disturbing pathology, such as borderline personalities, present the therapist with greater demands on managing transference from both participants. It is only during the course of treatment, if it progresses, that such patients become able to work through conflicts at a higher symbolic level, in other words through language and understanding. Prior to this stage such patients invariably work out conflict through literal enactments in any number of ways such as self-mutilation, eating disorders, suicide attempts, etc. Of course such enactments are visited upon the therapist through processes such as projective identification. It is tempting to argue that in the case of the borderline the therapist’s reactions are primarily counter-transference and less his own. Indeed, my main point is that there are two categories, countertransference and the therapist’s transference. Certainly both are uniquely his own but in the former it is the patient’s pathology, particularly in the borderline, that acts as an impetus to create feelings, thoughts, and fantasies within the therapist. The therapist’s private analysis of these reactions helps him understand what is happening inside the patient. Indeed it is a mark of borderline pathology that often this is the only avenue open in attempting such understanding of clinical experience.

In the early phase of Ms. D’s treatment my countertransference was represented in the name I had given her case, both in writing and in discussing the case at seminars. This name was “Song of the Siren,” with the image of Ulysses tied to the ship’s mast while passing the treacherous island where the sirens lived. In the first months of her analysis Ms. D would sit out in the parking lot after sessions and I would need to pass close by on the way to my car. This drama played out for years. I would be torn between approaching her to comfort her and holding back to maintain a therapeutic frame and respect her privacy. I had already crossed that boundary in many early sessions. As she was so distraught in these sessions, so depressed and morose, I would sit with her for a few minutes after time was up. I felt then that she would feel I was being heartless by making her leave on time. I came to feel I was giving her a gift, giving up my time to sit with her in silence. To her I think it implied the possibility that I cared about her over and above the professional boundaries. She was right, of course.

At times I had this case in supervision and I can’t say that I remember much about it. One thing I do remember was being told that I cared too much, that I should work more for the money than fulfilling some grandiose fantasy.
to cure the patient through the power of my caring. It was mostly that I felt sorry for her suffering, for the stories of terrible neglect and isolation in her childhood. After her father left when she was 12, Ms. D’s mother struggled to raise 5 children, often the family leaving an apartment in the middle of the night to avoid payment. Ms. D’s mother was both ill equipped and uninterested in caring for children and it was Ms. D’s role to mother younger siblings. Ms. D’s mother to this day is still barely able to care for herself.

There was a convergence of my desire to be a noble savior, my interest in assuming her suffering, Ms. D’s strong sense of entitlement, and finally her characteristic borderline method of relatedness — enactment over discourse. For years this convergence hindered progress and contributed greatly to the three suicide attempts during the early years of treatment. My desire to be caring and willing to bear her suffering intensified her hatred and buried mine deeper. I had succeeded in entering the borderline world of the split, the split between idealized and hated, hope and despair, and self and other. What defines the concept of borderline is that these splits carry intense emotional loads and change rapidly from session to session and minute to minute. The regression required of the analyst to enter this world is substantial but of course it is the patient who risks the most. Speaking to the early traumas and psychic fault lines in borderline pathogenesis, it is the establishment of trust of the therapist that dominates the early and middle phases of treatment. As Ms. D says now on the eve of termination, she knows I care about her and there’s nothing I can say or do that will change that.

I add this last paragraph a month after our last session. She brought me a gift. It was a beautiful clock with an inscription she had engraved on it: “It will always be enough.” She had set the clock to the time she usually appeared for sessions, about fifteen minutes late. We shared a laugh about that. We reminisced a bit and I could not help the tears coming forth, a rare experience of joy and sadness in the same moment. She said she was worried that she would forget what I looked like. Since that session I have thought of her often and how I will always remember her from time to time. A couple of weeks after the session she wrote me a letter, again thanking me and saying how hard the ending was for her. But she was continuing on with her life. After a while I sent her a small black and white photograph with a note about not forgetting what I look like.

References
SOMETHING TERRIBLE IS HAPPENING TO MENTAL HEALTH TREATMENT

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DRUG AND INSURANCE COMPANIES ARE HIJACKING MENTAL HEALTH TREATMENT

WHY?
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- Drug Companies, with their focus on profit, want to sell you drugs.
- Insurers view the costs of your treatment as “medical loss.” Limiting your treatment maximizes their profits.

HOW?
- Drug Companies and Insurers insist that mental health problems are due to “biological imbalances”, which require only medication.
- Drug Companies and Insurers have systematically discredited the longer term therapies.
- Since the 1980s, benefits for mental health treatments have been slashed from 6% to 2% of all health care payments.

HERE’S WHAT YOU NEED TO KNOW:
- FACT – financial gain by drug companies and insurers is the basis for their attempts to discredit talk therapy as effective mental health treatment.
- FACT – Talk therapy alone or combined with medication is better than with medication alone.
- FACT – Medication often has many uncomfortable and distressing side effects.
- FACT – Emotional distress often has biological consequences but biology is neither the only cause nor the only cure.

HERE’S WHAT YOU CAN DO:
- Don’t be intimidated into accepting inadequate mental health treatment!
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- Tell your employers, human resources department and your legislators that you want freedoms of choice, privacy and decision-making in your mental health care.

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There have been several articles in this newsletter addressing the threat to psychotherapy posed by unthinking promotion of evidence-based guidelines (EBGs). This issue, however, is a concern for other helping professions and this article clearly expresses the danger EBGs pose in the practice of medicine. This article was originally published in the Spring 2005 issue of Journal of American Physicians and Surgeons, and is reprinted here with permission of the author. The editor.

On its face, evidence-based medicine is just what the doctor ordered. What rational person would argue that medical decisions should not be based on evidence? Upon closer examination, however, the term is deceptive. Evidence-based guidelines (EBGs) in fact use only evidence from controlled trials, and deny other types of evidence or clinical judgment, thereby distorting the decision process. For example, according to evidence-based medicine, one could not recommend vitamin B-12 supplementation to treat pernicious anemia, penicillin for streptococcal pharyngitis, or biopsy to diagnose vasculitis, as these were not proven through controlled trials, although other types of evidence exist. EBGs are irresponsible, and should not be recommended.

According to EBGs, the only evidence that can be considered in recommending a test, procedure, or treatment is that from blinded controlled trials. Other types of evidence, including peer-reviewed publication of uncontrolled trials, case reports, or case series—which represent our collective experience—are considered “anecdotal,” and thus are barred. Personal observations, experience, judgment, or expert opinion are presumed biased, and are disallowed. The same applies to evidence from biological experimentation. The writings of the founders of modern medicine, including William Harvey, Louis Pasteur, or William Osler, among others, would also not be considered because their contributions were not based on controlled trials.

Under EBGs, therapies can only be definitively recommended if they are based on evidence from rigorous, blinded, prospective controlled trials. Less rigorous trials can be used to justify a score of “may be considered,” or “should be considered,” but not “recommended.” Finally, no recommendations can be made on the basis of uncontrolled trials, case series, case studies, or expert opinion, as these would be considered to be “unproven” or “unscientific,” even in situations in which there are no controlled trials to help make a decision (Hughes, Wijdicks and Barohn, 2003).
ous. But there are other ways of knowing. No one would argue, for example, that controlled trials are needed to know that the sun will rise tomorrow, that a bicycle rides better on round rather than square wheels, or that joining the ends of a broken bone help it heal. Sometimes controlled trials are needed, and sometimes common sense, “connecting the dots” or outcome studies will do.

Traditionally, medical practices were proven through reproducibility and predictability, rather than by controlled trials, which are relatively new to medicine, complex, and costly. A physician would report a new observation and, if it was reproduced and confirmed by others, it would become general practice. This allowed rapid progress; even physicians with limited resources, working alone or in small groups, could make important contributions.

Such “anecdotal” evidence is responsible for most human scientific progress, including the discovery of the wheel, fire, rotation of the planets, gravity, the medical examination, anesthesia, penicillin, aseptic technique, and just about everything else. If controlled trials were required in every instance, it would have slowed progress to a trickle. It would be particularly foolish to require that all current procedures or treatments, even if their benefits are obvious, be subjected to controlled trials. We would waste valuable resources merely to justify EBGs, and probably get no new or important information.

Controlled trials would also be unethical in situations in which they would deny patients available care. Requiring that such trials be conducted for rare diseases or generic drugs is also unrealistic, as there is no one to pay for them. For practice guidelines to be useful, they need to consider the best available evidence, including that from controlled trials, case series, and case reports. They must also allow for clinical experience and judgment, and the opinions of others, to help the physician decide the best care for the individual patient (Kahn, Docherty, Carpenter and Francis, 1997)

**EBGs Restrict Care and Distort the Medical Decision Making Process**

As EBGs are based on controlled trials, they are more restrictive than is practical in routine clinical practice. In making a diagnosis, for example, controlled trials require strict inclusion criteria, with few confounding variables. In clinical practice, however, patients have varied presentations, and the physician has to decide the most likely diagnosis, even if research criteria are not met.

With respect to treatment, a physician considers all the available therapeutic options, based on information from controlled and uncontrolled studies, as well as experience and clinical judgment. EBGs, however, offer too few options; they may be suitable for clinical research, but not for clinical practice.

A good example of how EBGs distort the decision process is the recently issued practice parameters for the Guillain-Barré syndrome (Hughes, 2001). The guidelines recommend treatment with intravenous immunoglobulin (IVIg) for nonambulatory patients, but do not recommend earlier intervention in progressive cases to prevent loss of ambulation, even though the treatment can limit the disease and prevent permanent damage. This is akin to withholding antibiotics from patients with worsening infection until they become septic. Other recommendations could not be supported, as the trial only included nonambulatory patients, and although timing of treatment was not examined, strict EBGs allow neither common sense nor clinical judgment.

Lacking adherence to the evidence-based rules, the process of developing practice guidelines becomes haphazard, with some therapies recommended, and others rejected, based on political correctness or sheer frustration, rather than agreed-upon criteria.

**The Impetus for EBGs**

This drive toward evidence-based medicine probably represents a convergence of influences, including Managed Care Organizations (MCOs), which need to develop practice guidelines to control costs; the growing emphasis on clini-
cal trials in academia; and the diminishing role of practicing physicians in shaping medical policy. More than ever, it’s important for national physician organizations to represent the needs of practicing physicians, as well as those in academics.

Proponents of EBGs argue that the guidelines are meant to be educational: that they do not restrict physicians’ options, that many reputable organizations have adopted them, and that expert opinion depends on who is asked. However, it is foolish to think that the guidelines don’t restrict options, even as MCOs use them to decide coverage (American Medical News, 2004).

If EBGs are only meant to be educational, why promote their adoption? Unquestioning adoption of EBGs by many professional organizations proves that we must be more vigilant in monitoring their policy decisions. The zealousness of EBG advocates—with their apparent willingness to abandon our hard-won knowledge and heritage in favor of a dysfunctional methodology that defies reason—is particularly troublesome.

EBGs are a divisive force, creating uncertainty and mistrust, and undermining confidence in physicians and our medical system. EBGs can be used either to accuse physicians of withholding therapy, or of prescribing unnecessary or unproven treatments. Behind the facade of EBGs, MCOs can determine medical policy with impunity. Our professional organizations need to lead the way in asserting the need for physicians to exercise independent judgment on the basis of the best available evidence in real clinical situations. Managers must not be permitted to define what constitutes evidence, or to brand any method other than a controlled trial as “unscientific.”

REFERENCES

Conflict of Interest Statement: Dr. Latov accepts payment from his patients in return for helping them get better. Norman Latov is professor of neurology and neuroscience at the Weill Medical College of Cornell University, and medical and scientific director of the Neuropathy Association. Contact: nol2002@med.comell.edu

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I will admit from the start that I am biased. Having consistently used both Nancy McWilliams’ (1994, 1999) previous books for the psychotherapy practicum I supervise in our doctoral program, I was already confident I would like this book both personally and professionally. The bias is self-fulfilling and I do, in fact, like the book very much. However, I must also say that despite my bias, the third installment of McWilliams series on psychoanalytic practice differs from the first two. The book is more loosely organized and less specific than its predecessors, and this appears inherent to the gray area between being and doing that is traversed throughout the book’s 12 chapters. McWilliams’s book is as much or more about being a psychoanalytic psychotherapist than it is about doing psychoanalytic psychotherapy. This stands in contrast to recent books on psychodynamic psychotherapies that strive for effective manualization and flexible intervention. These are certainly the attitudes I want to instill in my supervisees.

Chapters 1 and 2 orient the reader to McWilliams’ philosophy regarding therapeutic practice. These are presented as “articles of faith” and “psychoanalytic sensibilities” that underlie psychoanalytic psychotherapies. Perhaps most fundamental of all is the commitment to honesty (i.e., low defensiveness, expression of the true self, authenticity). This commitment pervades the entire book. McWilliams is honest about the good and the bad of psychoanalytic training and practice, the unglamorous realities of psychotherapy as a career, and when specific about doing therapy, she is honest about its process and limits. This is embodied in a section discussing accidental meetings with patients outside of therapy that destroy alliance and end treatment. For such instances McWilliams admits, “I do not know of any way to deal with these severe, therapy-destroying reactions other than with a philosophical attitude: Shit happens” (p. 168). I smiled when I turned the last page over and found the final section of the book returns to the topic honesty, given it is implicit in almost every page.

Beyond honesty, the articles of faith include the belief that knowing oneself deeply will have complex positive effects on the individual and the best preparation to conduct psychoanalytic psychotherapy is to also be a patient in such treatment. Psychoanalytic sensibilities are “habits of thought” that underlie the psychodynamic viewpoint. Curiosity and awe support a receptive, open approach to discovery of, and with, the patient. An appreciation of the etiological complexity of psychological phenomena highlights therapeutic understanding of conflict, multiplicity of attitudes, overdetermination, and multiple function. Identification and empathy promote use of the self in treatment. Sensitivity and attunement to affect broaden how we come to know the patient beyond verbal report via attention to nonverbal behavior and countertransference. This reminded me of Rollo May’s (1983) distinction between “knowing about a patient” and “knowing a patient.” The importance of attachment (and introjection) compels practitioners to fundamentally link relationship with etiology, therapeutic process, and clinical change. Finally, faith in the therapeutic process encourages working beyond symptom relief and toward personal growth and becoming. Rather than presenting a model for doing psychotherapy, McWilliams encourages therapists to approach their work with these attitudes guiding conceptualization and flexible intervention. These are certainly the attitudes I want to instill in my supervisees.

The remainder of the book covers elemental topics in clinical training and practice that are often overlooked when a specific paradigm and technique is emphasized and provides two case presentations that synthetically portray these attitudes in treatment. Chapter 3 discusses clinical training. McWilliams normalizes mistakes as inevitable and encourages using them as opportunities to heal clinical ruptures. She reminds us that clinical trainees are often high achievers and perfectionistic and contrasts this with the reality that psychotherapy is an endeavor that consistently forces us to face our imperfection. She encourages trainees to incorporate their individuality into their therapeutic iden-
tity, optimize supervision, engage in a personal therapy, and pursue a broad, diverse education.

Chapter 4 discusses the task of preparing the client for psychotherapy. While coverage of these topics is fairly nonspecific, the fact that the task of socializing the client to the therapy process is mentioned at all is unique and admirable. This includes establishing physical and emotional safety and educating the client about the process. Notably, McWilliams reminds us to tolerate negative transference, appreciate the inevitability of relational enactments, stay uncompromisingly honest, and provide understandable rationales to clients who present with common obstacles to using treatment effectively.

Chapters 5 and 7 focus on boundaries in therapeutic practice. I didn’t see the necessity of separating the two chapters with a chapter on basic therapeutic processes (chapter 6) and this reflects the somewhat loose organization of the text. Chapter 5 focuses on the therapeutic frame and covers basic issues in the practical arrangements of therapy (e.g., time, fees, confidentiality, between-session availability, limit setting, and patient tests of the frame). Chapter 7 presents various quandaries, or “things they didn’t tell me in my graduate program.” With regard to handling unexpected encounters with patients outside of therapy and innocent invitations to personal events from patients, McWilliams reminds us that to our patients, we are never really out of role. Despite this, she promotes a flexible approach to decisions regarding what to do. Another set of issues involves management of enactments such as attacks of one’s professionalism, loaded invitations, gifts, requests for other treatments, and requests for special treatment. Finally, issues around therapist disclosure, the role of touch, and sex are discussed. In all cases, McWilliams suggests a conservative but flexible approach to managing these types of therapeutic issues. She promotes an honest look at things. For example, it is best to see requests for touch as indicating feelings that need to be processed rather than discharged, but there are always honest exceptions. As for sexuality in clinical practice, she reaffirms our ethical commitment not to act but reminds us to honestly acknowledge its presence and place.

Chapter 6 addresses basic therapy processes. Here, basic means basic: listening, talking, influences on therapeutic style, power, and love. These topics are often missing from therapy manuals focusing on a specific technique. For example, McWilliams suggests the basic goals of therapeutic listening are to create a holding environment and potential space, as well as to promote the patient’s self-acceptance and reduce shame. She also wisely reminds us that much of our talking in therapy serves to communicate to patients that we have been listening. Other basics regarding talking include use of ordinary language, promoting first person expression, using metaphors, and developing a rhythm. Consistent with her entire approach, she encourages acknowledging and using power and love honestly in psychotherapy.

Chapters 8 and 9 provide two case presentations. The first case describes work with a neurotically organized patient who presented as traumatized, masochistic, obsessive-compulsive, and rigid. The second case describes a 10-year treatment of a patient with borderline personality organization who presented as impulsive, paranoid-masochistic, self-harming, and aggressive. Both these cases successfully illuminate the psychoanalytic sensibilities McWilliams outlines, though neither provides a formal application of a treatment model. Nonetheless, McWilliams is honest and candid, providing both the successes and the mistakes of these long-term treatments and vividly communicates the realities of being a psychoanalytic psychotherapist.

In chapter 10, McWilliams switches focus back to the patient and discusses basic lessons patients learn in psychoanalytic psychotherapies. In covering these lessons, she again wisely reminds us that what is commonsense to the psychotherapist may be news to the patient. I found this chapter among the strongest in the book. With regard to emotion, psychoanalytic treatments help them learn to integrate emotion into their organization of experience, to understand that there are universal emotional experiences, to recognize that thoughts and feelings do not equal
acts, to become comfortable and adaptively in control of emotions, and to tolerate mixed feelings. Psychoanalytic psychotherapy helps patients create a maturational context for their problems and a developmental framework for understanding self and the world. Such therapies also help patients reduce stress levels and recover a sense of control after traumatization. Put simply, the patient learns that every situation is not a risk for retraumatization and also learns how to avoid real retraumatization. Finally, many patients learn to accept sexuality without shame and to grasp the complexities of desire and fear of intimacy. This is all phrased in straightforward language that avoids theoretical hegemony or technical rigidity.

The final two chapters return centrally to being a psychoanalytic psychotherapist, illuminating occupational hazards and gratifications, and discussing the importance of therapist self-care. I think McWilliams is at her best when honestly addressing some of the challenges therapists encounter. These include liability and insurance issues, the financial costs and responsibilities of private practice, physical problems associated with a rather sedentary occupation (my spine certainly empathizes with her spine), emotional exhaustion, indirect traumatization, guilt arising from our wish to help more and faster while always encountering our limitations or worse, from a patient’s suicide. Other topics discussed that are not found in treatment manuals include problematic aspects of psychotherapists’ relationships such as encountering suspicion or self-consciousness in others when they learn one is a psychotherapist, managing non-patient requests for help, and always having to consider our out-of-role behavior. I also appreciated discussion of psychotherapists’ tendency to adopt a therapeutic role when they need not to. It reminded me of the difficulty some trainees have in simply having a casual conversation. McWilliams also reminds us that there are hostile or insensitive professionals who view psychoanalytic practice with incredulity, often due to archaic and caricatured understandings of psychoanalytic approaches.

The book succeeds at many levels. McWilliams does provide highly useful discussions of many topics not typically found therapy texts, especially those emphasizing a particular technique. Those of us who supervise trainees commonly encounter these topics and the text will go a long way in providing an articulate source for trainees to refer to when faced with such issues. In fact, the book is most helpful when covering these uncommon but essential topics. The book does have some drawbacks. First, when the text turns to doing psychotherapy (rather than being a psychotherapist), it is rather nonspecific and it will not serve as a stand-alone therapy training text. The “no model as model” for psychotherapy will likely be disappointing to trainees who are anxious to begin learning what to do and how to do it. It would be most appropriate to assign it as a supplementary text. Second, despite having trainees as its main target audience, I found the text required some specialized knowledge such as familiarity with Kernberg’s neurotic-borderline-psychotic object relations continuum. Finally, appreciation of the psychoanalytic sensibilities is enhanced by clinical experience. The downside of this is that beginning trainees will inevitably grasp the sensibilities’ scope and implications in ways limited by their experience. The upside is that practitioners at all levels of experience can take in the benefits of the book.

**References**


Aaron L. Pincus is associate professor of psychology at Pennsylvania State University. He teaches graduate seminars in personality theory and personality assessment, and supervises a clinical training practicum emphasizing contemporary psychodynamic psychotherapy for personality disorders.
This book is an exploration of the role of transference and countertransference in the analytic encounter. The author explains how new shifts in contemporary psychoanalysis result in what he terms “conceptual imbalance and erratic technique.” Although Schafer acknowledges the contribution of newer psychoanalytic techniques to contemporary knowledge, he concludes that insight and interpretation are frequently not accorded the respect that is deserved.

Insight and Interpretation is divided into three parts: Part 1, Instinct and Its Vicissitudes, deals with conceptual and technical problems that analysts encounter as they try to understand and communicate with their analysands. Part 2, Applications, deals with insight and interpretation in the realm of sexuality, including non-normative male sexuality and perversions. Part 3 is an overview that brings Schafer’s ideas into conversation with his previous work, The Analytic Attitude (Basic Books, 1983). Throughout, Schafer brings to the fore the place of insight and interpretation in the analytic process.

Schafer presents a challenging view of the countertransference as a form of remembering, with certain kinds of transference actually impacting the analyst’s ego functioning. A fascinating case is made for certain analysands actually creating a split in the internal world between the analyst and the analyst’s mind, thus creating what appears to be countertransference but is actually an oedipally experienced triangle between the analysis and the analyst’s mind.

This is but one example of the author’s illumination of the unconscious and archaic fantasies that inform the narrative of the patient and the difficulty inherent in the work. The concept of analytic neutrality is explored in depth, and Schafer concludes that the ideal of neutrality should be preserved, even though it has lost favor through newer relational paradigms. The argument that even though analysands will inevitably discern aspects of the analyst’s personality, it can be expected that analysts can be expected to possess relatively integrated ego functioning, and thus are capable of maintaining relative neutrality and thereby are capable of allowing the analysand’s unconscious fantasies and projections to emerge. Factors such as invasion of the mind, threat, punishment, education, envy, withdrawal, and evasion can find expression through the transference if the analyst provides the facilitating climate. Interpretation of the transference requires perceptiveness and a willingness to be present for the analysand, providing interpretation of unconscious mental process, which is the foundation of psychoanalysis.

The final portion of the book is devoted to an in-depth exploration of the complex relationship between psychoanalysis and the interpretation of sexuality. According to Schafer, in the early days of psychoanalysis, sex was understood to begin with three distinct and successive pregenital phases of libidinal organization, the oral, anal and phallic. The Oedipus complex was thought to develop during the phallic stage with resultant castration anxiety. A positive outcome was thought to occur when the castration anxieties and fantasies resolved, resulting in the formation of the superego, the renunciation of oedipal objects, and the attainment of a fourth phase: the genital phase and normality. Reproductive sexuality became the developmental ideal, and deviations such as homoerotic relationships were considered perverse and indicative of arrested development. Interpretation at that time was meant to discover repressed or disguised sexual motives, which could be accomplished by lifting the infantile amnesia.

We are less threatened today by diversity and today’s analysts do not feel the obligation to go through Freud’s checklist, but store questions about sexuality in preconscious contexts from which they can draw when formulating interpretations. Schafer speculates that today’s analysts are better prepared emotionally and intellectually to defer interpretation in the light of continuing dialogue with the analysand, or simply to go on listening until the manifest content yields unconscious meaning. Schafer acknowledges contemporary trends in thinking about sexuality in terms of constructivism, narration, dialogue, co-authorship, and a view of objectivity that the author views as situating interpretation in a cultural and historical context, recognizing there are multiple truths which are always provisional. The author provides a caution that many analysands are continuously fluctuating in level of functioning in line with their histories, anxieties, and defenses. Focusing too intently on manifest content will not bring about analytically intelligible psychic change, but strengthening the foundations of relatedness to others is required before the interpretation of sex can play a constructive role in the analysis.

Schafer provides a psychoanalytic discourse on male non-normative sexuality and perversion and bravely examines phallocentrism in analytic theory and practice, with specific examination of society’s concept of perversion, which is narrow and reflects binary conceptualizations and dichoto-
mous or polarized thinking in the realm of sex and gender. In keeping with his lifelong commitment to the examination of language as a tool to access unconscious meaning, the author makes the case that language is structured to serve sexual and gender biases and is a primary mode of the transmission of superego dictates concerning maleness. It is a medium so laden with moral messages that it regulates major aspects of our relations with ourselves, others, and events, and exerts moral control over what is enabled.

An exploration of the capacity of words to lead us away from reflection segues into a profound exploration of gender jokes and sexual politics, which are examined culturally and analytically, and found to foster complacent, contemptuous and self-abasing attitudes. This chapter will alter the reader’s capacity to mindlessly laugh at jokes, and will foster an awareness of humor as a societal construct that began with Freud and is carried forth by Schafer. To cite one example: Woman as Whore: A young woman at a party is awestruck by the size and brilliance of the diamond in the ring on the finger of another, older woman whom she does not know. She rushes up to her and expresses her awe and her curiosity. “Oh, yes,” replies the older woman, “this is the Lipschitz diamond. It is gigantic, flawless, and priceless. The only trouble is, it comes with a curse.” Surprised and fascinated, the young woman asks, “And what is the curse?” To which the older woman answers, “Lipschitz.”

An exploration of the double victimhood of the protagonists ensues, with an exploration of the power of money, of women, of victims, and the miserable compromises that both sides of the equation often make, resulting in a true sense of pathos. Jokes as tools for projection and identification are examined as well as the motivation of the joke-teller. Interpretation of jokes in a complex manner indicates the level of resolution of unconscious conflicts, and jokes can be used to provide remastery of conflicts to attain some momentary sense of security and confidence.

Schafer ends his discussion with a summary of knowing another person analytically, with specific focus upon the interpretation of defense, achieved by the analyst employing system-regulated, coherent, and consistent contexts of understanding laid down by Freud in 1936, and expanded by Fenichel in 1941 and Schafer in 1968. To Schafer, systematic thinking is the torch that lights one’s way into the darkness of the unconscious internal world, but it cannot illuminate everything. Thus, the author concludes a delightful, deep and thought-provoking series of essays that should stimulate much thought and personal reflection as the reader examines their own life and the life of their patients through the techniques of insight and interpretation.

Marilyn Newman Metzl is a psychoanalyst and supervising analyst in private practice in Kansas City, Missouri.
Mardy Ireland’s *The Art of the Subject* has been a challenge for me. We—Dr. Ireland and I—are both psychologists and psychoanalysts, so how far apart could our linguistic repertoires possibly be? Alas, I have discovered, far apart indeed. And, it has been a fascinating, and at times frustrating, journey reading through her chapters, trying to make sense of the theoretical ideas she is inviting the reader to think about. When, however, she describes her clinical work, which she does in thoughtful detail, I suddenly feel a kinship with her and my struggle to understand subsides into reflection and enjoyment. A modern Freudian (which is the way I would characterize myself) can see her descriptions of her work, understand and admire her sensitivity and acumen.

Hers is a level of discourse that seems at times closer to philosophy than psychology. I risk exposing my ignorance by writing about her book, but also humbled that I could be so ignorant. But there it is. Dr. Ireland explains her goal in this book is to describe her integration of two different theoretical and clinical psychoanalytic perspectives, that of Donald Winnicott and Lacan, with some reliance on Bion.

She claims that, “While...Freud mapped the workings of the unconscious-conscious mind, Winnicott and Lacan, in contrast, have explored the making and unmaking of the human mind” (p. 2-3). Dr. Ireland’s bibliography does include a broad spectrum of Freud’s writings, not restricted to those that center on Freud’s pre-structural theoretical ideas, yet I am not sure if her Freud is the same as the one upon which I base the foundation of my theoretical thinking. In truth, her commentaries on Freud’s ideas are fairly incidental, I think, to her ambitious focus.

This focus allows her to begin the analysand’s story from fetus to developing infant, always described/defined in relation to the “mOther.” Dr. Ireland weaves a complex developmental and what she calls maternal, picture (primarily via Winnicott) and structural “paternal” conceptualization (primarily via Lacanian linguistic emphasis), to craft her hypothesized conceptualization of how the human being evolves. I feel hesitant to try to describe these premises in detail for fear that I would be ineffective in transmitting them, but I can urge readers to take the time to study her description especially of the less familiar Lacanian ideas.

In the course of her dialectic discourse, she advocates, I think creatively, for the benefits of infant observation as a source of understanding invaluable to the psychoanalyst. Moreover, she devotes several chapters to other innovative ideas. Of particular interest is her use of spontaneous drawings in a variety of situations. In one, she describes an analysand who brought drawings into the analytic sessions. Dr. Ireland illustrates (a la Winnicott’s Squiggle Game, only not initiated by the analyst) the meaningful way that she and the patient worked with the drawings to help illuminate aspects of the work that were initially outside of symbolic language. Equally impressive is Dr. Ireland’s elucidation of a way of working with a supervisee to enhance the supervision in an exciting exercise, also, as with the patient, to articulate emotional material, initially inaccessible to the supervisee about what was happening in the supervisee’s sessions with a patient.

One aspect of Dr. Ireland’s thinking that I found particularly useful was her sensitivity to gender identity issues not primarily in regard to object choice. She casts a picture of the development of masculine and feminine bodily and psychic aspects as complex and fluid, making room conceptually for the particularity of each person’s configuration of desire and sense of self. Such clarity and openness of conceptualization would appear helpful not only in work with homosexual analysands, but with work with every analysand.

In conclusion, I commend Mardy Ireland’s book to any psychoanalytically oriented psychotherapist or psychoanalyst who wants to expand their understanding of Lacan, and wants to read about the work of a highly creative therapist and original thinker. For the less fluent, such as me, I recommend patience and perhaps allowing Dr. Ireland’s to be only the first in a series of readings on Lacan. The more knowledgeable the reader, the more will you be able to fully engage with these interesting ideas.

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Edward S. Said (1935-2003) was a man of letters in the best sense of the word exhibiting a wide ranging intellect, literate, incisive, passionate, respectful in his writing, and provocative. He was an intellectual in a tradition where one is actively engaged in the current political and social issues. For Said, the political was not an abstraction but had specific and personal consequences. Unfortunately, many know him only through his political activity rather than having read him. A prolific writer he stressed the importance of the Other. The Other, in his case the Arab world, is misunderstood by the European. He was an Arab-Christian, born in Jerusalem but raised in Cairo, and attended colonial schools. He also was an American citizen by virtue of his father being one. This background seemed to make him feel “out of place,” the title of his memoirs written after being diagnosed with leukemia.

This slim book, 84 pages including notes, of which 42 is Said’s lecture, contains an introduction by Christopher Bollas and a discussion by Jacqueline Rose. The lecture was sponsored by the Freud Centre because the Freud Institute in Vienna reneged on an invitation. The Freud Institute claimed the political climate in Austria, with the rise to political power of Joerg Haider’s Freedom Party, was not a suitable time. It is to the Freud Centre’s credit, itself a locus of controversy, to have righted a wrong.

A potential reader will be misled if the briefness of the lecture is taken for lack of depth. It is for good reason that Nadine Gordimer has called Said “...one of the truly important intellects in our century” and that Rose refers to Said’s “unquestionable brilliance.” His capacity to write is exceptional. His writings have a directness, a clarity about where he stands and what he means, and a challenge to viewpoints differing from his own. His ability to weave various strains, literary, cultural, and political into a whole may reflect his musical background so that ultimately there is a melody. In discussing Conrad’s Heart of Darkness, Said states, “...by virtue of its uncompromising European vision, is precisely what gives it its antinomian force, the intensity and power wrapped inside its sentences, which demand an equal and opposite response to meet them head on in a confirmation, a refutation, or an elaboration of what they present.” (Said, p. 26). So too does his lecture.

This lecture is not an exegesis of Freud’s Moses and Monotheism but rather, as Rose indicates, a political parable. It is about the politics of literary representation. Read this way, the reader is exposed to a perspectivist viewpoint in which the “facts” presented are secondary to the “truth” that is being expressed. The “truth” may also express political goals. Said notes Freud’s acknowledgment that he is being arbitrary in the selection of his data and he too acknowledges being somewhat arbitrary. Both Freud and Said gather their facts to support their thesis. Essentially what we have are two late works, both of which cover many themes, sometimes in a fragmentary way, as is inherent in a late work. Both sensed or knew that the work may be a final statement about an important theme in their lives. For Freud, it is mainly the deconstruction of a leader and a challenge to his own group’s belief or myth, which is in keeping with his lifelong views on religion and his relationship to his heritage. He notes that he is going against his group’s national interest. For Said, it is the European/non-European issue, a question of identity and exile, and its manifestation in the current Palestinian-Israeli conflict.

Bollas notes Said’s use of contrapuntal, which is an interesting concept and important in understanding Said’s style of writing. Some writers, Freud among them, leave works that travel “...across temporal, cultural, and ideological boundaries...” (Said, p. 24), which emerge later in unforeseen ways in new forms. Said’s new form is to take Freud’s statements that Moses was an Egyptian and monotheism the creation of Akhenaton as a starting point for another melody, a counterpoint.

His new form is to ask how Freud’s statement about Moses and monotheism impacts upon a view of monotheism, Jewish identity, and the Palestine-Israel issue. Said accepts Freud’s assumptions about Moses being an Egyptian and monotheism an Egyptian creation. He thinks Yerushalmi (1991), who has emphasized the Jewish historical claim to monotheism, jumps to conclusions when he claims that monotheism was historically, if not genetically, Jewish. He also thinks Yerushalmi misconstrues Freud’s view that even if the Jewish people did not originate monotheism it is to their credit that they took hold of it and maintained it, since according to Freud it did not take root in Egypt. Said discounts Yerushalmi’s view as too narrow and states that Freud was probably aware that monotheism returned to Egypt with primitive Christianity which remains today in the Coptic Church and then returned through Islam. This reference to monotheism’s return via primitive Christianity and Islam is a surprising way to counter specifically Yerushalmi and implicitly Freud. Said omits the long period of time between Mt. Sinai and Islam, which is at least six centuries after Christ, whose teachings are derived from a long period of Jewish monotheism.

Furthermore, are Said and Freud talking about the same monotheism? Freud in the second to last
makes an important distinction regarding monotheism. He states, “After the Christian doctrine had burst the confines of Judaism, it absorbed constituents from many other sources, renounced many features of pure monotheism, and adopted in many particulars the rituals of other Mediterranean people” (Freud, p. 175). This pure monotheism may be reflected in Braunstein’s (2004) analysis of Schoenberg’s opera Moses und Aron. The distinction Braunstein makes is between abstraction and images with the former being the essence of Moses. Theodor Reik once commented that the primary contribution of Judaism is God’s invisibility, an abstraction like the superego. Interestingly, Bollas from a different position notes that the first exile we all experience may be from the maternal to the paternal order, that is, from image-sense to the symbolic order of language.

Literary representation, with its political implications, is most present in the question of Moses’s identity. If Moses was an Egyptian then, according to Said, it produces a fissure in Jewish identity. If Moses was not a Jew and monotheism was not a Jewish creation, then Jewish identity is pluralistic, that is, the result of mixture with other people and not foundational. He contrasts this pluralistic identity with the foundational one of Israeli policy and legislation. Said rejects Israel’s attempt to define a foundational identity that excludes other people who have lived “in that sliver of land.” In fact he states that Israeli legislation “... contravenes, represses, and even cancels Freud’s carefully maintained opening out of Jewish identity towards its non-Jewish background” (Said, p. 44). What does he mean by this? He contrasts Israeli policy of exclusive immigration by Jews, the right of return, with the inability of former Palestinian residents to return. Essentially, he is saying that, by being a Jewish state, Israel ignores Freud’s opening up of Jewishness to its non-Jewish background. Here we have the use of Freud’s writing in an unforeseen way in its application to a national policy.

His interesting analysis of archeology from an Israeli and Arab perspective, duly noted by Rose, is an analysis of how nations, in this case Israel, use archeological studies to define an identity, claim land, and extend political goals. I think there is merit in Said’s observation if not in his conclusion, which Rose shares, that the Arab archeology reflects more Freud’s position in that it is less foundational. From my viewpoint both serve national narratives demonstrating their ancient presence in the land they both claim.

For me some of Said’s most interesting points are his comments on the “unhoused Jew.” For centuries, the Jew has been unhoused but with the creation of Israel is housed. The Jew in literature has been a symbol of the outsider and of exile. Freud’s unhoused quality allowed him both to

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stand apart from the culture and to deconstruct the Moses myth. Said indicates that for Freud and others, like Spinoza, the unhoused quality allows for an internationalist viewpoint, which has changed with the creation of Israel. For Said, the Jewish experience of exile and fissure in identity is relevant today to many people who have been dispersed from their homelands, including the Palestinians. Salman Rushdie superbly expresses this extended sense of exile in The Satanic Verses.

Said hopes for a return to Palestine since he broke with Arafat because of the Oslo agreement and the absence of a right of return for the Palestinians. In another essay (Said, 2002), he is aware that in most cases you can’t go home again. Ironically, he cites the Jews and their return to Israel as an exception; and I believe he holds, in the same vein, for the possibility of a return for the Palestinians. The return he calls for, at the end of his lecture, is a bi-national state which would be an expression of a secular pluralistic identity living together which he believes is in keeping with Freud’s views of identity and internationalism. Freud noted that he is going against national interest so it may be reasonable to assume that he would oppose any foundational identity, that is, any communal identity that attempts to be limited to one and only one identity. However while Freud’s views on Zionism, always ambivalent, shifted slightly favorably as a result of anti-Semitism in the thirties, as Said notes, who knows what his view would have been had he lived into the post WW II period?

Zionism always had a double meaning. One meaning is the nationalistic fervor in keeping with the rise of nationalism in the latter part of the nineteenth century for which Freud may well have been ambivalent. Secondly, a Jewish state would be a refuge for Jews who were being expelled and discriminated against. Freud and his immediate family were able to seek refuge in London after the Nazis annexed Austria because of the intervention of people in high places. Others were not able to do so. The right of return, in part, is a statement that there will always be a place of refuge for Jews. Had he lived into the post WWII days, Freud may have become less ambivalent about Zionism, not because he says Jews are a separate nation, he does not, but because it offered a place of refuge.

Said views the creation of Israel as an act of expiation by the European countries for the Holocaust, which he views as a particularly European phenomenon stemming from the virulent anti-Semitism it spawned. In effect, the Arab world is made to pay for the sins of the Europeans. Said is correct in noting that the Arab world in which Jews lived did not have this virulent anti-Semitism. However he does not note that after the creation of Israel many non-European Jews who lived in Arab lands left them “voluntarily.” In addition he believes the European countries created Israel, a quasi-European state “...to hold non-European indigenous peoples at bay for as long as possible” (p. 41-42).

Rose is not so sanguine as Said is about people living together for a couple of reasons. First, she believes Said underestimates the fixity of identities, which is increased, not lessened, by trauma. Secondly, Said underestimates the connection between sociality and violence. He also fails to address hate in group dynamics. Groups are bound, a band of brothers, in the killing of the father and in the hate of other groups. How the Middle East conflict plays out in that “sliver of land” may be an issue of power, something that Said only tangentially touches upon. Said’s bi-national country is an ideal one of a pluralistic, secular society living in peace with one another. Nevertheless, to many Israelis it represents the end of a Jewish state.

There is one glaring example of a lack of clarity for a writer who is generally very clear. In discussing Freud’s comments about the non-Jew, Said states, “Jews, he {Freud} says, have always attracted popular hatred, not of all which is based on reasons as good as the charge that they crucified Christ” (Said, p. 38). Does Freud say that? Not exactly, and not in those words. Said is referring to the accusation that Freud states Jews have heard, namely, “You killed our God.” Freud states, “Not all accusations with which anti-Semitism pursues the descendants of the Jewish people are based on such good foundations” (Freud, p. 115). But what are the foundations? In the sentences leading up to this statement in the same paragraph and in the previous paragraph, Freud states that the murder of Moses is the important link between the forgotten deed of the primeval father and monotheism. Freud then says the guilt over murdering Moses may be the basis for a “wish-phantasy” for the Messiah. Christ becomes Moses’s “substitute and successor” and his rebirth has some historical truth for he was the resurrected Moses “...and the returned primeval father of the primitive horde as well—only transfigured, and as a Son in the place of his Father.” The accusation or charge “...is true, if rightly interpreted (italics mine). It says in reference to the history of religion: ‘You won’t admit (italics his) that you murdered God’ (the archetype of God, the primeval father, and his reincarnations).” (Freud, p. 114-115.)

The accusation or charge that the Jews killed Christ is historically true only if he is the reincarnation of the primeval father and the resurrected Moses. The guilt the Jews won’t admit to is the original killing of the primeval father and the murder of Moses. The accusation or charge rests on good foundations the way a neurotic with repressed guilt feels guilty when an accusation is made that does not have particular merit. While Said deals with literary representations, Freud is speaking of unconscious mental representations and repressed guilt over the killing of the primeval
father and Moses. Said’s statement while not totally inaccurate is not totally accurate. The context is critical. Whether Freud’s speculations have any merit is another issue.

In concluding his lecture, Said notes that the wound to identity that Freud provides in Moses and Monotheism is the “...essence of the cosmopolitan” from which there is “no utopian reconciliation” (Said, p. 54). The unresolved sense of identity, which is inherent in Jewish identity by Moses being an Egyptian, is also existent in the non-European world. Other besieged identities can respond to this fissure in identity. Said, like Freud, does not pose palliatives but simply states we need to face it and live with it. As Rose notes, Freud may then be the model for coping with this basic trauma to identity. This is the image of modern man, which has been depicted by modernist novelists. It has been the essence of analytic work too.

When Said is writing about identity and exile and its psychological condition he speaks to the experience of analysts working with people of different cultural backgrounds. Said is cogently aware of the dangers of not listening to the Other, which as analysts we are hopefully attuned to as the definitive ingredient of our daily work. When he discusses literary ideas and how they reflect cultural differences and eras, he is extremely insightful. This book is a brilliant discussion of literary representations that are present in political thought and may serve as an introduction to Said. Reading Said is an immensely rich experience whether one agrees with him or not. In reading him, one is likely to do both. His erudition, writing skill, and his challenge to the reader is rewarding. As the Other to conventional Western thought he confronts you with the limits of your own thinking. One thing is absolutely certain, in reading him you won’t be unmoved by what he writes. If you were, I think he would have been disappointed.

**References**


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Unformulated Experience: From Dissociation to Imagination in Psychoanalysis, by Donnel Stern. Hillsdale, NJ: Analytic Press, 2003 (Reprint); 312 pages, $49.95. Deborah Birnbaum PhD

Catching Psychoanalysis Out of the Corner of Our Eyes

Having done my analytic training during a period coined the “postmodern turn,” I read this book with a general albeit limited understanding of hermeneutics, post-structuralism, semiotics and constructivism. However, not having a background in philosophy I was a bit intimidated reviewing Unformulated Experience. Frankly, I expected it to be one of those experiences like exercising, difficult but good for you, with a feeling of relief and accomplishment when done. I have been pleasantly surprised to find that the rich ideas in the book are as accessible, interesting, and useful to the pragmatic clinician as they are to those with a philosophical background. Despite tackling complex issues and systems of thought, Stern’s work is personal, open and anything but dry. He uses everyday life, art, literature and even his love of food to make the material come alive. The clinical examples are refreshingly frank. In the process of reading these fertile ideas, one’s own imagination and curiosity are stirred. Donnel Stern ends the preface by stating “… I do hope that some of the mystery of formulation that I also experienced, some remnants of the sense of meaning as an emergent thing, attends the readings of these chapters.” I think that the reader will find that in immersing oneself in this work one experiences some of what Stern describes as the process of formulating experience—a deeply felt and imagined experience, a sense of wonder, mystery, openness and curiosity.

Stern describes the development of his ideas, beginning with his interest in unformulated experience and Sullivan’s interpersonalism to his resonance with Gadamer’s hermeneutics. The insight that the concept of dissociation connected these two areas led to the ideas put forth in this seminal contribution to contemporary psychoanalysis. In it, he discusses social constructivism, hermeneutics, and other postmodern concepts and their relevance to clinical practice. In particular, he focuses on the clinical consequences of viewing psychoanalysis through a hermeneutic-constructivist lens. In so doing, Stern reconceptualizes the nature of the unconscious, transference, countertransference, interpretation, resistance and the therapeutic process itself. Some of the questions raised include: How do we come to reflect on our experience and put it into words? How do we choose what to interpret? How do we come to new insights? How do we facilitate therapeutic action? What keeps us from knowing and what does knowing something mean? How do we generate meaning? How does the interpersonal field influence the therapeutic process and what were are able to know?

In Part I of the book Stern conceptualizes a constructivist concept of the unconscious—unformulated experience—as experience that we have not yet reflected upon and put into words. Using the analogy of twilight when dim light makes familiar shapes hard to recognize and one can see things that cannot be coherently identified, he describes the process of formulating experience, and challenges the notion that there is a fully formed unconscious that is objective and factual. In Part II, a theory of dissociation is explicated and the ways in which we narrow what we can experience by “not spelling out” and by narrative rigidity is discussed. Dissociation is the unconscious decision not to interpret experience, to keep it unformulated. Rather than repression keeping a preformed “truth” out of awareness, dissociation never allows us to spell out and put our experience into words. In the last section, he expands on the clinical implications of these ideas. He discusses interpretation, resistance and the embedded analyst. According to Gadamer, understanding is always dialogic and occurs between two people or between a person and an object (e.g., a text, art, etc.) Thus, his work fits nicely with a relational/interpersonal perspective of psychoanalysis. Gadamer’s hermeneutics are further explained and applied to clinical practice. In these chapters, the concepts are illustrated with rich clinical examples.

Psychoanalytic constructivism posits that the analyst is inevitably embedded in and unconsciously participates in the therapeutic process. Experience is not prefigured but rather is ambiguous and created in interaction. Stern describes the development of psychoanalytic constructivism as an outgrowth of several postmodern perspectives, which share what he calls “the postmodern critique of language.” He explains that “understanding, is inevitably linguistic, and that language is historicized, perspectival and socially constructed” (p. 11). Language is the condition for experiencing. It is not a reflection of experience but rather the basis of all of our experience.

Unformulated experience is “mentation characterized by lack of clarity and differentiation. Unformulated experience is the uninterpreted form of those raw materials of conscious, reflective experience that may eventually be assigned verbal interpretations and thereby brought into articulate form” (p. 37). It includes the seeds of words and
of emotions; feelings can be put into words and language is imbued with emotion. He further maintains that the nature of what is possible for us to formulate is created and limited by the interpersonal field. Defensively motivated unformulated experience is termed “familiar chaos.” Rather than repression keeping unconscious thoughts out of awareness, we never allow ourselves to interpret our experience. We cope with anxiety by refusing to formulate. Progress in therapy is not simply the removal of distortion to reveal preexisting truths or preformed memories, but rather is a reflection of an increased willingness and ability to interpret new experience, to have greater curiosity and freedom of thought. In order to be open to new experience we need to be capable of not knowing what will come next. In a sense, one could say we surrender; we allow language to take its own shape and to allow vague inchoate senses to take their own meaningful form rather than forcing them in a particular direction because it is familiar and therefore safer.

If the unconscious does not have one predetermined meaning, if language is constitutive and meaning is formulated in interpersonal interaction, then what does this mean for the analyst? Stern emphasizes that language being constitutive does not mean that it wholly determines thought but rather that it co-creates it. What we choose to say is not arbitrary and we still search for what is most true. We choose the perspective that has the best fit and it is this sense of fit that creates the patient’s sense of conviction. Stern stresses that the analyst must be open to surprise, to be accepting toward her inevitable participation in enactments and to allow herself to arrive at previously imperceptible possibilities for novel experience. The patient’s sense of safety is established by the analyst’s compassionate curiosity and the development of a collaborative process.

The analyst’s experience of the patient is nonverbal and prelogical. Stern states that the “part of the analyst’s experience which will eventually be most analytically useful feels as if it comes naturally” (p. 187). It is what he calls “unbidden.” He adds,

Much of our countertransference is embedded in that vast realm of experience that is seldom directly apprehended, but of which everyone is dimly aware, the unattended everyday—everything that is just the way of the world. It is this part of the analyst’s responsiveness to the patient that genuine surprises germinate. (p. 187)

About the therapeutic process he states,

We hope that, and even pray that we and the patient will find our way to that kind of authentic experience. But we do not know how to make authen-

ticity happens. So, while we are grateful for the unexpected and inexpressibly benefits along the way, we focus our conscious attention on trying to say things that matter. (p. 90)

Stern emphasizes that it is markedly difficult to say things that matter in therapy and in everyday life. He terms authentic language “creative disorder.” At times, we do not treat unformulated experience as creative disorder, but rather force ourselves to say things before we are ready by using stereotyped language. Consequently, we do not allow new meanings to emerge. Stern’s own use of language is not conventionalized or stereotyped but rather is evocative and often poetic. For example, he states that language can be “…apocalyptic, intuitive, antic, possessed. Language is a dervish. It belongs to us and carries us away, all in the same instant” (p. 90). He notes:

By cultivating uncertainty and following the lead of our feeling, by following the point of emotional urgency on whatever path it charts through the time it takes to make a narrative, we create the best, truest stories, and they heal us by bringing what has hurt us into a meaningful relation with experience we already identify as our own (p. 94). [And later,] Language is always interpretive; the question is only whether the interpretation is hackneyed or from the heart. (p. 113).

Clearly, the language of Unformulated Experience is from the heart. This scholarly work inspires us to surrender to the mystery of the analytic process and to allow ourselves to be surprised by our own rich imaginations. I will end with Stern’s lovely quote:

We hope that over time, we and the patient, within the confines of our own little universe, and then in the larger world, come to use language more flexibly and precisely than before. We hope that we come to a greater acceptance that speech and thought are always incomplete and imperfect, and to an appreciation that saying and thinking one thing always means not saying and thinking another—that language constantly requires us to burn bridges to meanings not selected and articulate. And we hope that, however precisely we are able to express ourselves, we will be able to tolerate knowing that we never finish saying anything. (p. 89)

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This intimate memoir by Sue Erikson Bloland, the youngest child and only daughter of Erik and Joan Erikson, includes, along with her personal reminiscences and speculations about them, more general discussions of fame, on the one hand, and the need for idols on the other. These discussions seem to have been necessary weigh stations, as Ms. Bloland undertook the journey of separation from her famous father. His fame apparently impressed her deeply throughout her childhood. In fact, exposure to famous people of any kind always affects her, she tells us, leaving her at times “barely able to speak,” or with dry mouth and thumping heart (p. 216). Thus, she says, the primary task for her, in writing this memoir, was to reconcile the “overwhelming and bewildering” effect of her father’s “public aura” with the brilliant, but “awkward,” “unpredictable,” often “irritable” man she distantly encountered, growing up, in those moments when he was not escaping his family and friends in order to write.

Her mother meanwhile, had gifts that seemed “virtually unlimited” (p. 15). Beautiful, healthy, accomplished, (a dancer with degrees, respectively, in sociology and education), Joan Erikson, a modern-day version of Sonya Tolstoy, did everything for her husband and family. In addition to encouraging exercise, preparing healthy meals, entertaining effortlessly and taking total charge of childrearing, she rose early every day to edit her husband’s work. Together, according to Ms. Bloland, her parents told stories about themselves, about how they had “. . . transcended experiences of childhood rejection to find idyllic romantic love with each other and to ascend together to . . . fame” (p. 8). These stories, which had a huge effect on others, made “. . . the real world seem mundane and colorless by comparison.” to their daughter (p. 9).

Meanwhile, it seems she gave them quite a hard time. Five years younger than her next older sibling, Ms. Bloland describes herself as chubby, grim, poor of posture and generally miserable (p. 20). Her obvious lack of contentment “. . . embarrassed them all.”

What had actually happened, a story familiar to those who have read historian Lawrence Friedman’s biography of Erikson (Identity’s Architect: A Biography of Erik H. Erikson. New York: Scribner’s, 1999), is that Neil had not died at all, but had been institutionalized. While his wife was still unconscious from anesthesia, Erikson, with the help of Margaret Mead, made the decision to institutionalize the child, whom they were told would not survive much beyond infancy. Her mother, according to Ms. Bloland,
accepted this decision but it created “emotional turmoil” and tension in the family. “It was a crushing narcissistic blow for her to have such a child . . . At the same time she felt guilty about her own paralysis in the matter.” When she got angry at Erik for sending Neil away, “he was devastated and withdrew” (p. 23). As a consequence of these dynamics, the marriage was shaken to its foundation and the couple considered divorce. Her father, Ms. Bloland learned later from her mother, was involved in a relationship with a research assistant. Her mother, very distressed, went for a week to see Frieda Fromm-Reichmann (whom the Eriksons knew) in Taos, New Mexico and felt considerable relief as a result.

These are sad events indeed. Ms. Bloland describes the pain and vulnerability her parents continued to feel, given the rift in their sense of themselves that Neil’s birth had created. But with their move from West Coast to East, six years later, soon after the publication of Childhood and Society, they pushed “the tragedy of Neil as far out of their conscious awareness as possible –[and to focus instead] . . . on . . . my father’s . . . fame” (p. 92).

This period in the lives of the Ericksons are given a somewhat different turn by Friedman. Devastated as Joan Erikson was, by the birth of Neil, and the destruction of the “romantic image that she, even more than Erik, liked to invoke of a healthy. . . vibrant family” (p. 210), Friedman tells us Joan Erikson visited Neil periodically after his birth, even while she was still supposed to be in bed. According to Friedman, it was, in fact, largely her decision to keep Neil institutionalized, a decision she made because of a combination of factors: First, Neil did not respond to her personally as his mother, which hurt her deeply; second, she already had plenty to care for at home. Third, the pervasive “scientific” knowledge of the day about retarded children (before the “crusade” for them “got under way,” (p. 211)) seemed to encourage her to leave Neil in an institution, where, presumably, there would be people who knew better than she how to care for him. The outcome of all this was that she tried, without much guidance, to find a good placement for him and once she found one that seemed to be okay, she kept him there.

Meanwhile at home, still according to Friedman, “Neil’s birth affected Erikson’s thinking about the nature of human development . . . provoking him to continue with it (p. 217).” In continuing this work, Friedman says, Joan became more than a critic, she became his collaborator, at least on the major (eight stages) essay in Childhood and Society. Working together “almost” as partners, they began reading together again, Shakespeare among other things, the “All the world’s a stage” speech from As You Like It, which outlines seven ages of man. Their reading expanded as their ideas grew. “The Eriksons,“ Friedman continues, “found themselves using their collaboration as a path away from the crisis of family dysfunction rooted in Neil’s birth” (p. 218). Their highly creative bond not only rejuvenated them, but produced another kind of (normal) child, his (or their) most famous work about “normal” development, one that generations continue to read, in high school, college, graduate school, all over the world.

Sue Erikson, however, apparently never felt the impact of this period of rejuvenation in her parents’ lives and, once settled in the East, in 1951 (when she was 13), her resentment of them continued. They bungled her schooling, she says, removing her from one school, where for the first time in her life she had won some recognition, and sent her instead to another, where she felt completely lost. From there, by now badly estranged, she went to Oberlin College, where she did not read a word of her father’s work, not even Childhood and Society, not even when others in her class were reading it (Friedman, 1999, p. 257). Unconsciously, all along, she had identified a lot with Neil, the stupid one, she tells us. Even before they finally told her about him (which also occurred when she was 13), she dreamt of being “Mongolian.” It was only much later that she understood the significance of this dream.

Her resistance to her parents continued well past college, Ms. Bloland continues, and was evident in the work she finally chose. After graduation, believing that her parents did not think of her as “career material”, she took a secretarial job in California, where she returned, leaving her parents in the East.

From here on the book is largely focused on Ms. Bloland’s unfolding as an adult. Her secretarial work (at the Institute of International Studies, in Berkeley, according to Friedman) is barely mentioned as providing her with anything of importance. What was important was that she met and married an academic, an intellectual like her father. This relationship, she says, was extraordinarily complicated by her . . . enmeshed relationship with my parents and my deep-seated ambivalence toward achievement” (p.114). The marriage, in which she bore a son, did not last. Ms. Bloland, who had returned to the East with her husband and was settled in New York, was more than a little confused about who she was at this point in her life; and was also feeling inadequate as a mother (in comparison to her own mother). At this point, for the first time in her life, apparently, she went to see a therapist, to someone recommended by a friend. She was in her thirties.

Relevant here and interesting to me, in Ms. Bloland’s account, were the mixed messages she received from her parents about psychoanalysis. Her mother, she tells us, went into analysis well before the birth of Neil, only because she thought it was expected of her. She fabricated dreams for her analyst to interpret and laughed when he tried to imply
that she could be lasciviously (oedipally) interested in him. “Mother had survived . . . childhood by being secretive,” Ms. Bloland says (p. 77), and she was not going to let any psychoanalyst in. Moreover, her (Joan’s) practical turn of mind, which later famously led her to develop offsite, community-related activity programs at Austen Riggs, mitigated against much faith in deep self exploration. Instead, she favored the creation of “ego-strength” through active involvement in life, which her husband supported as well (Friedman, p. 258).

It is difficult to get a clear picture from Ms. Bloland of what she believed her father’s opinion of his own analysis had been, in part because Erikson himself seems to have been unclear. She describes the competition between her mother and Anna Freud (Erikson’s analyst) for his fealty. However, Ms. Bloland is quite precise about her own love of psychoanalysis. Once she took it up, she says, she discovered that she had been “programmed” for its language and that she identified profoundly with her father, whose writings she read as an adult. In fact, for the first time in her memoir, Ms. Bloland describes her feelings about her parents in absolutely positive terms. Somehow, through the haze of resentment in which she grew up,

[I was] blessed not only with a deep faith in psychoanalytic insight, but also with a basic trust in the psychoanalytic process—a trust inspired . . . by an identification with my father. But ultimately, it was the loving effort on the part of both Mom and Dad to be better parents than their own that had made it possible for me to benefit profoundly from a source of healing to which neither of them had been able to turn. (p. 125)

Ms. Bloland’s account of her own analysis, her difficulty establishing trust, her fear of betraying/destroying her parents, of her analyst’s betrayal, and finally of the process of coming into her own, did not seem very different to me from many analyses, except perhaps for the fact that her father was realistically famous (rather than just in her fantasy) and famous in the world she was entering herself. This reality may have added something to the intensity of her coping processes. At any rate, she registers considerable gratitude to her analyst and to the faculty at the Manhattan Institute in New York, where she finally trained as an analyst herself, and where she learned to approach psychoanalysis from a perspective a bit different from her father’s.

A memoir of this kind will be read by those who have relationships of their own, real or imagined, with the person being memorialized and who are more interested in learning about him (or her) than about the person actually writing the account. In this regard, for me it was good to read both about Erikson’s mesmerizing charm and his belief in, and almost exclusory commitment to, his work. In contrast, it was disconcerting to read about both his irritability when asked to do a household chore by his wife, and his unwillingness to encourage his daughter’s intelligence. Above all, however, it gave me considerable pause to read that Erikson himself was apparently not satisfied with what he had achieved. The feeling of “generativity” (which must have been his, given the well received books and the gratitude of his students, patients, supervisees) was not enough for him. Indeed, his prescription of an ongoing, active integration of self and its surround, at every stage, which, if fully pursued will arrive each of us, finally, at a solid, presumably satisfying sense of generativity, was not sufficient for him at all. According to his daughter, only reassurance about the longevity of his fame, might have given him peace. And the rest of us? Who knows?

ENDNOTES
1 A description of this, taken more or less directly from her book, appeared in a previous edition of Psychologist-Psychoanalyst, Vol XXV, 2005, No. 1, p. 15-17.
2 Neil actually survived until age 21 and died while his parents were in Italy. Sue Erikson Bloland and her brother, Jon, both of whom lived near Neil’s institution at the time, were asked by their parents to tend to Neil’s cremation and the burial of his ashes, which they did awkwardly, never having met him.
3 Friedman describes in greater detail than does Bloland Erikson’s vacillating feelings about analysis over the course of his life. At the end, apparently, he felt that his analysis with Anna Freud had been a good experience.
Traditionally, psychoanalysts have sought to explore the dark side of the soul, the varieties of psychopathological experiences, ossified as taxonomies of disease, reminiscent of the 1486 *Witches’ Hammer*, to be exorcised with the help of various dynamic formulas. Few among the tribe have attempted to address the normal side of the spectrum and fewer yet have seen fit to delve into the spiritual side of the psyche. But that has been reversed lately, with analysts drawn more and more to the realm of spirituality. Foremost among the seekers of the soul is analyst and humanist Gerald J. Gargiulo, steeped in the thought of leading Western philosopher and spiritual sages such as Meister Eckhart, as well as the echoes of this tradition in the works of analysts such as Winnicott, Grofstein, Green and Roustang. His represents an incipient of the 1486 *Witches’ Hammer*, to be exorcised with the help of various dynamic formulas. Few among the tribe have attempted to address the normal side of the spectrum and fewer yet have seen fit to delve into the spiritual side of the psyche. But that has been reversed lately, with analysts drawn more and more to the realm of spirituality. Foremost among the seekers of the soul is analyst and humanist Gerald J. Gargiulo, steeped in the thought of leading Western philosopher and spiritual sages such as Meister Eckhart, as well as the echoes of this tradition in the works of analysts such as Winnicott, Grofstein, Green and Roustang. His represents an appreciation of the total human person, a spirit, a mind, and a body, and informs an approach that seeks a meaningful and personal connection to the sufferer who seeks therapy.

This enlightened approach is beautifully illustrated in a case history in chapter eight, “Reflections, Musings, and Interventions: A Personal Communication on Psychoanalytic Work.” The author is honest both with his analysand and with himself, willing to search his soul for wrong moves but able to stay the course and in the end guide the person to a resolution of his conflicts and a happier life. The guiding principle of Gargiulo’s psychoanalytic method is given full expression in the preceding chapters, of which the titles alone speak volumes: “Language, Love, and Healing,” and “Empathy and Reverie: The Various Ways of ‘Knowing the Other.’” In fact, while the book is a compilation of various essays and addresses, what emerges is a unifying vision of a genuine therapist true to his calling: to labor for understanding of his patients and their welfare.

Moreover, Gargiulo builds an important bridge to the poets. It will be remembered that in his foundational work, *The Interpretation of Dreams*, Freud proudly traced his legacy, the discovery of the unconscious and the psychoanalytic method, to the poets like Friedrich Schiller and the romantic writer Ludwig Börne. The dream, with its affinity to poetic tropes, such as metaphor and synecdoche, its ability to dramatize emotions by means of visual imagery and linguistic homophony, is not just the dreamer’s poetic rendering of his current traumatic events and past childhood experiences. It is also the model of the so-called symptom (Lothane, 1983) and the manifestation of what Gargiulo calls “the playful intelligence,” a clear allusion to Winnicott. Winnicott’s idea of the psychoanalytic playground, or transitional space, reflects the approach that the analytic process is a continual interaction between two minds working in unison, the analyst’s and the analysand’s, thus creating a bridge between methodological concepts developed by Freud in *The Interpretation of Dreams*, Reik’s listening with the third ear and Isakower’s analyzing instrument (Lothane, 1981).

Perhaps the most intriguing and challenging essay is “Authority, the Self, and the Psychoanalytic Experience.” I shall proceed with a two-pronged discussion here: 1) issues of terminology which are a critique of the field rather than Gargiulo; and 2) his ideas about authority in therapy. The word “self,” which also appears in the title, has become a term of obfuscation among analysts. If it means anything, then, on Gargiulo’s own showing in this essay, it is but a synonym of the word person, as in the expression self and other, or me and you, or, as in Buber, the primary combination words I-Thou. The word “self” in the title of the book, appearing in the company of psyche and soul, suggests something else that eludes me. One who reified and mystified the word self is none other than Kohut, who does not cloud Gargiulo’s skies, even as he makes a reverent bow in the direction of the other great obfuscator, Lacan. The self and the other in the analytic encounter, the analysand and the analyst, the sufferer and the healer, are not two selves but two persons engaged in an interpersonal situation. And here I must extol the virtues of the nearly forgotten American psychiatrist, Harry Stack Sullivan, who put the word interpersonal on the map. Why then speak, as Gargiulo does in chapter nine, of “Anna O: An English Objects Relation Approach”? Why not an American interpersonal approach, when what we want to talk about is relations between people? Whose English is it anyway? I do not know how this objectionable object-speak ever began, but it is a gratuitous misnomer, because: firstly, a person is not an object; secondly, objects, for example, the book and the desk it is lying on, do not have any relations with each other except the static fact that the book is on the desk; thirdly, at least when Freud used the term in his 1905 “Three Essays on the Theory of Sexuality” he wrote: *Liebesobjekt*, or love-object, the cognate of instinctual drives. Those desires are not disembodied wishes floating in some ether but are forever devoutly aimed by the person who “has” them at another person with whom to consummate them. For Freud, like M. Jourdain in Molière’s comedy who did not know he spoke prose, was, mirabile dictu, a closet Sullivanian: he practiced interpersonal psychoanalysis and didn’t even know it, because he never heard the word interpersonal spoken into his ears (Lothane, 1997). I think it was Fairbairn who first created the straw man of desires, that is, those accused
drives, without a desirer. But it was Greenberg and Mitchell who reaped all the benefits of this polemic. The latter still seems to be haunting Gargiulo; but he is merely paying for the sins of the fathers.

The real thing is what he says about who retains the interpretive authority in the analytic situation, the analysand or the analyst, and here he gives free rein to his existential impulse. He inveighs against the rigid conception that the analyst is the privileged knower while the analysand is seemingly doomed blindly to repeat his dependent infantile transference onto the supposedly all-knowing analyst. Clearly, that won’t do for Gargiulo, and rightly so. In his existential quest, Gargiulo traces the essential give and take in the analytic situation to the fact that the analyst is triply invested: he is a real person, a transference person, and a new person for the analysand. The analysand may desire the analyst in an infantile way, but as a real person, he is not father substitute or mother substitute of any other substitute. But he is also new: the analysand has just not met anybody like that ever before in his life: that’s how new the analyst is. The rest is their conversation, on many levels: the conscious, the unconscious; the concrete, the metaphorical; the mendacious and the truthful. Without invoking ethics, Gargiulo comes very close to defining the analyst as an ethical authority, not an interpretive authority, because the patient can say, with Correggio upon seeing Leonardo’s work: anch’io sono pittore, I can interpret, too, you know. As far as I am concerned: every intervention is an intrusion and every interpretation is a delusion. The true sense of a symptom, as I claim, is interpersonal: it is in the interaction between the two interlocutors (Lothane, 1997).

A seasoned clinician and a wise man, Gargiulo makes you listen to an important message about life, love, and therapy. I highly recommend this book to psychoanalysts, professionals in neighboring disciplines, and anyone with an interest in psychoanalysis. It will stir your heart and inspire you to rethink some of the recurrent facets of mind that have been with us since the birth of philosophy a few thousand years ago.

References


September 16-17, 2005
A two day conference at Shepard Hall
City College of New York
Sponsored by the
PhD. Program in Clinical Psychology, CUNY

Reflecting on the future of psychoanalysis:
Mentalization, internalization and representation

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

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

For registration and more details, visit: http://www.ccny.cuny.edu/mir/
MY LIFE IN THEORY, By Leo Rangell. New York: Other Press, 2004; 363 Pages, $35.00.

Jeffrey H. Golland, PhD

Leo Rangell should need no introduction to a psychoanalytic readership. Since this book—a professional memoir—acknowledges that the “mainstream” is no longer main, and since many readers of this newsletter may not even be in his stream, perhaps he does. Rangell is only the fourth person to be named Honorary President of the 95-year-old International Psychoanalytical Association (IPA), following Ernest Jones, Heinz Hartmann and Anna Freud. He and the late Merton Gill (separately at the same watershed symposium) provided overlapping statements of the psychoanalytic method of treatment (1954). For over half a century, their formulations have defined “standard technique.” Rangell’s contributions include 450 papers and 7 books. He was twice president of the American Psychoanalytic Association (1961-1962, 1966-1967) and served two consecutive terms as IPA president (1969-1973). He coined the phrase “total composite theory,” and is the leading advocate of a “unitary psychoanalysis.”

Total composite theory rests on the premise that recurrent theoretical divergences result from misguided attempts at creating replacement systems overemphasizing an important element while neglecting or dismissing others. Such pars pro toto thinking, abetted by group psychopathology in response to charismatic leadership, has generated several new psychoanalytic theories. Earlier in the psychoanalytic century, schism (e.g., Jung, Adler) and exclusion (e.g., Reich, Horney) were common. More recently, eclecticism and pluralism keep divergent groups under a common administrative umbrella. Rangell sees this internal incoherence of theory and practice playing a major role in the diminished standing of psychoanalysis as an intellectual discipline, with public confusion and low confidence as sad results.

Alternatively, total composite theory is open to inquiry, inclusion and change, but newer discoveries neither displace valid older ones nor do they make for exaggerated corrections. Over time, innovations achieve standing in the composite, with challenged concepts becoming fine-tuned or dismissed. Applying Freud’s notion of “complementary series” to several of the dichotomies that led to splits (e.g., drive–object relations, oedipal–preoedipal, transference–reconstruction, historical truth–narrative truth, authority–egalitarianism), Rangell proposes “both–and” as an antidote to “either–or.” He provides numerous examples to illustrate his “both–and” solution.

Full disclosure is in order. I have been an adherent of Rangell’s outlook from my training days (1968-1973), and my own thinking, teaching and writing have been strongly influenced by his. When I met him for the first time nearly a decade ago, I told him he was “my favorite analyst I hadn’t met.” When I volunteered for this review, I had little doubt I would enjoy the book and favor its approach. While I have some reservations and will not simply applaud, my anticipation was accurate, or perhaps self-fulfilling.

Rangell aims in this memoir to supplement his scientific record. His choice of title, My Life in Theory, is especially welcome now, when Darwinism is attacked as “merely a theory” and when therapists may claim to be good clinicians while denigrating or even dismissing theory. While warmth, intuition, and tact are necessary components of good therapy, they are not sufficient. Rangell shows how theory, a set of conceptualizations providing coherence to discreet phenomena (as Freud’s did with symptoms, dreams and slips, and with the normal and the pathological in psychic life), is essential both to psychoanalytic treatment and to a scientific worldview. And, for Rangell, psychoanalysis must be scientific.

Another of Rangell’s themes is that science is not simply an objective enterprise. He describes the interaction of the personal (affective) and the theoretical (cognitive), using as prime examples his own biography and his relationships with other leading analysts of the past fifty years. This affective–cognitive dichotomy is shown also to be a complementary series, although he sees theoretical progress evolving by separating the poles and minimizing the personal and political. Rangell’s review of even early divergences finds a cognitive/rational perspective to be opposed by an emphasis on the affective/inspirational/identificatory dimension. Following Fenichel (1945), he views ideas and affects as equally important subjects for study, but with rationality, not affect, guiding theory and method.

Divergences leading to the current pluralism are ascribed to the seminal breaks of Melanie Klein in London, George Klein in Topeka, and Heinz Kohut in Chicago. Personal interactions with Ralph Greenson, Anna Freud and Kohut are offered as examples of subjective influences on psychoanalytic politics and on theory. Much of Rangell’s text is devoted to a chronology delineating agreements and differences with Joseph Sandler, Robert Wallerstein, Roy Schafer, Charles Brenner, Peter Fonagy and Gill, among others. In each instance, he aims to demonstrate that his is the inclusive theoretical frame, and that alternate views,
when not incorrect, can easily be subsumed. George Klein (1973), with his separation of clinical theory from meta-psychology, and Wallerstein (1988) with his sanctioning of multiple theories are seen as the major adversaries of total composite theory. Rangell’s argumentation reprises much of his earlier work and I find it effective.

One particular issue where I judge Rangell’s discussion to be weak is in regard to the controversy over “lay analysis” in the United States. He considers the exclusion of non-medical analysts by the American Psychoanalytic Association (APsaA) as having been an error, but he believes that this issue is improperly conflated with opposition to the ego psychological stance, resulting in hostility both to the politics and the theory by those who were excluded. I made the same point regarding the confounding of politics and theory in an essay in this newsletter 14 years ago (Golland, 1991). But Rangell minimizes the “lay” issue when he asserts, however correctly, that physicians and non-physicians alike have held to both good theory and bad. He neglects his own thesis regarding the interaction of personal/political factors with theory by not recognizing that the large-scale, systematic exclusion from the political center of psychoanalysis in America had large-scale effects on alternate theory development. And Rangell, unlike his paradigm rival Wallerstein, was neither leader nor participant in the political change. The wounds resulting from the exclusion of non-physicians are not fully healed. Despite Freud’s coinage, most of us feel “lay analysis” to be an inappropriate and disparaging term. A unified psychoanalysis must include analysts, independent of their academic background.

There are also elements of style that may create some dissonance. Editorial discipline cannot be easy in memoir writing. Rangell devotes many pages to the politics of psychoanalysis in his home city, Los Angeles. Details of his rivalry with Greenson are as fascinating for a reader as good gossip can be, but as an admirer of Greenson’s monumental text on technique (1967), I felt like a child listening to his parents fight. A similar feeling was evoked from descriptions of the machinations involving Miss Freud around Rangell’s rivalry with Kohut for the IPA presidency. Rangell uses published letters to support his views, but these necessarily one-sided, sometimes angry and negativistic accounts may muddy rather than enhance understanding of the theoretical issues at stake.

Rangell does not neglect more current theoretical controversy. He discusses relational psychoanalysis, two-person psychology, and the technique of self-disclosure. He reviews Schafer’s attempt to unify Kleinian and Freudian approaches. He challenges Brenner’s recent rejection of the tripartite structural model. He welcomes indications that some alternate theorists, like Jay Greenberg, have moved to more inclusive positions, but he remains uncompromising about what he takes to be errors of thinking.

Now in his nineties, Rangell continues to develop theory. He extends his own original contributions regarding unconscious active decision-making as an ego function, and his treatment of the moral dimension (first proposed in his 1980 book on the Watergate scandal). He sees his election as Honorary President, after two decades of absence from the IPA executive council, as indication that his views may again be ascendant. He hopes that psychoanalysis will move forward by addressing topics in moral psychopathology and by approaching new frontiers with the study of freedom, sincerity and courage. Despite the (inevitable) discovery of a hero’s limitations, I remain in awe of both his intellect and his feistiness.

But are we really near a unified theory? Brenner’s conflicted patients suffer from maladaptive compromises, and Kohut’s from the tragedy of narcissistic wounds. Schafer has come to find his patients plagued by projective identifications. Wallerstein finds common ground in actual clinical practice, but is challenged in this view by Paniagua (1995). Rangell sees common ground in a unified conceptualization, but theoretical differences are still pronounced. I join Rangell in hoping for a unified theory, but such a goal remains elusive.

Those who are unfamiliar with Leo Rangell will find this memoir to make important contributions to their understanding of psychoanalytic theory and practice. Those who know Rangell’s work will appreciate many aspects of this book, and especially that the work goes on.

**REFERENCES**


Jeff Golland is a member of the faculty and training and supervising analyst at the New York Freudian Society.

Richard Ruth, PhD

It is no longer a “big deal” for analysts and analytically oriented therapists, of the full kaleidoscope of genders and sexualities—because that is what our community looks like now—to be working with same-sex couples. Or is it? This past fall, while deeply engaged in reading and mulling over this short, quirky, feisty book, I decided I might review it most creatively by “giving it a spin” —using one of its chapters (the late Adria Schwartz’s “Ozzie and Harriet are Dead: New Family Narratives in a Postmodern World”) as a text in a seminar I was leading for mostly beginning child therapists. The students, clinicians of the new millennium, had spoken of being eager to talk about issues of gender and sexuality, and I made the assumption that notions of gay/lesbian/bisexual–affirmative analytic thinking would not be completely remote to them.

In trying to make the postmodern language of the chapter less foreign to the students, I thought I might begin by tracing the development of analytic thinking about how Oedipal conflicts do and do not apply to gay and lesbian people. I spoke about the notion the gay analyst Richard Isay advanced in the 1980s (ancient history to the writers in this volume, for nowhere is he cited) that gay and lesbian children tend to form primary libidinal bonds, during the early Oedipal period, with the parent of the same gender, and not the parent of the opposite gender, as heterosexual children do.

Oy vey, as Freud might have sighed on one of his bad days. A lesbian student was enraged, and spoke about how hurt she had been by any notion that analytic ideas might still be being imposed on gay and lesbian people. My sharing of my own experience that, as a gay man, I had found Isay’s ideas personally helpful did not assuage. The postmodern culture wars were on, alive and not necessarily well in our little seminar room.

Perhaps echoing my teaching experience, my observation and prediction would be that, if one begins reading this volume with the notion that treating same-sex couples is just the same as treating heterosexual couples—though, in some ways, it is—the sense of the intricate, subtle, complex differences will soon prove dizzying. The ten essays in this volume ask to be read with no preconceptions.

In the postmodern world into which these thoughtful clinical writers invite us, one is often encouraged to consider the structural elements of a text, so a few observations along those lines: Most of these writers are women (and one has to go deep into one chapter before it becomes clear that one of the writers is a man). Almost all are New York-based. Only one is a medical analyst. None cite affiliations with institutes of the American Psychoanalytic Association. Though there is a vaguely relational flavor to the writing, most of the authors seem to eschew declarations of theoretical orientation. Virtually no quantitative research is cited; all the writers are clinicians writing about their clinical experiences (except one, a sociologist, and her qualitative research findings are but a small step away from clinical writing), and all operate with the assumption that such writing need not defend its right to speak. The relevance of psychoanalytic thinking to the work is similarly taken for granted, though also viewed with an open weave; other kinds of clinical ideas are brought in when desired, with little apparent muss or fuss.

Are these background or foreground issues? Hold the thought, and consider this one: The book is replete with small typographical and copy-editing errors. At first, this put me off, but, over the course of my reading, it grew on me. By the end of the volume, my impression that the writers and editors were perhaps more concerned with thoughts than with formalities led to a sense that what I was reading was like a new-century version of a 1960s underground newspaper, reportage from the front.

And a lot, indeed, is going on on the front. Same-sex couples are forming families in all kinds of new ways—adoption; insemination with known and unknown sperm donors; within and often (not always by choice) outside of old and new legal structures; monogamous and not. Some of these families stay together and thrive, and thus end up in therapists’ (or sociologists’) offices not so much with a focal presenting complaint as with a request for developmental facilitation of various kinds; others break apart, with not only no template, but disturbingly often with no recognition, of their complex emotional agony. And yet, at least within certain communities, gay, lesbian, bisexual, and transgender people (this latter a group not addressed in the current volume) raising children are not new—the couples in this book are not “firsts,” although they may be representatives of a certain kind of first generation—nor is the notion that their own communities contain comfortable numbers of out analysts and therapists (at least, but not only, in New York) ready and willing to help them through. These writers, seemingly, see a lot of same–sex couples.
And their clients/patients are not coming in because they question their sexuality, though, as several writers here elaborate, in their inner lives there are often difficult well-springs of internalized homophobia, shame, and role conflict.

Everything is up for question and exploration here (and perhaps this is true of all honest and good psychoanalytic endeavors). Are gender and sexuality fixed, or perhaps more accurately seen as fluid and sometimes ambiguous? Is the body itself a “given” in analytically informed work, or is it more properly seen in its psychic representation as a construction, influenced by (an often anti-woman and anti-gay) culture but filtered through the structures and processes of psychic life? If marriage and monogamy are not the operative assumptions, then is the notion of a couple itself essentially more elusive than we would be accustomed to believe, as one writer here argues? How do we deal with issues of normality and difference in ways that do not embody biased assumptions? How do we help couples navigate the complex relational currents when object choice becomes delinked from parental role, an assumption generally not encountered in heterosexual families and in persons raised in them?

Of course, same-sex couples come to us not to feed our theoretical musings, but for concrete help, so the clinical narrative here moves quickly away from these kinds of knotty open questions. In a book that is intentionally non-prescriptive, the task of summarizing content in this area is quite challenging, and, for the most part, I will choose to punt—not out of laziness (this review has had a substantial pregnancy, and the labor has not been easy, either), but because this book insists that the point is the clinical stories themselves, each of them unique and to be encountered more in their uniqueness than in any assumption of automatic applicability to other situations.

If there is a loose common interventive theme, it might be that we have to meet same-sex families on their own terms, which are going to differ significantly from what evolves in the inner lives of people raised in heterosexual families and with heterosexual orientations. Beginning with the (not-so-) obvious, children of lesbian mothers have more than one “real mother,” yet, in a culture saturated with heterosexual assumptions, the lesbian parents may have very strong feelings about who is and is not the “real mother,” based on the vicissitudes of biological and non-biological parenting as well as complex psychodynamics, and children—always skillful at dividing and trying to conquer—may treat their two mothers, or two fathers, differentially as well.

Another common theme here is that therapists, gay/lesbian/bisexual therapists in no way excluded, will typically find ourselves bumping up against our own assumptions, preconceptions, and less-than-serviceable inner templates as well in working with these couples, rooted in our earliest experiences and processed through our active unconscious. The writers in this book model, often with impressive candor and grace, what it is like to do analytic work holding and not resisting notions of ambiguity, uncertainty, flattened patient/therapist hierarchy, and genuine mutuality at the center of the work.

It would be too easy, however, to end on this note of intellectual and clinical satisfaction—although I commend this book to the reader with no hesitation as a truly useful, satisfying, provocative and groundbreaking read. I made mention earlier that this volume has the feel of war reportage and, if there is an unconscious theme to this volume, it is the subliminal awareness that these writers are not just talking about, but dedicated to, helping couples some in the culture see as contagion to be eradicated and not as people with a right to live their lives.

This fall, early in my encounter with this book, my lesbian rabbi got married. At the point in the service where the presiding clergy typically beams and says, “And now, by the authority invested in me by the state of . . .” the presiding rabbi spoke of how the state did not give this loving, committed couple the right to marry, or with it the state’s protection. As an alternative, the members of the congregation were asked to rise and commit, individually, to stick by the couple no matter what. Therefore, I rise in gratitude to the authors who have shared their work with us in this important volume. Freedom is always dangerous, and to be cherished.

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As does any good psychoanalytic clinician, I pay attention to my fantasies. I would like to open this review with two of them—one I had before I read Drescher, D’Ercole and Schoenberg’s edited volume, and one that emerged afterwards. Immediately upon receiving a flier from the publisher announcing the upcoming release of this book, I felt a rush of excitement—the kind that comes when a valued cause’s time finally draws near. Here it is, the piece I had been waiting for: a volume that would comprehensively and artfully expose the reader to the state of the art of contemporary gay-affirmative psychoanalytic theory and practice all in one place, a tightly coherent collection of essays that would represent well the extant canon of this rapidly evolving domain! In other words, I was expecting an idealized vision of Oedipal perfection with which I could be entranced. (Davies, 1998, 2003) Because I have been adequately analyzed, however, I soon realized I ought not anticipate perfection if I were to relate fairly to this text. After all, no book could possibly fulfill my fantasy.

This realization brings me to my post-reading fantasy, this time, a post-oedipal (Davies, 1998, 2003) reading of the book. The story goes something like this: Jack Drescher, Ann D’Ercole, and Erica Schoenberg, three notably important contributors to the contemporary, gay-affirmative psychoanalytic literature, are on a conference call, each sharing his/her fiery eagerness to put a volume together that would take advantage of the finally achieved critical mass of scholarly and clinical energy devoted to LGB-affirmative perspectives evident in the literature. In the Journal of Gay and Lesbian Psychotherapy (JGLP) alone, they could identify more than enough pieces written by some of the stars in the discipline to fill a volume that would signify the discipline’s healthy solidity and that would offer readers enough of a taste of the extant thinking to find it meaningful, evocative, and worth pursuing further. And so, in their enthusiasm, the group expeditiously culls a group of pre-viously published JGLP articles and produces a work of value, but with some rough organizational edges. In other words, they create an object I could love post-oedipally, an object whose worthwhile offerings I can appreciate despite any imperfections, or maybe even because of them.

The editors introduce their collection with the notion that analytic clinicians today work with gay, lesbian, and bisexual patients during an era in which clinical thinking and theory about sexuality and gender is ever evolving. They describe the clinical landscape as one where novel approaches co-exist with more traditional ones, all of which can be located at various points along the essentialist/social constructionist continuum. Their choice of selected readings and case discussions represent this landscape, drawing on the work of Petros Levounis and Ubaldo Leli, who generously offered case material for critical commentary, as well as clinician-writers such as Adria Schwartz, Kenneth Lewes, Martin Stephen Frommer, Jack Drescher, Karen Maroda, Joyce McDougall, Robert Wallerstein, Gilbert Cole, Adrienne Harris, and Bertram Schaffner. Divided into four sections, the volume covers topics such as the gay patient-gay therapist dyad, erotic transference/countertransference (which might have been more accurately labeled “gender and erotic dynamics in the treatment of lesbian/gay/bisexual [LGB] patients”), and treatment with the gay patient with HIV/AIDS. This somewhat loosely held together mélange of subject matter not only addresses many of the unique developmental and clinical themes relevant to affirmative analytic theory of LGB individuals, but also several currently “hot” general clinical controversies such as relational/intersubjective versus one-person psychology approaches, the vicissitudes of therapist self-disclosure, the various takes on the implications of flexibility of psychoanalytic frame, among others.

In the opening section of the book, in which a case presentation of Levounis’s work as a gay therapist with a gay male patient is followed by five critical commentaries, the discussants use the forum not only to speak to the case at hand, but to touch upon their way of thinking about therapeutic work with gay patients in general. It is in these chapters that the reader will find a treasure trove of wisdom on relational (e.g., Adria Schwartz’s “A Place of Recognition: Commentary on a Case Report” and Martin Frommer’s “Reflections on Self-Disclosure, Desire, Shame, and Emotional Engagement in the Gay Male Psychoanalytic Dyad”), social constructivist (e.g., Ronnie Lesser’s “Discussion of Gay Patient–Gay Therapist: A Case Report of Stephen”), and interpersonal (e.g., Jack Drescher’s “Dream a Little Dream of Me: A Case Discussion”) psychoanalytic theory.

In her critique, the late Adria Schwartz makes use of Jessica Benjamin’s (1992) ideas about recognition in the relational sense to interpret the case. Schwartz contends: “...just as the mother’s recognition of her child’s
nascent subjectivity forms the basis for the baby’s ‘sense of agency,’ so should psychoanalysis/psychotherapy balance attention to the intrapsychic and the intersubjective…” (p. 32), Schwartz points out that Levounis’s patient sought recognition from Levounis so that he (the patient) might recognize himself. She astutely adds that, for the gay man, “coming out” is “a more direct quest for recognition of one’s sexual subjectivity” (p. 32). In “Reflections on Self-Disclosure, Desire, Shame, and Emotional Engagement in the Gay Male Psychoanalytic Dyad,” Martin Stephen Frommer explains,

[In the two-person psychotherapeutic perspective], the therapeutic relationship and the transference are always contributed to mutually by both participants in the interaction. The therapist’s responsiveness becomes a primary vehicle for emotional growth and therapeutic movement within the dyad. Therapeutic action is dependent on the therapist’s ability to somehow use his subjectivity in a measured way that ultimately allows him to emotionally engage with the patient in a manner that creates new experience. Often, this process first consists of repeating what has been, before new emotional ground can be broken. (p. 70).

In the focal case, Frommer points out that in entitling his case “Gay Patient–Gay Therapist,” the reader’s perspective is oriented in the two-person direction. As Levounis is not explicitly “out” to his gay male patient as gay himself, Frommer seizes the opportunity to highlight the controversies surrounding the use of therapist self-disclosure in general, and of disclosure of a therapist’s same-sex sexual orientation in particular. He observes:

As therapists who are gay and lesbian, we all bring a history of having had to hide our sexual orientation at some point in our lives, whether past or present, to avoid ridicule, harassment, or pain. The specific histories of our having had to sidestep questions about our sexuality, or even lie about it and our feelings about these events, come into play both consciously and unconsciously when we grapple with issues concerning the disclosure of our sexual orientation to our patients. (p. 62)

Here, Frommer teaches the reader important lessons about the developmental history of LGB individuals. He highlights the ubiquity of early experiences of interpersonal homophobia normative in LGB development, experiences that put their stamp on the psychic interior of these individuals only to be externalized again into the interpersonal arena in the form of lifelong efforts at stigma management later in life.

Finally, Section I ends with Jack Drescher’s commentary, “Dream a Little Dream of Me.” Among many other equally invaluable observations therein, I would like to highlight one in particular. This experienced “out” gay psychoanalyst concisely offers what I consider to be a perspective on homosexuality truly psychoanalytic in spirit. He remarks:

Although some might say “This family constellation was the cause of the patient’s homosexuality,” we do not know what causes homosexuality, or even heterosexuality for that matter. I have yet to be convinced that two people talking to each other in a therapist’s office will ever discover the cause of anybody’s sexual orientation. However, I do believe that a therapist and patient can together discover what homosexuality means, either to the patient or to the therapist, and possibly to the patient’s family and social milieu. (p. 77)

I noted earlier my wish for the title of Section II of this book to have more clearly done justice to its content. This section is not only about erotic transference and therapist self-disclosure of erotic countertransference in work...
with LGB patients (although Rosiello’s piece “On Lust and Loathing: Erotic Transference/Countertransference Between a Female Analyst and Female Patients” and Karen Maroda’s critical commentary on it contain some of the most incendiary of clinical disagreements I have seen in the literature), it is equally about the role of gender as construction in the clinical dyad (as discussed in Barbara Tholfson’s “Cross-Gendered Longings and the Demand for Categorization: Enacting Gender Within the Transference-Countertransference Relationship”) as well as the impact on clinical work of the status quo of our (woefully inadequate) language and concepts vis-à-vis gender and sexuality (see Linda Meyers’s “Gay or Straight? Why Do we Really Want to Know?”). The reader will find much of value in these pieces, but will have to do some of his/her own conceptual sifting through of the material. I recommend treating the Rosiello piece and Maroda’s commentary on it as conceptually independent of those of Tholfson and Meyers.

As for Section III, “Gender Identity and Creativity,” I suppose I can understand why the editors would have chosen to include in it only one essay and one whose title is the same as that of the section! After all, this work was composed by a world-renowned senior psychoanalyst who has authored many clinically incisive and poetic books and articles, who chose the JGLP as the medium via which to publicly explain that she had rethought her earlier homophobic understanding of the meaning of homosexuality. In her present article, Joyce McDougall sensitively and humbly, and in her uniquely evocative way, presents a case of a “female homosexual” wherein the patient grows enormously, both in her ability to “freely assume her sexual orientation” (p. 172) and to write her first novel. One respectful criticism is still in order, however. Dr. McDougall still makes a common error that many well-intentioned authors make when writing about sexual orientation. She seems consistently to conflate gender identity and sexual orientation in this essay, sometimes implying that these two largely independent dimensions of sexual identity are indeed distinct while sometimes considering them synonomous. McDougall begins her article like this:

This paper is intended as a modest contribution to conceptualizing the construction of gender and sexual role identity as well as its role in creative activity…Whether we are considering homosexual or heterosexual object orientation, there is no evidence that a psychic representation of core gender identity is inborn. (p. 167)

Finally, this volume ends with two of its most emotionally evocative and lovely examples of psychoanalytic treatment of queer patients up to this point. Ubaldo Leli and Robert Weinstein describe their work with gay men afflicted with HIV/AIDS. Leli honestly and generously shares his painful and life-affirming work with this patient, one whose “analyzability” he initially doubted. Weinstein, in a brief, beautifully simple, yet rich and emotionally textured description tells the story of his hospital bedside analysis of a memorable patient. Both heeding their desire to help men in need and their faith in the psychoanalytic process, these two clinicians went ahead with their “unconventional” analytic work. I am glad they did—as were the four commentators who all praise the presenters for shedding the treatment-suffocating effects of rigid adherence to inflexible psychoanalytic rules in favor of more progressive, but no less theoretically-sound ways of working. They also highlight the moral and existential dimensions of work with patients with HIV/AIDS (for both patient and therapist), reminding us of how easy it often is to overlook the centrality of the virus in patients’ psyches in the post-protease inhibitor era of HIV treatment.

So, is it fair to claim that there exists a canon of contemporary gay-affirmative psychoanalytic literature of which Psychotherapy with Gay Men and Lesbians: Contemporary Dynamic Approaches is a part? I am not sure. However, with the motivation that the essays in this book and others like it are sure to inspire, my guess is that it is just around the corner.

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In *Controversies on Countertransference*, Herbert Strean reprints six of his papers on countertransference. After each paper, two invited discussants offer their views in order to amplify the topic and explore the development of a modern conception of countertransference. As Strean states in his introduction, his goal was to replicate the debate originally stimulated by his papers. The original articles were published between 1984 and 2000. Strean’s respondents were chosen as individuals who were experts in their field. Many had conversed with Strean regarding the issue of countertransference, and many were students or colleagues. Strean begins each chapter with a review of the literature followed by several clinical vignettes illustrating the concepts discussed.

The first paper examines the role of countertransference in analytic candidates’ selection of interventions and application of theory to justify these choices. This interesting paper suggests that clinicians often utilize theory as a means of supporting or justifying interventions after the fact. Often the intervention is chosen in reaction to conflicts stimulated by patients. Our character structure, shaped by life events and personal dynamics, affect what we attend to in sessions as well as how we formulate interventions. Strean points out that since enactment precedes recognition, we generally choose an intervention and then use theory to justify that choice. In this way, discussion of theory can be understood as a countertransference enactment. Strean presents case examples in which psychoanalytic candidates presented resistance to the supervision they were receiving. Often, supervisors discovered that they had been colluding with the candidates in focusing on theoretical conceptualizations while avoiding transference-countertransference issues. The resistance-collusion pattern served to avoid confrontation of salient interpersonal dynamics operating below the surface that interfered with the progress of treatment. As Strean points out, attention to theory in the supervision hour may well serve to avoid examination of transference-countertransference interactions in the therapy. The supervisor, in his desire to see the supervisee grow and develop, may unconsciously feel the need to gratify this behavior, thereby colluding with the supervisee and seeing only his or her mastery of theory.

The second paper amplifies many of these themes in looking at the image of the supervisor co-created by the supervisor and the supervisee. In this instance, both the supervisor and supervisee may share an illusion of the supervisor as a conflict free influence whose vast experience guides the supervisee. In this configuration, the image of the supervisor as omnipotent and omniscient may prevent the recognition and analysis of resistance in the supervisor-supervisee relationship. Strean points out that while there is a literature devoted to the study of parallel process in supervision wherein the dynamics between patient and supervisee are reenacted in the supervisory relationship, there is little in the literature examining the ways in which actions of the supervisor may reinforce the parallel process and hence contribute to the impasse. In the clinical vignettes, Strean demonstrates how collusion with the supervisee can lead to therapeutic impasses with patients and how progress in the therapy depends upon resolution of the parallel process resistance.

In an interesting paper on the use of countertransference disclosures, Strean advocates the use of well-timed disclosures of therapist countertransference as an aid to the resolution of treatment impasses. This has been a controversial issue in the literature with some advocating regular and open use of therapist reactions in an attempt to present genuineness, and others viewing this as an egregious example of therapist acting-out. Strean advocates using countertransference disclosure as means of increasing the reality of object relations and increasing the level of interpersonal relating. He points out that very little has been written about when or how to disclose countertransference reactions. Strean suggests that countertransference disclosure is indicated when the patient resists confrontation of material felt to be critical to the treatment, when the patient resists transference interpretation, when the patient resists countertransference disclosure, Strean advocates the use of well-timed and open use of therapist reactions in an attempt to present the reality of object relations and increasing the level of interpersonal relating. He points out that very little has been written about when or how to disclose countertransference reactions. Strean suggests that countertransference disclosure is indicated when the patient resists confrontation of material felt to be critical to the treatment, when the patient resists transference interpretation, when the patient resists disclosing to the supervisee in an effort to bolster reality testing. Often these situations create a feeling of competition with the patient that prevents the therapy from progressing.

This same theme is continued in the next paper on the use of supervisor disclosure of countertransference to supervisees as a means of resolving treatment impasses. Again, the main point is that progress in therapy can be enhanced by exploration of resistance in the supervisory relationship. Similar to therapy, the supervisory relationship is colored by transference and alliance dynamics that either inhibit or contribute to progress. Strean makes the point that for supervision to be effective, the supervisor must be willing to encourage the exploration of the supervisory relationship as an analog to the therapeutic relationship. Far from an anonymous figure providing expert advice to the supervisee, the supervisor is a powerful influence on the direction of the therapy he or she supervises. Supervisee
reactions to the supervisor, influenced by the supervisee’s prior experiences and expectations, lead to different choices of intervention with patients under supervision. Landany, et al., (1996) report that psychotherapy trainees often knowingly omit significant details from presentations to supervisors. These omissions may be motivated by a desire to please the supervisor or by fears of being seen as incompetent. Just as patients rarely “say everything” in analysis, supervisees withhold information thought to be too shameful or painful from the supervisor.

Throughout the book, Strean emphasizes the development of psychoanalytic theory and practice from a one-person psychology to a two-person psychology in which both patient and analyst co-create an interpersonal field. This point is also made by Atwood and Stolorow (1984), who suggest that the therapy dyad is an interpersonal or relational model co-created by both patient and therapist. Strean discusses Freud’s original contention that countertransference represented a barrier beyond which the therapist would be unable to progress. From this perspective, countertransference was seen as an obstacle to be removed through analysis. Recent conceptualizations of the therapeutic process as an interpersonal or intersubjective field make greater use of countertransference and counter resistance as sources of information regarding the process and dynamics of the therapy. Strean points out that Freud was oddly silent on the issue of countertransference. There are only four references to countertransference in the Standard Edition. Modern writers have also maintained a degree of silence on this issue, preferring instead to focus on the transference. One wonders if this represents a kind of historical parallel process in which therapists avoid focusing on their own reactions in favor of studying patient reactions.

Strean’s articles often refer to a consultation group utilized by experienced supervisors to explore issues of parallel process played out in the supervision of students. Strean advocates this method as an effective way to gain insight into treatment impasses that may develop. In the group, supervisors are able to explore their reactions to the supervision of students. Often these discussions allowed for the resolution of impasses with students and their patients through the analysis of supervisor countertransference and parallel process enactments. This model is similar to Spotnitz’s (1976) model in which he advocates the use of “the group setting for the affect training of group therapists working with problem patients” (p. 345.) While Spotnitz’s focus was more on the analysis of resistance and counterresistance, the essential element of bringing the therapist or supervisor’s reactions into the treatment dialogue remains consistent. The goal of Spotnitz’s group was to examine how the resolution of impasses in the group process might affect treatment of the group member’s patients. The point then is that the reactions and behaviors of the therapist (countertransference and counterresistance) can provide valuable insight into dynamics within the patient-analyst dyad. Further, interactions with colleagues around patient material can provide insight when viewed as parallels of the treatment dynamics. The thinking regarding countertransference has thus shifted from one of avoidance to acceptance of the inevitability and centrality of countertransference to treatment. As human beings, we inevitably respond to patients and supervisors in idiosyncratic and over determined ways. By acknowledging our countertransference, we allow valuable data regarding our experiences with patients to enter the treatment.

Overall, Controversies on Countertransference is an excellent resource for students and experienced clinicians. The articles selected provide an overview of the complexities of parallel process dynamics and the use of countertransference material. Beginning clinicians will likely find the material refreshing and instructive while more experienced clinicians will be reminded of the centrality of countertransference reactions to treatment. Because the works reprinted in this volume represent Strean’s thoughts on the same subject over a period of sixteen years, there is some inevitable repetition. This is most evident in the references, which often reappear in the introductory sections of several articles. For instance, the observation that countertransference as a topic has been avoided is made several times across articles. While most of the commentators represented divergent views on the topic of countertransference, there was very little actual controversy evident in their responses to Strean.

Strean’s knowledge of the psychoanalytic literature is extensive and his literature reviews are concise and instructive. I have the impression of Strean as a caring and dedicated clinician whose extensive experience is represented in his book. Controversies on Countertransference represents a valuable contribution to the literature on countertransference and is recommended reading for anyone involved either in treatment of patients or supervision of clinical work.

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Oedipal Paradigms in Collision: A Centennial Emendation of a Piece of the Freudian Canon (1897-1997) tantalizes the Freudian audience with a view of the primacy of the Oedipus but it is a different Oedipus than any Freudian thinker would recognize. This is, however, a very scholarly work despite Covitz’s overly dense and complicated use of language. He thoroughly reviews the literature from Freud’s first statements, through the contributions of ego psychologists, discussing the contributions of various developmental psychoanalytic theorists, and including various object relational theorists. The paucity of clinical material, however, further complicates this highly theoretical work.

In his first chapter, Covitz explores Freud’s various theories regarding the Oedipus complex. The author points out Freud’s lack of clarity in terms of what constitutes the Oedipus. Is it merely the typical positive Oedipus? Is it a positive and a negative Oedipus? Does the child vacillate between positive and negative Oedipal wishes? In a sense, Covitz’s questions distort Freud’s descriptions of the Oedipus, which, after all, originated from the clinical situation. In 1923 Freud wrote, “For one gets the impression that the simple [positive] Oedipus complex is by no means its commonest form, but rather represents a simplification or schematization which, to be sure, is often enough justified enough for practical purposes.” Freud continues: “Closer study usually discloses the more complete Oedipus complex, which is twofold, a positive and a negative, and is due to the bisexuality originally in children” (p. 33). My point is that Covitz’s argument is to some extent a red herring. For Freud, theory arises out of the clinical situation. Freud remains close to impulses and close to the sources of conflict, anxiety and defense.

In his second chapter, Covitz nicely reviews the contributions of various ego psychologists, detailing their basic exploration of the development of the ego, and noting their paucity of examination of the ego in terms of the Oedipus complex. Also included in this chapter is Covitz’s understanding of Hans Loewald, which reportedly served as a basis of Covitz’s reframing of the Oedipus complex. In Loewald’s view, the Oedipal period is fundamental to the development of psychopathology but the Freudian Oedipus complex itself has been replaced by the exploration of development from dyadic to triadic object relations. Incest, parricide, and bisexuality are viewed as secondary phenomena. Object relations in the course of development are primary.

In his third chapter, Covitz reviews the work of notable developmental psychoanalysts, emphasizing Margaret Mahler’s theory of separation-individuation. Covitz traces the movement from dyadic to triadic object relations. In his fourth chapter, Covitz explores his shift from Freud’s theory of impulse, drive, or instinct to a relational motive, which represents the basis of Covitz’s theory. In Covitz’s model the Oedipal period is fundamental to the development of psychopathology but the Freudian Oedipus complex itself has been replaced by the exploration of development from dyadic to triadic object relations. Incest, parricide, and bisexuality are viewed as secondary phenomena. Object relations in the course of development are primary.

Borrowing a term from Loewald (1979), Covitz describes five sub-phases of development of object relations comprising the Oedipal period, which he describes as an “elemental view of the Oedipus complex” (p. xvi). By “elemental” Loewald/Covitz are referring to phenomena that are a byproduct of individuation and identity formation; as opposed to “symbolic,” which they see as a consequence of conflict over sexual and aggressive impulses. In Covitz’s model, he even wants to replace the myth of Oedipus with the book of Genesis! Theory is valuable in that it elucidates the clinical situation. Yet Covitz’s model, from a Freudian point of view, guts the elucidating aspect of theory. It is precisely the sexual and aggressive impulses that result in the greatest anxiety, depressive affect, resistance, and conflict. Covitz’s model serves to obscure rather than to explicate such motives. Freud (1908) long ago reported the general resistance to psychoanalytic discoveries regarding infantile sexuality. This remains true today as well. This is my most fundamental criticism of this work.

Clearly, object relations play a fundamental role in the development of the ego and the shaping of all intrapsychic conflict, including the Oedipus complex. Clearly, early developmental (e.g. pre-oedipal, dyadic) experiences, particularly experiences with others, build towards one’s experience of the Oedipus. As Erikson (1950) demonstrated long ago, previous experiences are recapitulated at each succeeding phase of development. In this day and age, many analysts will probably embrace Covitz’s view
of the Oedipus. Yet, from my point of view, a contemporary Freudian point of view, Covitz’s premise limits and obscures the active mastery of intrapsychic conflict. It reframes the actual contents of patient’s conflicted experience with derivatives.

This brings me to a related and final criticism of this book. There was not enough clinical material, particularly verbatim transcripts demonstrating patients’ actual experiences, in this book. Psychoanalysts can easily move theoretical discourse into a rarefied world of its own. Patient’s actual reports of their experiences brings us back to earth and gives us something real to talk and think about. Oedipal Paradigms in Collision is certainly a scholarly work. The author has presented his thesis convincingly, having reviewed much of the influential psychoanalytic literature of the last 50 years. The breadth and depth of his theoretical understanding is unquestionable. This book certainly represents a contribution to the literature and Covitz will be a major voice in discussions of the centrality of the Oedipus

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SEPTEMBER 11TH: TRAUMA AND HUMAN BONDS, EDITED BY SUSAN W. COATES, JANE L. ROSENTHAL AND DANIEL S. SCHECHTER. HILLSDALE, NY: ANALYTIC PRESS; 360 PAGES, $47.50.

There is no such thing as an infant... without maternal care one would find no infant.

D.W. Winnicott (1960, p. 39, n.1)

Winnicott’s assertion is, albeit in different form, one that many of the papers in this edited volume examine; whether it be in the neurobiological research of Myron Hofer, the attachment research of Peter Fonagy and Mary Target, as well as that of Daniel Schechter, or the clinical observations of Susan Coates, Daniel Schechter and Elsa First or those of Adrienne Harris. Pulling together the strands of neurobiology, attachment theory, clinical psychoanalysis, and epidemiological studies, September 11th: Trauma and Human Bonds is an almost uniformly valuable collection of contributions from prominent writers in their fields. Most complement one another, enabling the reader to integrate the neurobiological studies with those on trauma and attachment or the several epidemiological studies with those addressing public policy and treatment concerns.

The book takes as its premise that trauma and human connection are inversely related. “What changes a challenge into stress and stress into a genuine trauma may in part be derived from the fact that it is undergone alone” (Coates, 2003, p. 3). Even more, the authors contend, human connection provides protection against trauma, a point repeatedly returned to in several authors’ reference to the landmark Freud & Burlingham (1943) study of London children during the blitz. Freud and Burlingham found that children who remained with their families despite the continued wartime air attacks fared better than did those children who had been evacuated to the countryside. This, for its day, startling finding, is elaborated in the present work along a number of dimensions including what Fonagy and Target (2003, p. 101) conceptualize as “interpersonal interpretive function” (IIF). Although not a new concept for these authors (c.f. Fonagy, 2001), it is explicitly presented here in relation to trauma. They develop the argument for how each of the constituent elements of “IIF”—the capacity for stress-regulation, the ability to focus attention on the demands of the present rather than to be pulled by the past, and “reflective function,” or the capability of understanding “human behavior in terms of thoughts and feelings” (p. 103)—is shaped by the quality of the infant–caregiver attachment and in turn affects the child’s response to trauma. “Children with secure attachment relationships should be able to regulate their emotional arousal better in the face of stress or trauma (Kochanska, 2001)” (Fonagy and Target, 2003, p. 102).

The links among maternal distress, the stress of the child, and intergenerational perpetuation of trauma is detailed in the work of, among others, Daniel Schechter (2003). The child’s distress, he asserts, becomes “a posttraumatic reminder for caregivers who have memories of their helplessness, horror and outrage during a violent assault” (p. 126). In these instances, maternal deficits in the capacity to “mentalize” or reflect on the child’s mental and emotional states is significantly more highly correlated with behavioral problems (11.1 times more likely, Schechter, 2003, p. 126).

Coates, Schechter and First (2003, pp. 23-49) also
examine the attachment–trauma connection in the clinical examples taken from their work at the Family Assistance Center at Pier 94 in Manhattan in the immediate aftermath of 9/11. These authors cite the same evidence as does Schechter (noted above) that “children whose parents did not know how their children were responding after September 11 were 11.1 times more likely to have behavior problems at ages six to 11 and 4.0 times more likely at ages 12 to 17” (2003, p. 32). Their clinical cases vividly portray the experiences for children and parents who faced the inescapable losses wrought by the terror attacks. The creation of a safe environment such as that of the Family Assistance Center, even in the context of the chaos that ensued from 9/11, serves as a model of the kind of intervention that can be effective in such acute circumstances.

Space limitations necessitate that each of the 13 chapters is a relatively brief contribution. Most of the authors have written on similar subjects in other forums. Even so, the powerful and important material they contain and the opportunity to read them together is rewarding. What is of particular value is that they are brought together under one roof, so that, for example, the significance of neurobiology to negotiating responses to traumatic events, or the reverberations across generations of attachment patterns between child and caregiver, or the implications for health policy of epidemiological studies and for designing interventions in the face of future disasters can be knit together from the offerings here.

Hofer’s rich summary of the developmental and neurobiological consequences of attachment and separation is one example of a study that has relevance across a number of the presentations in this volume. His work looks at mother–infant interaction as a regulator of normal infant development, specifically the relationship between neurophysiological and psychological development and their connection to mother–infant interaction patterns. The “hidden regulators” (p. 194) as Hofer calls them, in the infant-mother interaction system have profound impact on the child’s physiological and neurobiological development with important implications for the development of both brain and behavior of the child.

Hofer’s animal studies yield particularly interesting results for the long-term and transgenerational impact of interventions on the neurobiology that underpins behavior, particularly in terms of response to stress. He has found, for example, that “qualitative differences in the patterns of early mother–infant interaction could have long-term effects on HPA / hypothalamic-pituitary-adrenocortical axis/ responses to stress in adults…” (p. 201). He has found these effects to exist across generations in rat studies. Their implications for human behavior are unclear but, as he suggests, are likely to reward further study.

Only some of the chapters emerge expressly from the work the individual contributors did in the aftermath of 9/11 while others reflect the long involvement of their authors in different aspects of theorizing about, working clinically or researching aspects related to trauma and its effects. Beyond those already mentioned there are two additional chapters, to which I especially want to call attention. These are the contributions of Herman, Aaron and Susser (2003) and that of Cournos (2003). Their work addresses mental health policy and provision in the face of disaster.

Herman, Aaron and Susser call attention to the need for a rational public mental health policy that works to inoculate the population against terrorism’s psychological imprint. Equally, they call for a long view in response to such events as the 9/11 attacks, to which delayed onset of traumatic responses continues to be likely. (It would not be unexpected, for example, that the devastation of the recent tsunami in Southeast Asia with its pervasive consequences for such a broad population could provoke a renewal of the traumatic losses and grief for many who survived September 11th.) The authors describe what is now a well-known course for disaster preparedness: shoring up communities,
having a disaster plan in place, key community leaders identified and schooled in delivering clear messages to the public in order to decrease anxiety among the public.

In a particularly poignant chapter, Cournos directs her attention to the trauma of dislocation and loss that occur in the experience of foster care, a circumstance that makes foster children a population chronically at risk of traumatization. The psychological and emotional needs of these children are too easily and frequently forgotten. As with public health policy generally, provision currently focuses on addressing the physical rather than the psychic needs of this population, an issue Cournos’ writing movingly critiques.

Several of the authors included in this volume note that as a consequence of 9/11 the stigma previously attached to accessing psychological assistance in the face of difficult life events has diminished. I am less sanguine that there has been so robust an outcome of the terrorist attacks. Yes, there was significant provision in the aftermath of 9/11 for the psychological needs of survivors and funding continues to be available even more than three years later. Yet anecdotal reports from many involved in working with rescue and recovery workers indicate that seeking psychological help remains shrouded in concern that doing so reveals the person’s “weakness.” The issue is not addressed in September 11th. To what degree attitudes toward help-seeking have changed in the course of the post-9/11 recovery would be useful to examine. Such attitudes are powerful factors underlying the support or lack of support for a sufficient or even adequate public mental health policy and therefore even more are worthy of study.

I take issue with Coates’ proposition that when patient and therapist share the trauma of the 9/11 attacks this facilitates “greater emotional clarity” (p. 13). That both parties experienced the event does not in itself enhance emotional clarity, nor is it either unique or facilitative. Although it being true leaves no doubt as to what occurred, it is equally possible that the presumptively “shared” experience can as much influence countertransference deafness to the patient’s experience as it does clarity. Coates’s point is a minor one in the otherwise complex and rich presentations offered here. Nevertheless it bears remarking on lest the potential for muddiness in the work of digging out from traumatic events be overlooked.

In his contribution, Hofer offers the prospect that there is the potential for new knowledge to be culled from the ashes of the 9/11 attacks. For the most part, this volume does a great deal toward beginning that process. Reading September 11th: Trauma and Human Bonds vividly re- evokes the memory of the events for those of us who were part of that period in New York. September 11th is, finally, a good and worthwhile read.

REFERENCES

Nina K. Thomas is a supervisor and co-chair of the relational orientation at the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis and senior supervisor, faculty and training analyst at the Contemporary Center for Advanced Psychoanalytic Studies at Farleigh Dickinson University in Madison, New Jersey. She was one of the initial clinicians in the “Firehouse Clinician Project” inaugurated through the efforts of other NYU Postdoctoral members, providing psychological intervention in firehouses after September 11th and also Co-Chair of the American Group Psychotherapy Association’s Disaster Outreach Task Force, designing, implementing and evaluating group interventions of clinical services, support groups and training in the aftermath of September 11th under a grant from the New York Times Family Foundation 9/11 Neediest Cases Fund.

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IPSS INSTITUTE FOR THE PSYCHOANALYTIC STUDY OF SUBJECTIVITY

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This book reminds me of an old joke. It is the one about blind scholars surrounding an elephant and describing it separately according to the part each one touches. Fonagy and Target count over 400 psychoanalytic theoreticians who tried to describe, define and explain psychoanalytically the intricacies of human personality. In a marvelously organized and conceptualized volume, they selected 27 (six of whom are grouped together): Freud (three stages of theory), Hartmann, Erikson, Spitz, Jacobson, Loewald, Anna Freud, Mahler, Sandler, Green, Klein, Bion, Rosenfeld, Independent British School (Fairbairn, Winnicott, Guntrip, Khan, Bollas, and Klauber), Kohut, Kernberg, Sullivan, Mitchell, Bowlby, Horowitz, Ryle, and themselves. Jung and Adler got short shrift, together, on a single page. Significant among present day theorists is the omission of Beebe and Lachmann, Weiss and Sampson, McWilliams, Auerbach, Donnel Stern, and Stolorow. The authors’ treatment of Lacan is interesting. The say that his ideas are too complicated for this presentation; but they do devote two pages (pp. 16-17) to reasons why feminists considered Lacan helpful for their ideas. Freud might have been tickled at such appreciation of work that was so blatantly phallocentric, but the authors prefer clearly logical explanations.

The mission of this book seems to be to bring a strong logical sense to psychoanalytic thought. They see psychoanalysis as a field in peril. So far, our theoreticians are inspired by anecdotal material, which supports whatever theoretical constructions, they may favor. Fonagy and Target urge starting with clinical data and deducing from these what may be sound theoretical understanding. The problem remains, of course, that investigators, as in the joke, are blinded by their preconceptions when they generalize from the available data. Furthermore, as the authors point out, the nature of clinical data is subjective. What strikes this reviewer that the authors do not stress is the complicating elusiveness of the unconsciousness.

Setting the stage for research that commands respect, the authors rigorously examine each of the theories they explore, giving the reader a chance to evaluate the strengths and weaknesses of each one. It is noteworthy that they apply the same standards to their own contributions.

This task turns the book into a kind of highly sophisticated Cliff’s Notes, with 75 pages of bibliography. On almost every page, there are at least five references to literature that they refer to in substantiating their statements. The splendid scholarship and historical integration of various developments of thought make it valuable, though hardly a book to read through at a sitting. For every theorist, the table of contents lists not only the chapter number but the sections and page numbers for an overview of the model, its characteristics, relevance to particular diagnostic groups, and criticism and evaluation. These qualities create an ideal source for quickly grasping the key contributions of some of the most influential psychoanalytic theorists.

The general tone of the discussions is respectful toward each thinker. It is a quality that makes the sections of criticism palatable. Fonagy and Target earnestly try to extract what is useful from each and to be constructive in underscoring deficiencies, as they see them. One is left with an impression of the difficulty that faces us in truly defending our propositions.

An important section of the book, inserted where they consider their own ideas, is “Psychodynamic clinical practice is not logically deducible from any psychoanalytic clinical theory.” They find the tendency to disguise the “loose coupling of theory to practice by rhetoric is pernicious because it actually closes the door on imaginative clinical exploration, by fostering an illusion of theory-based certainty” (p. 285). This is a theme that they illustrate throughout the text. A second thread that runs through the book is the importance of biological, familial and cultural factors in the formation of personality. In a typical instance, they prepare the reader for a future finding “that factors outside of psychoanalysis may suggest better or complementary ways of understanding the data” (p. 311). This attitude seems overly modest. Not everyone anticipates a hierarchically diminished role for psychoanalytic understanding.

Fonagy and Target, however, do not simply require caution on our part. They outline sensible ways in which we might approach more effective theorizing. Reflecting on the particular strengths of psychoanalytic models, they urge our use of modern data-gathering tools from social and biological science. My favorite of their suggestions is to “unpack overarching concepts such as object relationships” (p. 311), and become specific in our formulations of how effects upon personality may be derived. Their detailing the principles of sound research follow upon an excellent section in which they review significant research to date that tests psychoanalytic beliefs. We psychologist clinicians are in a better position for the work ahead than art lovers who simply know what they like. We may sigh with Fonagy and Target, but we can share their optimism at length over what is possible to learn, to establish firmly the meaning of psychoanalytic understanding.
**CONSTRUCTING REALITIES: TRANSFORMATIONS THROUGH MYTH AND METAPHOR, By Marilyn Charles. Amsterdam: Rodopi 2004; 162 PAGES, $26.35.**

**Marilyn N. Metzl, PhD**

Hans Loewald’s theory of object formation (1978) probes the question of why the residues of early object relations are so resistant to change. Mitchell (2000) posits that what can happen in psychoanalysis is not renunciation or exorcism of bad objects but a transformation of them (p. 44). Loewald further conceptualizes that mental illness is reality without fantasy. In her sensitive and intuitive writings, Marilyn Charles wanders purposefully through the maze of psychic deadness and emerges triumphantly into the light, examining the transformation of bad objects through joy and creativity, joined on either side by Winicott and Bion, to teach us how to play in the impossible play space.

Marilyn Charles is a psychologist and psychoanalyst in private practice in East Lansing, Michigan, who works extensively with artists, writers, and musicians. She has a special interest in the creative process and in facilitating creativity in clinicians and in patients. Dr. Charles is a poet and an artist, and training and supervising analyst with the Michigan Psychoanalytic Council.

The book consists of a foreword by James S. Grotstein in which he introduces us to Marilyn Charles’ “highly readable, articulate, erudite, work in which she seamlessly glides between fascinating, poignant,” and “alive” clinical material and current, broadly-based psychoanalytic theory.” In Charles’ previous works, she has written prolifically about topics ranging from emptiness in women (2000), to the traumatic effects of prejudice (2001), to women in film (2004), to mention just a few of her many investigations. The book opens with a quote from Lewis Carroll’s *Through the Looking Glass*:

> “I can’t believe that!” said Alice. “Can’t you?” the queen said in pitying tone. “Try again: draw a long breath, and shut your eyes.” Alice laughed, “There’s no use trying,” she said. “One can’t believe impossible things.” “I daresay you haven’t had much practice,” said the Queen.

The author begins by observing, “I find some people very difficult to sit with. The work becomes a laborious and intractable process, as time moves slowly through effortful silences that feel interminable.” (p. 1) Charles proceeds to describe her understanding of the manner in which rigidity has become safety.

Charles discusses the difficulty of our work when there are very few openings for interchange with the other being that is present before us. Her book is dedicated to the dilemma of enlarging the space in which two minds meet and engage together. Charles considers ways in which to initiate and deepen the play space between individuals when the patient presents with an incapacity to play due to a split between the devalued self, a self that has been disowned, in order to protect itself from further abuse versus the surface self that has developed and has been constructed as a way of making one’s way in the world. According to her, the constructed self can help bring the underlying self to life but if the surface depends on denying the underlying self whatever aspects are being devalued, the underlying self becomes inaccessible and the quality of life and any potential for growth is impinged upon. The individuals presented in this profound, poetic, and moving book each found themselves with a sense of deadness, defectiveness, and unworthiness around which their public persona had been constructed. Throughout this volume, which consists of eight chapters, Charles leads us along the path illuminating the struggle between evasion and growth, challenging the hiding and self-protection that impedes growth. Her task, as she has outlined it in this volume, is to create conditions under which growth might occur. Charles quotes Bion (1994), “If psychoanalysis works at all, it works by bringing into experience, experiences distorted, forgotten, or never before fully experienced. The more slowly the experience comes into being, the more hopefully the encounter can be realized or re-realized.”

Chapter I, “On Wondering,” presents patients in whom there is little play space and little space to work and illuminates the fundamental working principle, which is the creation of space as an opening, a door into the process that leads to growth, and without this opening the work becomes dry and empty. Charles views the initial opening into the space as the analyst’s curiosity and desire to understand what the patient brings to the session. Charles views some patients as projecting a reality that is so entrenched that there is little room for change. The patient wants relief from painful symptoms, but will stave off contact and comfort at any cost. Charles uses her work and her curiosity about the meaning of the symptom to the patient, helping the patient to understand their, history and to understand their worldview to reduce the anxiety associated with getting out into the unknown. The first case presented is an anorexic woman with an eating disorder. This patient had difficulty inquiring into the meaning of...
her symptoms, which eventually become understood as an impasse between living and dying. The patient experienced herself as bad and as destructive, but in the analyst’s view, this patient had to protect her distance from the other and develop “projective identification” which can be understood as the negative of playing. If the patient closes the analyst off from empathic connection, it becomes a struggle to offer hope and alternative possibilities.

The next case presented is a young man, isolated and alone, who allowed Charles to develop ideas concerning the distinction between elaborated and unelaborated thought in order to understand the origins of acting out, relying upon Bion’s (1967) theoretical understanding of a patient with a traumatic history of undigested elements in which extreme deprivation precludes “thinking about” and all things are undifferentiated and meaningless. In this formulation, if tolerance for frustration is adequate, deprivation may provide the interest for thought (p. 6), but if not, all energy is directed towards getting rid of what has become a bad internalized agent, which then precludes work and growth.

Winnicott (1960) is alluded to in a discussion of the danger of losing the true self in the presence of danger. The author views the analyst as lovingly and hopefully able to conceive of the patient as worthy, capable, and lovable, and “entitled to their existence on the planet” which soon gives birth to the deadened patient as a person more full, vital, and bearing fundamental aspects of the self. Initially, the patients are conceived of as stillbirths, carrying their mother’s depression upon their shoulders, resulting in a child “who is unable to hold on to the mother and to survive intact”. Charles sides with Winnicott in suggesting that the close space between the analyst and the patient allows us to bring the whole issue of being into focus for wonder and investigation. It is within the play space as potential space that the other can be destroyed and yet survives; their fears and fantasies and their willingness to think about the unthinkable can thus be tested. The people for whom the very act of “being with” has meant impending doom and annihilation, being born and becoming alive in the presence of another is a monumental task. In discussing potential space, the patient for whom being is a primary challenge can be helped to create an analytic space within which thinking might occur. Without space, the analyst’s words “fall on deaf ears.”

In Chapter II, “Ambivalence,” Charles describes her observation that in many individuals who have split off some hidden aspects of the self, there is a history of being ostracized or victimized by peers. Devaluation by the parents often sets up an internal sense of devaluation, which then invites the same from others. Bullies are portrayed as devalued objects that have taken the aggressive position and project devalued aspects of self onto another who is open to being devalued in similar ways. The difficulty of proceeding with patients for whom a devalued characteristic has become their own personal “death sentence” is portrayed as a struggle worthy of the effort necessary to reformulate our view of what we reject as part of being human rather than accept the shame of a perceived sigma. For many of these patients, rigidity has become a form of safety. These patients want relief yet resist attempts to liberate them. Charles describes ways in which she attempts to create a psychic space, an opening, a door into the process, without which, the work becomes dry and empty. The author cites Winnicott (1951) who describes this opening as a potential space in which the mother and infant are both joined and separated, although initially the mother and the child operate as a seamless entity. It is the introduction of the created space that is needed to meet the world on one’s own terms. Charles quotes Matte-Blanco, (1975), in describing spaces that are too restricted to enable this creative thinking.

Throughout the book, utilizing case examples and
wonderfully appropriate snippets from Alice in Wonderland, Charles describes extremes in which the dialectic becomes a space in which symbols are formed and ideas created. In quoting Ogden, she describes the establishment of subjectivity and pursues the idea that the capacity to reflect, to think about, is crucial for development. Charles views reflection as dependent upon the ability to distinguish between concrete symbols and a more evolved form in which this symbol represents the object but is not confused and identified with it. A patient indicated to the analyst that her mother perceived her birth as a threat to the mother’s dominion. This patient subsequently experienced herself as inherently bad, feeling that she could never please her mother as long as she continued to survive as a separate entity. The patient then attempted to destroy herself and was left feeling depleted and annihilated. Presenting another case, Charles described her work with a young boy who was isolated and alone, feeling unappreciated and at risk of impending attack by forces beyond his control. The patient’s fantasy life was extremely limited and always tinged with the seeds of doom and destruction.

Charles masterfully and eloquently weaves a tale of the importance of play for the development of the soul. Her patients flourish under her watchful gaze as she attempts to slowly, carefully and respectfully open a window into their psyche and allow the light of human interaction to enter. David is presented with his fear of knowing himself, a fear that does not allow him to think of himself as a hero in his own drama. David believes he has no value and speaks eloquently of his great sorrow as he confronts the word that cannot be spoken. Charles marvels at David’s persistence, but her willingness to play with him and their work together creates and opening through which he began to envision the possibility of play, and the analysis subsequently became enlivening rather than annihilating and his vision of himself as defective was healed. The author views the analytic relationship as a new mirror and new spectator with whom the play can take place. Comparing the parent-child dyad to the analytic relationship, imitation and recognition provide fundamental tools for growth by providing a new opportunity for the patient’s narratives to be witnessed and reformulated, providing recognition of past trauma in their lives and opportunity for new growth. Charles reiterates Bion’s formulation that it is essential to distinguish between envy that is associated with gratitude and that linked to greed. Where the former is capable of linking to growth, the later is linked to breaking and destroying, and these two defenses must be affirmed throughout the treatment. The author formulates that the analyst’s willingness to know what cannot be known and her ability to contain what seems intolerable counters the patient’s assumption that the underlying truth is too terrible to bear and help move in the direction of growth rather than evasion. Bion’s conception of “O” is presented as the ultimate reality, the eminently unknowable. “O” is that which we can approach, but can never truly know. In Bion’s terms, “O” can only “be become,” which can be understood as the attempt to understand the patterns and conjunctions in the world around us. Charles feels that our ability to learn, to think, or to know in any real sense is constrained by our ability to encounter what might be known and to tolerate the sudden encounter without defensively turning away or hiding from it.

In this wonderful, useful, and eminently readable book, Charles approaches Bion’s conceptualization of “O” as the “psychoanalytic vertex,” a way of being in the moment in which one is being receptive to whatever might be, including one’s intricate attunement to the being of the other. Charles concludes with the observations that if we can tolerate the swirling and resettling, possibilities are created that further in each of us the process of becoming. Charles writes beautifully that “the truth is held in just such a moment, when the pattern emerges and it is both implicit and explicit; in the moment and beyond; defying all containment, like one snow flake among the many, melting on the tongue” (p. 136).

It was delightful experience to be in the presence of Marilyn Charles’ sensitivity, to encounter familiar mentors on unfamiliar roads, and to read a treatise on the art of psychoanalysis constantly enshrouded in the mantel of poetry.

References

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COMMITTEE REPORTS: MULTICULTURAL CONCERNS

DOLORES O. MORRIS, PHD, ABPP

WEST MEETS EAST: MULTICULTURAL CONFERENCES

The west coast and the east coast were busy this winter with conferences regarding multicultural issues. The National Multicultural Summit and Conference in Hollywood covered the theme The Psychology of Race/Ethnicity, Gender, Sexual Orientation, and Disability: What Works, With Whom and Under What Circumstances? And right in my backyard at Columbia University, there was the 22nd Annual Teachers College Winter Roundtable with the theme Racism as a Barrier to Racial-Cultural competence in Psychology and Education. Derald Wing Sue, and Pratyusha Tummala-Narra presented at both conferences and some of their ideas will be the focus of this article, thereby raising our consciousness and appreciation of racial/ethnic factors that may enhance our practice and worldview.

Attention will be given to the interface of how racism and racist attitudes impact our lives and significantly influences psychological adjustment.

Derald Wing Sue was a keynote speaker for both conferences. At NMCS he drew from his recent book Overcoming Our Racism: The Journey to Liberation. His keynote address: “About What We Must Do to Survive and Overcome Racism: A Message to People of Color and White Allies” Sue believes that racism is a reality that needed to be confronted throughout history. He points to issues of invalidation, oppression, injustice, terrorism and genocide. He outlined sixteen factors divided into four interrelated categories that I will summarize briefly. The first is gaining strength through adversity. He asserts that adversity can heighten perceptual understanding with non-verbal and contextual accuracy as does bicultural flexibility. The second is gaining strength through diverse cultures such as collectivism, racial and ethnic pride, spirituality and religion. He emphasized the interconnectedness of mind, body and spirit. Family and community are critical forces in this process. The third is recognizing the lessons to be learned. For instance, it is important that when one experiences racism, one must deal with it and realize that racism will never be eradicated. Sue believes that people of color will always be primarily responsible for doing something about it and that white people can be a valuable ally. He states that a person’s racial insensitivities should not be written off, but rather one should utilize multicultural alliances noting that achievements are not attained alone. None of us are immune from having bias and prejudices. He suggested that focusing on the “who” is more oppressed and believing that all bad things that happened to us is due to racism, are traps to be avoided. The fourth and last category know “Yourself” and how your ideas and values fit. Do not allow yourself to be co-opted by the system and recognizing that “Being bicultural or multicultural is not selling out” Do not allow a “terrorist atmosphere to blind us to civil rights”. Most importantly, being yourself is the best way to combat racism. As one of the keynote speakers at the Roundtable, Sue talked about whites as victims of white racism which can be deeply embedded in the individual. He spoke directly to the conspiracy of silence and denial. He identified five factors: 1) denial of color is a denial of differences; 2) denial of power and privilege; 3) denial of personal benefits accrued by virtue of racial inequities; 4) denial of privilege, really a denial of responsibility of our own racism and 5) denial of the necessity to take action against racism. In both presentations, Sue stressed the fact that overcoming racism is a life long journey for all of us no matter what the skin color. We all have a role in the oppression of others.

This takes us to the presentations of Pratyusha Tummala-Narra’s “Skin Color and the Therapeutic Relationship,” in Hollywood and “Racism at the Individual and Systemic Levels in the Teaching and Supervision of Psychotherapy,” in New York. These presentations place our understanding of skin color to another important level and demonstrate the embeddedness of prejudice and racism.

In the first presentation, she put skin color in a historical context; examined the relevance of skin color in the intra-psychic and interpersonal process as well as in the lives of clients and therapists. She discussed the relevance of skin color as it applies to most of the cultures throughout the world and the power and domination associated with a light skin color was also noted. She points out that it is not surprising that the worldview of skin color is tenacious and has been internalized by generations both of white people and people of color. Tummala-Narra cites many empirical studies in the areas of psychology, sociology, and anthropology that have documented the prejudices and the preferences for light skin color. Preference for light skin divides and shapes identity and experience within various ethnic communities; it has a significant impact on psychological adjustment and contributes to an increased understanding of the experiences of ethnic minorities; it perpetuates the myth of lower capacities for people of color and contributes to divisions within ethnic groups. Skin color hierarchy dominates attitudes, behavior and policies on a global scale. The relevance of skin color in psychological life was categorized by her 1) as an indicator of ethnic belonging; 2) as cultural ideals of goodness and badness, beauty, and intel-
to create a cohesive group that felt comfortable discussing their cultural identifications which made all the more compelling the development of trust within the classroom setting. She concentrated on deeply embedded affective experiences of race and race relations in her interactions with her students and supervisees. She explored race based transference and countertransference, the resistance to the discussion of race, power dynamics, and the role of shame. There were mutual feelings of resistance between herself and her supervisees in discussing race matters which she attributed to her past exposure to ethnic and sociocultural injuries. She acknowledged that issues of racial mistrust had to be managed by providing a trusting environment where the supervisor initiates exploration of race issues as it is germane to the supervisee’s patient. She found that defensiveness of her supervisee was a defense against shame.

Tummala-Narra concluded with the following recommendations: 1) increase cultural knowledge; 2) initiate discussion of race and culture, and of conflict related to race and culture; 3) provide structure and support; 4) attend to transferential responses; 5) engage in multicultural education; 6) refuel by engaging with individuals with similar ethnic and cultural roots to guard against feelings of isolation.

In closing, Sue and Tummala-Narra inspired their audiences to be less afraid and intimidated by racial and cultural differences and hopefully more open to dialogue about them. Both appeal to an honest appraisal of ourselves and our biases and prejudices.

REFERENCES:
APA COUNCIL OF REPRESENTATIVES—AUGUST MEETING

HARRIETTE KALEY, PHD

The summer session of the Council of Representatives (COR) was held July 28-30, 2004 during the APA Annual Convention in Honolulu, HI. Perhaps because of the Convention site, which everyone seemed to enjoy tremendously, the COR meetings were mostly free of the acrimony that frequently occurs, and there were some celebratory moments (e.g., when women who were active in making APA a less sexist organization were feted, when Louisiana announced that it had obtained prescription privileges for psychologists, etc.) The meetings were not, however, wholly free of tension, since at least two issues arose that stirred up strong feelings. More on that later.

President Halpern discussed her initiatives, which center on meeting the needs of an aging APA membership, for example, by finding productive ways for members to contribute to psychology even after retirement. Another goal is to facilitate translation of materials on prejudice into multiple languages. She reported that breakout groups during the February 2004 meetings had shown that divisional priorities had considerable overlap: we want more integration across disciplines, more public education about psychology, and we worry about our incomes, about parity and about managed care.

Budget presentations showed that we had moved from a $6 million deficit in 2001 to a surplus in 2004 and an expected small surplus in 2005, even though, compared to similar national and international organizations of our size, our Convention fees and membership fees are below average. The Hawaii Convention appears to have been as profitable as the Chicago Convention in 2002; it made at least $11,000 (about as good as our Spring Meeting in Miami Beach last year). Later, when the budget was presented in detail, we learned that by 2007, we would probably have about $50 million in assets, but we need an increase in membership to maintain fiscal stability. Currently, there are 80-90 staff jobs unfilled as well. The motion to raise dues, which is presented every few years as a standard procedure, passed.

The motion to support same-sex marriage was expected to be one of the main action items at this meeting. In the end, there was very little, if any, expressed objection to it. A number of people had been contacted beforehand by the members of the Task Force and asked to speak to the motion. As it turned out, only a few people needed to speak. No one spoke in opposition; but three speaking in support of the motion were Division 39 members: Nina Thomas, Neil Altman and me. (I noted, among other things, that I had contacted our Executive Committee on this matter; and that all who replied were resoundingly in favor of the motion.) The makers of the motion emphasized that it was based on research evidence, and that many groups within APA, including the Psychology of Religion division, had input into the motion. When the vote was taken, although some people did not vote, there were no votes in opposition. It was quite a moment of solidarity for APA.

Now for the controversy: The other significant action concerned reception of the report of the APA delegation to the World Conference against Racism (WCR) held in Durban, South Africa in August-September 2001. The United States and Israel had walked out of that conference because of the anti-Semitic flavor that pervaded its deliberations, but our delegation remained. The report, which has been pending for years, was initially placed on the consent agenda for this meeting, but someone asked for it to be removed, which meant that we could discuss it on the floor. It turned out that the WCR final report was appended to the APA delegation report, which meant that the full WCR report would be accessible on our APA website, and might seem to have the imprimatur of the APA. Since the WCR report, in the opinion of some members of COR, reflected the anti-Semitic flavor of the conference, there arose considerable opposition.

Others had strong feelings that the APA delegation had done good work keeping psychological issues on the table in Durban, and that it was important that the UN document be appended to their report as evidence of that fact. A number of those who rose to speak about the APA report discussed their deep feelings and concerns about anti-Semitism and APA’s failure to address this issue, both within this organization and as a matter of social policy. Eventually, the delegation’s report was deferred and President Halpern said she would appoint a task force to review and make recommendation on the issues involved. Much of the expressions of concern and ideas about how to handle a potentially very painful situation came up, as usual, in the various caucuses (especially, in this case, in Women’s Caucus), demonstrating again the importance of caucuses in getting COR work done.

COR also voted to rescind the ban on advertising in APA journals by the Department of Defense. The decade-old prohibition on accepting advertising was an expression of protest against the government’s stance on homosexuals in the military. More recently, people had noted that, among other side effects, the ban prevented psychologists from being recruited to work in the military, which, perhaps, might help mitigate the situation. Over a prolonged period,
there had been meetings between the Division of Military Psychology (19) and the Division for the Psychological Study of Lesbian, Gay and Bisexual Issues (44), and both divisions supported the motion to rescind the ban on Department of Defense advertising in APA publications, while noting APA’s strong ongoing commitment in support of the ability of gays and lesbians to serve in the Armed Forces.

A good part of one meeting was given over to an Executive Session to review matters that had been quite controversial at the last meeting, concerning executive compensation. No action items resulted from this session. Overall, there was important business transacted in the context of a relatively rancor-free meeting. Not exactly a first for COR, but nevertheless noteworthy.

APA COUNCIL OF REPRESENTATIVES—FEBRUARY MEETING

COR Meetings were held in Washington, DC, February 17-20, 2005; and the following items were discussed:

1. Report on APA response to the Tsunami disaster: APA has donated $100,000 to the American Red Cross. An additional $150,000 is being directed to other agencies specifically for mental health relief.

2. APA President Ron Levant has set up a task force to explore ethical aspects of psychologists involvement in interrogations related to national security, such as those occurring at Guantanamo Bay.

3. Ron Levant’s Presidential Initiatives:
   • Making psychology a household word, by providing training in public education programs (programs for the public that expand on the ”talk to someone who can help,” “building resilience in a time of war,” and “warning signs of teen violence” campaigns) that are modeled on a “train the trainer model,” as well as speaking to the media.
   • Promoting health care for the whole person and a biopsychosocial model that integrates mental and physical health.
   • Building partnerships among health care, public health, mental health, and policy and consumer-oriented organizations. This is consistent with the Policy and Planning Boards (P&P) priorities in their new five-year plan.
   • Increase diversity within APA
   • Resolve controversies around evidence based practice (EBT). This, too, is an element in the P&P board’s five-year plan. A task force has been set up to look into this issue and make recommendations for APA’s position.

4. The budget outlook is positive. All earlier cuts have been restored. Print media sales are going down as electronic media sales rise dramatically.

5. A new committee on socioeconomic status within the Public Interest Directorate was approved.

6. A new Division for Human-Animal Studies was considered in executive session and was not approved.

7. It was agreed that APA would pay for the hotel stays of all council representatives at the winter meeting, so that those from small or impecunious divisions and states will be able to attend. Travel expenses will continue to be paid by APA. For the summer meeting, beginning in 2006, APA will pay for two nights’ hotel stay instead of one night as previously.

8. After considerable controversy and much emotionally charged collaborative processing, the Council agreed to accept the report of the APA delegation to the United Nations World Congress against Racism. Council also agreed to accept, in principle, the UN report as an appended and annotated document. A task force had been appointed by APA President Diane Halpern to work out a resolution among those who felt strongly that the UN document contained anti-Semitic content, and those who felt strongly that the UN document contained evidence of the APA delegation’s good work and much needed condemnation of racist practices. The task force mediated a compromise whereby those passages that had raised concerns about anti-Semitic, anti-Jewish and/or anti-Israeli content will be highlighted and readers informed about those concerns. An introduction will explain the range of feelings on the Council about the document and will explain the process by which Council came to agree to accept it, with reservations and objections noted. Each page of the UN document will also contain a note saying that the document is appended for archival and historical purposes only. The exact wording of the disclaimer will be developed by the task force. The task force also recommended, and the Council agreed, that Council should prepare and pass a resolution condemning anti-Semitism specifically, along with all other forms of religion-based discrimination.

In the end, there was an extraordinary effort at rapprochement among those who had started out with sharply divergent views. Continuing work is being done to assure that all positions are accurately represented in the final documents.
Liaison to CAPP and IG

This is a summary of the Committee for the Advancement of Professional Practice (CAPP) and the Integration Work Group (IG) meetings for September 2004 and January 2005. I will highlight the specific items that I think are of interest to the members of the Division.

It is quite likely that the practice assessment that all professional psychologists pay with their annual dues will be increased in 2006. The raise will be in line with the Consumer Price Index (CPI). It has been some years since the assessment has been increased. Determining the amount of the assessment (which is based on income) that each psychologist will pay will be simplified. This increase was carefully considered and debated before being voted on. In turn, there are some significant new benefits that will be available to those of us who pay the practice assessment. These benefits should be available no later than the beginning of 2006.

First, it is expected that by the end of the year a national locator system will be up and running. This will be a system that permits members of the public to access a psychologist through the APA help page. All psychologists who pay the practice assessment and wish to be listed in the national psychologists locator system will be able to provide information about their practice and location to the public. Thus, visitors to the APA website will be able to link to the locator system and obtain information about psychologists who are located within a particular zip code. Listing in this locator system will be voluntary, and only those who sign up to be in the system will be listed.

Second, by the end of the year, for a minimal annual fee, each psychologist who pays the practice assessment fee will be eligible to have his/her own web page listed. This web page will be able to be updated by the individual psychologist. At your request it can be updated by APA with interesting stories about mental health that would be of general interest. On the web page, individuals could insert different kinds of information about their practices, for example special workshops that are being held, groups that are being formed and other services that are offered. The web page could be accessed through the APA web site or directly. The locator system and web page will be significant benefits to those of use who would like to market our practices with a minimum of time and expense.

The next Public Education Campaign, to be launched in 2005, will emphasize the “mind-body connection.” Focus groups have shown that the public sees a significant connection between body and mind. The media have recently picked up on this theme with significant coverage of topics like sleep, obesity, stress, heart disease and behavior. The Public Education Campaign will emphasize wellness and prevention, as well as treatment. In this campaign, a recommendation will be made that people consult a psychologist. Recent market research has shown that the public is more aware of what a psychologist does and is more willing to accept referral to a psychologist for treatment of mind-body issues.

Progress on prescriptive authority in Louisiana and New Mexico was reviewed at these meetings. The first prescriptions by psychologists in these states will soon be written; this is a major milestone for professional psychology. New prescriptive authority initiatives in other states are being developed for the 2005 legislative year.

Of special interest to members of our Division is the writing of regulations in New York State that will govern Master of Arts Licensed Psychoanalysts. The Division leadership had vigorously advocated for appropriate standards for the practice of psychoanalysis. APA and the Practice Directorate have been supportive of the Division’s efforts.

Members of the Divisions who are concerned about the specific practice issues are encouraged to contact me so that I can bring them to the CAPP.

Membership

The following members joined between December 1, 2004 and February 28, 2005. Please be sure to welcome your colleagues and peers to the division.

Marianna Adler
Helen Anthony
Justin Barker
Anat Barlev
Catherine Barnhart
Magdelen Byskosh
Stephanie Carlson
Jose A. Del Pilar
Heather Demeter
Perrin Elisha
Anne Fox
Rochelle Frehling
Amy Gerson
Phyllis Gildston
Francine Godet
Suzanne Goldberg
Andrew Harlem
Dimitra Hrisikos
Peggy Kay
Jani Klebanow
Margot Levin
Patrick Luyten
Risa Mandell
Patricia McKenna

Melvin E. Miller
Ronald Naso
Ryan Nybo
Mark Palmer
Ezequiel Pena
Cristina Rasco
Mercedes Ribicoff
Moira Riple
Richard Ryan
Carrie Sabrina
Dana Satir
Jessica Schwarting
Jeanne Seitler
Stephanie Simons Alpert
Lorraine Sterman
Martha Temple
Mindy Utay
Alina Viola
Ruth Vogel
Jennifer Vogel-Davis
Stephanie Walker
Rachel Weiss
Jonathan Wormhoudt
Steven Zeitlin
SECTION II: CHILDHOOD AND ADOLESCENCE 1994-PRESENT

Richard Ruth, PhD

To my sensibility, a psychoanalytic take on history is always a tricky proposition. A straightforward narrative carries the risk of missing the undertones and overtones, where the action often lies. A more subjective approach faces the different peril of privileging dynamics over (do we still use the term?) genetic factors. And then there is the question of voice: the adult authority? The child who has experienced the history? Neutral, or relationally engaged? Put differently still, is history more like the initial intake we know-but-forget when we enter each hour, “without memory or desire” as Bion commended, or is it more like what happens in the hour, memories and desires and possibilities of new beginnings all swirling around together?

Deep and complex thoughts. So, as my 4:00 patient offered today, “Let’s play.”

The early years of Section II are capably and movingly recounted by Ava Siegler, our founding president, in an excellent chapter in the Division’s official history. If it were up to me—and I am writing in the early spring, between the Easter and Passover recounts—I would love to hear her story retold with some regularity at our meetings. I had the pleasure of speaking with Dr. Siegler while preparing this article, and was transported (I would have said mesmerized, but that’s the other team) by her recollections of our earliest years.

Division 39 was founded in the dialectic between great visions and great tensions. How do we avoid the air of exclusivity that risks strangling the life out of analytic thinking and practice? How do we embrace both our passionate differences and our essential commonalities? What is our uniqueness as analytically influenced psychologists, and how do we find our next steps forward? Daunting questions, with which we remain engaged, but the essential thread here is that soon after the Division was launched, Section II was established, in 1981. It means something, I think, that the “child people” were very much “in at the beginning.” The small numbers of psychologist child analysts and child psychologists with analytically informed training who fought to give birth to the Section were grounded in some common ideas and experiences: Child training was hard to find, and needed to be less hard to find and more widely appreciated for what it could offer to many kinds of work. Developmental perspectives are essential to all kinds of psychotherapy, with children and with adults. Child analysts and therapists need to be at the heart and not the margins of the Division’s work and thinking. And concepts of adult treatment are greatly enriched by the lessons learned from those engaged in child treatment.

I will not attempt to list the names of all who generously gave of their time, thought and labor to help launch the Section, for fear of offending anyone I might inadvertently leave out, but suffice it to say that they included some of the most renowned names in psychoanalysis. And we continue to explore and advance these perspectives today.

“OK, so that’s what happened,” my 4:00 patient said (in a different context), “but what I really want is to learn how to shuffle.” This leads to a fond memory that will bridge into a discussion of Section II’s past decade. I first became aware of Section II’s work in 1994, when I was recruited to speak on a panel because a colleague was unable to be present. I had the privilege of meeting Pearl Ellen Gordon and Ed Corrigan, two of our past presidents, remembered for leading the Section through some of its formative developmental years. My hair was not yet fully gray and I was, truth be told, a bit anxious and awed. I was sitting quietly at a table and waiting what I expected to be lofty words of theory and deep tales of practice. These were to come, but first there were stories about getting the newsletter to and from the printer and the vicissitudes of bulk mailing. These jobs fell to our presidents, and I can say they were carried out with distinction and with love. Hearing their stories was the warmest kind of welcome I could imagine to an organization of accomplished professionals with common bonds and interests (extending well beyond postage), and I think it is a welcome we continue to extend to new members.

Forming and sustaining Section II has involved a lot of very hard, dedicated, prosaic, unceasing, behind-the-scenes work, generally carried out by small numbers of dedicated people with impressively busy lives who see the need for the Section and make it happen. Busy professionals have given countless hours to committee deliberations, conference calls, preparing newsletters (nowadays, website material), and what have been called the maternal tasks of an organization, things like keeping the books, sending out renewal notices, printing labels and stuffing envelopes. It is hard to keep up, and sometimes we stumble, but, surprisingly often, we find our footing and stride forward in innovative ways. In 2003, as an extension of our role as an important network for exchange among child clinicians, we published a first-ever national directory of psychoanalytically oriented child and adolescent clinicians, to referral-producing acclaim. I mention all this with real pride, not just because at the moment I am missing a new episode of Law and Order to complete this article, but because this “child’s work” is, in some sense, what it is all about.

Of course, for every ten times that the proverbial
glimpse into the parents’ bedroom proves prosaic, there are the other moments, when it reveals everything. Section II, in the past decade, invested our proud if humble treasury in bringing over several British child therapists to speak at sessions we have organized, part of the groundwork for the active interfertilization we enjoy today between the different traditions in child therapy. Last summer, our current president, Peter Carnochan, organized an exciting Section study trip to the Tavistock Clinic (who said children never think large?). Over several years, Section II organized a national study group and seminal presentations on child abuse. Pearl Ellen Gordon and Ed Corrigan published an influential edited volume emerging from the study group’s work, The Mind-Object: Precocity and Pathology of Self-Sufficiency (Jason Aronson, 1995). Our former president, Toni Vaughn Heineman, published an influential book on the topic during her presidential term: The Abused Child: Psychodynamic Understanding and Treatment (Guilford Press, 1998). We have also put on sessions on such cutting edge issues as new reproductive technologies, work with foster children, and children of gay and lesbian parents. It has been a particular source of satisfaction that both child and adult clinicians, and non-psychoanalytically oriented psychologists, often find our regularly presented sessions at the Division’s spring and summer meetings fertile spaces for thinking and encounter. We may be a small group, but we are often a valuable incubator, a space for giving first voice to new ideas in child analysis and therapy.

Today, Section II is happy to play (pun intended) an active role in the Division’s impressive array of activities. Several of our members are active in Division leadership, including our past-president, Larry Zelnick, who has spearheaded the Division’s Internet presence. (This cannot be coincidental. Adults turn to children for computer expertise all the time. And who taps into children’s wisdom better than child therapists?) Our growing membership includes child analysts and therapists from diverse theoretical orientations (and various professional backgrounds, not only psychologists) and diverse practice settings, as well as researchers, psychoanalytic writers and teachers—and even a few people who do not live in New York or California (we’ve been working hard at “going national” our entire collective life).

Most intriguingly, to me, we are today an organization of at least four professional “generations.” We are fortunate to have some of our founding members still active among us, as well as persons whose formative experiences were in the 1960s, 1970s, and 1980s. I must say that, influenced I am sure by our patients, we work hard at our ongoing development, and at the same time manage to have quite a bit of fun. Folksy and deep, serious but not pretentious, playing quietly in our own corner at appropriate times but never likely to miss a good party, we are proud to honor our parent Division on its anniversary, and we hope our adult colleagues are also proud of us.

Reference

I am grateful to our members and past and present officers who shared their recollections with me in preparation for this article.

Richard Ruth is a psychologist/psychoanalyst in private practice in Wheaton, Maryland. He is on the steering committee, teaches and supervises in the Child and Adolescent Psychotherapy Program of the Washington School of Psychiatry and is a clinical faculty member at The George Washington University. He is Section II representative to the Division Board.

**Stephen A. Mitchell Award**

Papers are invited for the fourth annual Stephen A. Mitchell Award. Established by Psychoanalytic Psychology and the Board of the Division of Psychoanalysis, the award honors our esteemed colleague as well as a graduate student whose paper is deemed exemplary by a panel of judges, all journal editors and Division 39 members. The award includes a $500 cash prize, airfare and registration for the Division Spring Meeting, at which the paper will be read, and publication in Psychoanalytic Psychology. Deadline for submission is July 1, 2005, and presentation of the paper will be at the 2006 Spring Meeting in Philadelphia. Five printouts of the paper should be submitted to me according to the procedure for submission to Psychoanalytic Psychology and should include a cover letter indicating that the paper is being submitted for the Stephen A. Mitchell Award. Division members with academic affiliations, in particular, as well as all members are strongly encouraged to invite graduate students to submit papers. There are no restrictions as to topic or theoretical orientation, although the papers must be of a psychoanalytic nature. Manuscripts and questions should be addressed to the editor: Joseph Reppen, PhD, ABPP, Editor, Psychoanalytic Psychology, 211 East 70 Street, New York, NY 10021-5207, 212/288-7530 (voice), 212/628-8453 (fax), jreppen@datagram.com (email). Deadline: July 1, 2005
In honor of its 20th Anniversary, Section III has assembled an edited volume of articles and commentary by authors in the Section to be published by Brunner-Routledge in September of 2005. The book will be titled *Psychoanalytic Reflections on a Gender-free Case: Into the Void* and will be dedicated to the founding members of the Section.

The editorial committee includes the following: Ellen Toronto, Gemma Ainslie, Molly Donovan, Maurine Kelly, Christine, Kieffer and Nancy McWilliams. Contributing authors include Ellen Toronto, Molly Donovan, Judith Alpert, Barbara Gerson, Joan Sarnat, Nancy McWilliams, Christine Kieffer, Ruth Lax, Gemma Ainslie, Polly Young-Eisendrath, Dianne Elise, Lynne Layton, Virginia Goldner, Gwendoyln Gerber, Steven Knoblauch and Kimberlyn Leary with an Afterword by Muriel Dimen.

The articles assembled address a cross-section of issues that have both chronicled and facilitated the significant changes of the last two decades in the way that we think about women and gender. The members of Section III have participated in many of the activist goals of enabling women to enter the mainstream, both of psychoanalysis and of the larger culture. As contributing authors, the members now celebrate a new phase of generativity, wishing to pass on both their hard-won knowledge and their exploration of questions still unanswered to a new generation of psychoanalytic thinkers. This collection of articles includes authors who already claim a wide readership as well as new voices with fresh perspectives on gender issues. We believe that all share a common goal of unraveling the mysteries of gender.

The volume begins with the case of T, a clinical vignette including a brief case history and notes from two sessions with all identifying data except gender. From this common ground of shared data and shared uncertainty, it then reviews a cross section of two decades of articles that have addressed significant gender issues. Through commentary from the members of the editorial committee, we critique the articles and apply insights from them to the shared case material as we strive to move to the foreground our previously buried beliefs about gender.

The articles included in many ways represent an historical perspective. The first four sections of the book present both theory and clinical material from a largely relational point of view, an outlook that, in its initial phases at least, predates the postmodern perspective. Many relational theorists value the notion of a coherent self and feel discomfort with the ideas of gender fluidity and fragmentation. Their focus is on the development of the child in the care-taking environment and the experience of the self in that environment.

Postmodern theorists, represented in the last section of the book, regard the notion of a core self as illusory and view the individual and his or her gender as the restrictive notions of culture and language define it. The subject does not really exist until culture enters the scene, personified in the law of the father. From a postmodern perspective, the theories, in fact, construct the subject.

It is our hope that the gender-free case will allow us to “play” in the space between these two points of view. As we permit our minds to contemplate case material with gender unspecified we can listen to the experiencing subject as physiological data, temperament, personal history and the individual, private meaning of gender shape his or her story. At the same time, we can address the ways in which race, class and gender itself alter our role expectations. We can explore the ways in which we assimilate data, based on prevailing gender assumptions.

As a member of the editorial committee, I can state that the process of compiling the book, while often arduous and time-consuming, has been extremely gratifying on both a personal and professional level. The authors and contributors have been generous with their resources and cooperative in their efforts toward a common goal. Of course, there have been glitches but we have been able to resolve them through committed negotiation and compromise. It has been a pleasure to compile in one place a small portion of the many contributions that Section authors have made toward a greater understanding of the gender puzzle.
The program of the April 2005 meeting of Division 39 in New York City is a graphic indicator of the level of activity and the range of interests of the members of Section VIII. We have 27 members participating in 43 panels. Certain familiar themes continue to be examined. Five papers address gender and sexuality, including gay, lesbian, and transsexual issues, particularly as they relate to couple and family systems. Other aspects of sexuality are explored in papers on abuse by clergy, on boundaries in analysis including touching, and on the ways in which sex and gender are constructed by the new generation. (Each generation searches for new variations on age-old themes.)

The recognition of trauma, PTSD, its intergenerational transmission, and the need for community outreach in order to deal with these large-scale disruptions, are addressed in several panels. It is of interest that our psychoanalytic understanding of the immediate and long-range impact of traumatic events is tied to our proactive reach beyond the confines of our consulting rooms, and to the initiation of community-wide programs. One program is helping widows from 9/11, and another program is supporting the families of some of the military assigned to Iraq and Afghanistan. We are presenting clinical insights about the aftermath of the Holocaust and of a murder within the family. One panel looks at the paradox surrounding the observation that even those analysts who have significantly expanded the scope of their work into community consultation, typically hide the fact that they are analysts. We are out there in myriad ways, but are afraid it will not be accepted under our banner.

At the same time that we are venturing into new fields, we are also delving inward to explore the fine grain of intimate relationships: examining danger and safety as the boundaries between analyst and analysand are explored, looking at cueing and decoding in couple interaction, and delineating common ground and uncharted territory in the dyadic process. Ethics serves yet another window into the understanding of reciprocity in long-term intimate relationships, and as a map for its restoration after breakdown. The members of Section VIII are eager to explore new meanings for psychoanalysis, eager to share their understandings with colleagues, and eager to help couples, families, and communities. In all these ways, we are advancing the usefulness of psychoanalytically based ideas and treatment.

Further work of the section will be augmented by some welcome new Board members: For the Eastern Region, Nicholas Covino; for the Western Region, E. Lisa Pomeroy. Members at large are David Downing, Bertram Karon, and Nancy McWilliams. We are happy to acknowledge the profound and scholarly article in the latest Psychoanalytic Psychology by our treasurer, Ghislaine Boulanger.

If you have received this newsletter, you have received only one of the many benefits of division membership. You may not be receiving, however, all the benefits available. In addition to this newsletter, you should receive:

- Psychoanalytic Psychology and Psychoanalytic Abstracts: The journal and the Abstracts are published by APA. If you are not receiving these publications, you must check with APA Subscriptions Office.
- Division mailings, including Call for Papers and Spring Meeting Registration brochure: These materials are handled in coordination with our Central Office. Contact Ruth Helein at <div39@namgmt.com> if you are not receiving these materials. Additional contact information on page 71.
- Email Announcements: Although Ruth Helein can help, members should take responsibility for updating directory information on the website, www.division39.org. It is very simple and very necessary for members to periodically check their directory information and make corrections.
- Involvement in Sections: Division members are eligible to join the various sections of the division. The sections are important in fostering involvement in division activities, projects and governance. If you do not belong to a section, check out descriptions on the website and get involved.
LOCAL CHAPTER REPORTS: AUSTIN SOCIETY FOR PSYCHOANALYTIC PSYCHOLOGY

JOANN PONDER, PHD

ASPP was founded in 1988. At that time, there were few psychoanalysts in Austin, Texas because there is no formal psychoanalytic training program here. ASPP made major contributions in filling the gap by providing classes and lectures to mental health professionals interested in learning more about psychoanalytic theory and technique. In addition, ASPP members collaborated with the Houston-Galveston Psychoanalytic Institute (HGPI) to bring a training analyst to reside in Austin. Now that Austin candidates could receive training analyses here, this enabled them to commute 180 miles to Houston for weekly didactic classes at HGPI. Some Austin residents commuted to Houston on a monthly basis for training at the Jungian institute there. Others received psychoanalytic education in university-based programs or other internships, postgraduate programs, and distance-learning programs across the country. While there are a growing number of psychoanalysts in Austin, the bulk of ASPP members practice psychoanalytic psychotherapy rather than psychoanalysis.

When Division 39 opened full membership to allied mental health professionals as well as psychologists, ASPP followed suit. Our membership has grown to approximately 140, including psychologists, psychoanalysts, psychiatrists, social workers, professional counselors, and graduate students. ASPP remains committed to providing stimulating programs for professionals with a wide range of psychoanalytic interests, experience, and expertise. Our basic program structure, as developed in 1988 and persisting to the present time, consists of monthly meetings with scholarly presentations. Clinical workshops and seminars soon were added to the program, which has further expanded since then. Although ASPP still sends newsletters twice per year by way of regular mail, we are relying more on our website and electronic mail as ways of informing people about our events. Two years ago, we created an advisory board of former ASPP presidents to aid in long-range planning for the organization. The current officers on our executive board are President JoAnn Ponder, Past president Sherry Dickey, President-elect Marianna Adler, Secretary Connie Benfield, Treasurer Karen Habib, Education/training Co-chairs Terry Smith, and Marsha McCary, and interdisciplinary representatives, Laurie Seremetis and Dale Sonnenberg.

Current Events: The ASPP program theme for 2004-2005 has been Donald W. Winnicott’s concept of Play in the Transitional Space. Monthly programs have featured presentations by local and visiting clinicians addressing this theme in varied and creative ways: Margaret Jordan of Houston on D. W. Winnicott’s life and contributions; James Bennett of Dallas on play in the psychoanalytic treatment of a young child; Richard Michael of Austin on the analytic space in treating adults; Barbara Waterman of Oakland, California on sandplay with a traumatized adult; Naomi Freireich of Austin on a dream interpretation of The Wizard of Oz; and Catherine Stevenson of Houston on the analytic third in strong visceral reactions to art. In addition, JoAnn Ponder read a paper on an unrelated theme to substitute for an ill presenter. Remaining monthly programs this academic year will feature Sherry Dickey on sexual perversions and Marianna Adler on writer’s block.

A variety of workshops and case seminars were scheduled this year. On November 13th, John Muller from the Austen Riggs Center discussed semiotics in creating transitional space with severely troubled patients. On February 12th and 13th, Jessica Benjamin of New York addressed therapeutic impasses and the analytic third. We look forward to several more events before the year ends. On April 9th and 10th, Sidney Phillips of New Haven, Connecticut will discuss homosexuality in terms of everyday overstimulation and psychoanalytic treatment. On May 7th, Stephen Firestein of New York and Cynthia Macdonald of Houston will address ethics related to the death of a client or psychotherapist. That same day, Dr. Firestein will present a case seminar on termination issues in psychoanalytic treatment.

A number of classes and study groups were facilitated by ASPP members to address the annual program theme and/or prepare for workshops by visiting scholars. These included Richard Campbell on Winnicott’s classic papers; JoAnn Ponder on Winnicott and play; Marianna Adler, and Gemma Ainslie on semiotics and primitive mental states; and Richard Campbell on Phillip’s papers on homosexuality.

Finally, ASPP sponsored two events for the general public this year. On October 24th, there was an arts program on the meaning and function of monuments and memorials, presented by Kate Catterall, who is an art history professor in Austin, and Stuart Twemlow a psychoanalyst in Houston. On January 14th, Barbara Waterman of Oakland, California led a public discussion of the psychological issues in becoming a foster, adoptive, or stepmother. In summary, ASPP members have enjoyed an industrious year of study and play in the potential space in 2004-2005. We look forward to 2005-2006, when the program theme is Primitive Mental States. Visiting scholars scheduled for next year include Efrain Blaiberg, Richard Lucas, and Arnold Modell.
Over the past few years, CAPP has been busily trying to find new and innovative ways to reach out to new members while improving our contact with our existing membership base. We have entered the 21st century with a brand-new website, which you can explore at www.cappchicago.org. We have also re-vamped our Referral Service, which offers referrals to psychotherapists who are members of CAPP, either by phone or via an Internet connection. We hope that both of our websites will help us keep up with changing technology, in order to become more visible to the psychoanalytic community in Chicago, as well as to those within the larger community who may be looking for resources such as therapists, consultants, or speakers.

Moreover, we have also tried to rise to the challenge of continuing to offer relevant, interesting programming to analytically oriented clinicians as well as graduate students who are interested in learning more about psychoanalysis. In an age where much of the prevailing sentiment favors biochemical models to explain emotional distress and the use of brief, symptom-focused treatment, we continually strive to expose mental health professionals to the richness that can come from using psychoanalysis to understand individual, systemic, and social problems. Over the past year or so, we have offered day-long conferences on a number of relevant issues in psychoanalysis, including ways to facilitate dialogue between different analytic perspectives (Can We Talk? in October 2004), and applying psychoanalytic theory to the treatment of individuals experiencing severe mental illness (Learning from Patients: The Life and Work of Frieda Fromm-Reichmann in May 2004). We host a group for analytically oriented graduate students that meets monthly to discuss professional development issues. We have also increased our efforts to reach out to students who might not hear accurate information about psychoanalysis in their psychology classes, both at a graduate and an undergraduate level. Several members of our organization have developed and delivered presentations to faculty and students at local universities about the usefulness and relevance of psychoanalysis in the 21st century, which have been very well received.

We have also worked to understand parallels between psychoanalytic theory and other ways of understanding the nature of human consciousness and motivation. To this end, we have offered recent programming on topics such as “The Psychology of Evil,” which provided a multi-disciplinary look at some of the forces within society as well as within the individual unconscious that lead to individual and collective acts of evil. We offered a continuing education presentation on “Potential Uses of Insight Meditation as a Means of Working with Countertransference,” which drew parallels between psychoanalytic concepts of countertransference and projective identification and a contemporary Buddhist understanding of the interrelatedness of all beings and phenomena. We also offered a day-long conference, Salome in Drama, Opera, and the Bible, which discussed Strauss’s opera from a psychoanalytic perspective. Overall, we have found that comparing and contrasting analytic viewpoints with theories and concepts from other disciplines can result in a collaboration that enriches each discipline, while informing and enhancing clinical practice.

As we move forward, we anticipate that we will continue to encounter challenges in bringing psychoanalytic concepts to a wider audience, but given our creative attempts to address these challenges over the past few years, we feel equally confident that we will be able to find ways of ensuring that psychoanalytically oriented practice remains a vibrant tradition in Chicago.

**FLORIDA ORGANIZATION FOR RELATIONAL STUDIES (FORS)**

FORS is an Orlando-based chapter that is dedicated to the study and promotion of relationally based psychodynamic theories and clinical practice. The FORS membership is composed of a growing and passionate group of clinicians. FORS strives to provide mental health professionals with both stimulating presentations and ongoing training opportunities. To this end, we have had the opportunity of hosting nationally regarded speakers for Saturday workshops in the past year, including Gerald Stechler, on Affect Based Couple Therapy; Malcolm Slavin, on Exploring Eros, Intimacy & Aggression in the Therapeutic Context; and Rachel Newcombe, conducting in vivo supervision entitled “Learning in the Midst of Things.” Last October, FORS offered two workshops: Steve Knoblauch on non-semantic communication in psychoanalysis, and Scott R. Woolley on couple therapy.

Our most recent presentation was Darlene Ehrenberg; we look forward to Karen Maroda’s presentation in June. In addition to the educational workshops, FORS has training groups and activities that further support relationship-based psychoanalysis and enhance participants’ clinical work. Offerings include a weekly peer supervision group, monthly reading group, bi-monthly couple’s supervision group, and a bi-monthly film discussion group.
A Brief History of Florida Organization for Relational Studies

The motivation for bringing Division 39 (Psychoanalysis) to Tampa, Florida, was to offer a voice to non-psychiatric psychoanalysts. Founding members, led by Arnold Schneider, formed the Suncoast Psychoanalytic Association, which valued and welcomed multidisciplinary membership. Activities included a reading study group and a speaker program at which leaders in the psychoanalytic field were invited to present.

As membership in the Tampa/St. Petersburg area began to decline, five members, who were living in Orlando, Florida, expressed an interest in continuing the chapter with a change in name, location, and focus. With agreement of the Suncoast Board, the chapter moved to Orlando in 1998 and became Florida Organization for Relational Studies. The first board members were President, Tom Haselwood, Treasurer, Bill Player, Division 39 Representative, Monica Petith, Secretary, Eric Wiener, and Continuing Education coordinator, John Wallace. These and other core members have alternated as officers for many years and kept the organization active.

The mission statement created was “The Florida Organization for Relational Studies (FORS) is dedicated to the study and promotion of relationally based psychoanalysis.” Initially, members of the FORS chapter were oriented towards self psychology and various relational (non-drive theory) perspectives. Couple therapy was a special focus of application. The reading group and speaker programs were revived, a bimonthly newsletter was started, and a peer supervision group was created. Presenters included both FORS members and nationally prominent psychoanalytic speakers. Dr. Bill Player was, and continues to be, instrumental in organizing these continuing education programs. In addition to advertising, attendance at presentations was encouraged through word of mouth, with each FORS member contacting 3 or 4 colleagues who might be interested in the presentation. A core group of approximately 20 people has grown to a current group of approximately 50 people. FORS has worked to limit barriers within the organization by deemphasizing degrees and titles, and by promoting programs to graduate students, masters-level mental health professionals, social workers, as well as psychologists.

The early speaker programs consisted of Friday and Saturday sessions. Typically, a small group met on Friday evening for dinner at a FORS member’s home. The Friday evening program would usually include a live demonstration. This created an intimate setting in which to learn and get to know the presenter and each other. On Saturday, a larger group would gather for a more traditional 3-hour workshop. Early speakers included Jim Fosshage, Lynne Jacobs, Martin Livingston, Max Sucharow, and Dave Shaddock. More recently, workshops have been contained to 4-6 hour Saturday programs and have included speakers such as Darlene Ehrenberg, Malcolm Slavin, Gerald Stechler, Marian Tolpin, Doris Brothers, Estelle Shane, Warren Wilner, Rachel Newcombe, Bill Player, and Steve Knoblauch. Karen Maroda is coming here on June 11th, 2005.

Approximately 3 years ago, a couples therapy peer supervision group was started. This group also worked to bring a workshop, Emotionally Focused Therapy for Couples, which took place in October 2004. Another recent presentation/training that grew out of a particular interest of some FORS members was a workshop by Albert Pesso. Although both the EFT for Couples and Pesso presentations were deviations from the mainstream psychoanalytic programs of FORS, they were effectively promoted and attended by mental health professionals from across the nation.

By bringing in psychodynamically informed speakers who do not identify with psychoanalysis, and have preexisting followings, FORS has been able to dramatically increase its membership and to facilitate thoughtful discussion across theoretical boundaries. Currently the organization is struggling with how much to include speakers and interests outside the range of relational psychoanalytic theory, that is, how to increase its breadth and complexity without diluting its strength and mission.

The New Mexico Psychoanalytic Society

The New Mexico Psychoanalytic Society’s work in providing conferences twice a year for therapists and other interested persons is especially important in our somewhat rural state, as it provides current psychoanalytic thought and theory in an area where there are only a few institutions of higher learning. NMPS workshops and courses provide forums in which local psychoanalytically oriented therapists and analysts can present material with in which they are particularly skilled and interested. We continue to maintain a membership of about 120 local therapists in the society. We currently are reaching a somewhat broader range of mental health practitioners in the state, including those working with subgroups of our diverse population. Interest in courses is growing the longer this program exists, with larger numbers of practitioners attending them weekly, sometimes from considerable distances.
**Oklahoma Society for Psychoanalytic Studies**

G. Michael Kampschaefer, PsyD, ABPP

The OSPS Board has been busy with several exciting projects, including development of a website for the chapter, and the establishment of an Endowment Fund to raise money for the specific purpose of funding nationally and internationally known speakers to come to Oklahoma. We have a class of five candidates involved in second year coursework through this analytic community’s affiliation with the Psychoanalytic Institute of Northern California.

Our monthly programs during this academic year have included the following programs: *Ethical Dilemmas: Understanding Sexual Feelings Within the Psychotherapeutic Relationship* with presentations by Mary Anne Coates; Anne Early; Kay Ludwig; Sondra Shehab, Marian Stephenson, and Lauren Van Horn; *Defense Mechanisms Used by Adolescents in Indian Boarding Schools* with Rocky Robbins; *The Problem of Authenticity and the Ambiguity of Cure* by Michael Guy Thompson; and *Punishment Fantasies and the Construction of Reality* by Stephen J. Miller.

In addition, the following presenters will be here for the Spring 2005 Program: Gerald Stechler on *Affect Based Couples Therapy*, David L. Burch on *Bataan: A Survivor’s Story*, Ralph Kaywin on *Bridging Psychoanalytic Debates: The Theoretical Contributions of Hans Loewald*, and Mary Ann Coates will chair the discussion as part of “OSPS Movie Night.”

Our new officers for this year include: Kay Ludwig as president and Rebecca Thompson-McKinney for vice-president. Our new secretary is Carol Mason-Straughan, and Gary Jones has been elected as treasurer. The Program Committee will be co-chaired by Joseph Couch and Warren Russell.

**The Philadelphia Society for Psychoanalytic Psychology**

Rachel Kabasakalian-McKay, PhD and Jane C. Widseth, PhD

The Philadelphia Society for Psychoanalytic Psychology (PSPP) is a thriving organization, which still maintains a strong connection to its original roots. What follows is a brief summary of the history of our chapter, as well as highlights of our recent work and future plans. (For more detailed information on the early history of the chapter, readers are referred to: Kowitt, M.P. and Levine, F.J. “The Philadelphia Society for Psychoanalytic Psychology,” In *A History of the Division of Psychoanalysis of the American Psychological Association*. Lane, R. and Meisels, M., eds. Lawrence Erlbaum: 1994.)

PSPP developed from organizing committee gathered together by Frederic M. Levine, now living in Miami, Florida. Dr. Levine, a graduate school colleague of Jonathan Slavin at the University of Michigan, observed the development of Division 39 on a national level and decided to see if there was any interest among Philadelphia-area psychologists in forming a local chapter. At the time, psychologists in Philadelphia were fragmented, and those interested in psychoanalysis chose between the two institutes affiliated with the American Psychoanalytic Association and lay institutes like the Philadelphia School for Psychoanalysis. Dr. Levine was already a candidate at the Philadelphia Association for Psychoanalysis, one of the two medical institutes. Dr. Levine invited Drs. Jules Abrams, Deena Adler, Cheryl Biemer (now Laney), Michael Kowitt, Robert Kravis, Lester Luborsky, Irving Schulman, and Jane Widseth to join the organizing committee in the fall of 1984.

Largely based in the clinical psychology training program at Hahnemann University and then moved to the Institute for Graduate Study in Psychology at Widener University, this group of psychologists had diverse interests, and had to work to find common ground for a local society. There were three goals originally envisioned: 1) networking, 2) educational programming and 3) political activity to support the interests of long-term psychotherapy and psychoanalysis. Formally constituted in 1985, PSPP began with programming offered by psychologists from the Division 39 national organization and by some local psychoanalysts/psychiatrists.

Originally, Drs. Levine and Kowitt were in training at the Philadelphia Association for Psychoanalysis, which was classical in orientation, and all the others core members, with a few exceptions, had a similar orientation. The exceptions were Jules Abrams, who obtained his training at the Philadelphia Psychoanalytic Society and Institute, a group influenced by the thinking of Margaret Mahler; Lester Luborsky, who also trained at the Philadelphia Society and Institute; Irv Schulman who identified with the self psychology orientation, and Jane Widseth, who had recently trained at the Tavistock Center in London and identified with the British object relations and Kleinian orientation. It was, in fact, a conscious decision not to affiliate with one or another of the existing psychoanalytic societies or institutes.
in order not to seem to elevate any one of the theoretical orientations represented above the others (Kowitt & Levine, p. 280).

Although happy to organize together into a local society, conflicts arose among the original members when choices had to be made about spending money for programming. These conflicts led to some creative programs. One such notable program was the highly successful panel, Three Perspectives on a Psychotherapy Case, in 1988. That panel went on to speak at a number of other conferences, to audiences of both psychiatrists and psychologists. Frank Marotta, now of Northampton, MA, presented a case to Ruth Fischer (Mahlerian/Classical); John Muller (Lacanian); and Jules Miller (Self-Psychological).

In the early years of the organization, a decision was made not to seek to form a training program that would compete for the loyalties of founding members already affiliated with one of the existing training programs. As time passed, however, and the organization grew, this issue was revisited in response to a perception of an increasing need for a different, psychologist-based, analytic training program in the area. A training committee, led by Barbara Goldsmith, was formed to investigate the possibility of developing such a training program. Although this did not come to fruition in the way originally envisioned, the work of this group did lead to the formation of the Philadelphia Center for Psychoanalytic Education (PCPE), which offers an ongoing continuing education program. PCPE, which is in many ways the “sister organization” to PSPP, typically offers three or four “reading seminars” each year, in which a small group meets for three weeks discussing readings, culminating in a daylong workshop with an invited speaker.

As the years went by, a portion of active PSPP members continued to seek analytic training within the local APsaA affiliated institutes, now combined into one—the Psychoanalytic Center of Philadelphia—and the Philadelphia School for Psychoanalysis. In addition, some members have trained in the NYU Postdoctoral Program. Many active members, however, have sought additional training programs not leading to becoming analysts, or have found other ways to remain actively engaged in intensive continuing education. These members are a vital part of both the leadership and membership of PSPP, actively involved in supervising, teaching, writing and program planning in the service of furthering psychoanalytic psychology.

In terms of programming, PSPP offers a minimum of two major programs annually, in addition to a brunch series each Spring, which highlights works in progress of some of our members. In recent years, we have twice used our fall dinner meeting to highlight new books written by members: in 2001, Deborah Luepnitz’s talk coincided with the publication of her highly acclaimed Schopenhauer’s Porcupines: Intimacy and its Dilemmas, and in 2004, Linda Hopkins invited listeners into some of the fascinating experiences she had in the course of her years of her research for her soon-to-be published biography of Masud Khan.

In the current 2004-2005 program year, we have focused especially on the theme of culture and psychoanalysis. In addition to some of the cultural dimensions addressed by Linda Hopkins in her talk on the life of Masud Khan, we hosted a presentation organized by the Section I Board, Is the Unconscious Culture-Bound? and, earlier this month, were pleased to present Neil Altman, speaking on Whiteness: A Blind Spot in and out of the Consulting Room.

As our early history makes clear, the PSPP membership has represented a diversity of orientations within psychoanalysis from the beginning. This continues to be the case, so that relational, interpersonal, object relations, self psychology, Lacanian and classical traditions are all represented among our membership. This is reflected in our programs, although an increasing bent toward relational approaches in recent years is noticeable as well. Recent relational speakers have included Jody Davies, Jonathan Slavin, Sue Grand, Karen Maroda, and Neil Altman. However, we have also been honored to host James Grotstein, Mark Epstein, Polly Young-Eisendrath, and the Section I panel including Allan Frosch, Albert Brok, and Mary Beth Cresci. A separate trend has been a reaching out to build bridges with the Psychoanalytic Center of Philadelphia. This past January saw the first program collaboratively presented by PSPP and the Psychoanalytic Center: The Interplay Between Discovery and Co-Creation in the Psychoanalytic Process. One of the featured speakers was PSPP member David Mark, an interpersonal/relational analyst trained at NYU, who presented a paper subsequently accepted for publication in Contemporary Psychoanalysis. Michael Kowitt, one of the original PSPP founders, served as discussant for the program.

In addition to ongoing program planning, we maintain a newsletter and a growing number of initiatives designed to reach out to and support graduate students with an interest in a psychoanalytic orientation.

Finally, we should note the active involvement of PSPP members in Division 39. Current Division 39 President, David Ramirez, is a member and past-president of PSPP, and Joseph Schaller, now treasurer of Section IV, serves on the PSPP Board. There is a great deal of enthusiasm in our community for planning the Division 39 2006 Spring Meeting to be held here in Philadelphia, with Steering Committee Co-chairs Dennis Debiak and Noelle Burton tapping the skills of many of those most active in PSPP over the past several years in planning the conference. In many ways, it is an exciting time for the community of psychoanalytic psychologists in Philadelphia.
VERMONT ASSOCIATION FOR PSYCHOANALYTIC STUDIES

SHARON DENNETT, LCSW

The Vermont chapter of Division 39 was formally approved by the Division in 1985. At that time, it was a very small study group consisting of five members. Its goal initially was to create a place where a few colleagues could meet together and talk about “things psychoanalytic.” With the help of Carole Betts, a psychoanalyst trained in Montreal and a member of the International Psychoanalytical Association, the group began to expand its membership. Invited guests, mainly analysts from Montreal, donated their time to get our efforts “off the ground” and by 1994, an annual conference was a regular event in the community.

Several local analysts, Bruce Gibbard, Austin Lee, Dave Van Buskirk, Thomas Gazda and Bert Franke participated in the annual conferences. The surrounding professional community showed an enthusiastic interest in programs that were offered by the small group of dedicated members who were interested in expanding the awareness and knowledge of psychoanalytic theory and technique to clinicians in the area. In addition, a small group of dedicated VAPS members, including Bob Barasch, Carole Betts, Sharon Dennett, Claire Dumas, Bernie Folta, Carl Rabstejnke, and Michele Reed and later joined by Bill Butler and Polly Young-Eisendrath, did the hard work of organizing the early conferences and tending to the interests of the membership, publishing a newsletter and beginning to explore expanding the offerings within VAPS. These were analysts and non-analysts and mental health professionals from every discipline.

Our membership by 1999 was divided evenly between MDs, MSWs, PhDs and other Masters levels professionals. (Vermont is a state that licenses masters level psychologists and counselors) We had grown from a small group of 6 to 12 members, with a founding president, Mark Adair, to a larger group of 40 when our first new president, Sharon Dennett, was elected in 1999 to serve a 2-year term. Since then, we have developed by-laws, an official executive committee and officers, and a continuing education program. We have been in closer contact with Division 39 and expanded our conference offerings.

The strength of our organization remains its dedicated group of professionals from all disciplines who shoulder the burden of committee work, organize conferences and publish a newsletter. In addition to the people mentioned thus far we are also indebted to Ed Epstein, Kali Erskine, Kit Erskine, Les Felhaussy, Day and Josie Kokorev, Debra Lopez, Kristy Mamchur, Theresa Meyers, Mina Levinsky-Wohl and many others who have taken a significant role in the on-going support of the organization. Some have been there from the beginning, some have stayed for a while and moved on. All are appreciated! We now have a membership of 75, we have had 10 VAPS members go on to do psychoanalytic training. We have had 3 more presidents elected for 2-year terms: Mel Miller, Polly Young-Eisendrath and Doug Dennett.

Annual conferences over the last decade represent a wide spectrum of analytic thought, including Roger Dufresne on Listening to Narcissus, Morton Reiser on Memory: Its Place in Psychoanalytic Treatment, and Jay Greenberg on Object Relations: an Interactive Model. Other presenters have included James Hornig, Arnold Modell, Vann Spruiell, Jill Scharff, and George Vaillant. In the last few years, we have had presentations by Leston Havens, Jessica Benjamin, Glen Gabbard, and Nancy Chodorow.

In addition to these annual events, in 2000 we began offering seminars for our membership. Typically, these are half day events attended by 30 to 50 clinicians. Harry Beskind was the first presenter and he spoke of the difficulties of practicing psychoanalysis in a small, rural community. We have since had the following guests: Mark Blechner, Françoise Davoine and Jean Max Gaudillière, Elio Fratteroli, Mary Gail Frawley O’Dea, Glen Gabbard, Jeremy Holmes, Dan Jacobs, Nancy McWilliams, Deborah Leupnitz, Stan Perlman, Jeremy Safran, and Joseph Schachter.

We have developed into a group of clinicians interested in promoting the further study of psychoanalysis through our organization and its offerings. We have had to continue to work out organizational challenges, structuring an executive committee, by-laws, officers and membership liaisons. We are continuing our development, under the current leadership of Doug Dennett, as we develop a web presence, publish a membership directory (over the Internet), organize finances, fine tune leadership roles and publish a triennial newsletter. Our biggest challenge remains finding enough members willing to do the ambitious work of this organization and our continued commitment to working together as a group in spite of our member’s very different analytic training, affiliations and theoretical positions. Since we are committed to our multidisciplinary make-up, we strain a bit within the structure of Division 39. We have fully trained analysts who are MDs and MSWs and are not able to be full professional members of Division 39. This remains a tension in our group. However, we work together in spite of our differences, dedicated to making psychoanalysis better understood and accepted within our community.
THE WASHINGTON SOCIETY OF PSYCHOANALYTIC PSYCHOLOGY
MOLLY WALSH DONOVAN, PHD

The Washington Society of Psychoanalytic Psychology continues to be a vital, active presence in the Washington psychoanalytic community. For the past several years, WSPP has been offering a Friday Seminar series. These programs cover a variety of topics in psychoanalytic psychotherapy and are given by distinguished senior clinicians from the Washington area. Our planning of the programs is responsive to the suggestions and comments we have received on the evaluation forms from prior meetings. The seminars are free as a service to the community with CEU’s provided for a low fee of $5 for members and $20 for non-members and have attracted a steady audience averaging about 20 people. The response has been positive, and the discussion is usually quite lively. In addition to regular attendees, there are often in attendance people who have had little exposure to psychoanalytic theory and practice, and who find these seminars a useful introduction to these concepts. The meetings also provide a good opportunity for networking.

The topics we have offered this 2004-2005 academic year include Jungian dreamwork, a Lacanian view of love and desire in the transference-countertransference, the expanding concept of countertransference, and working with self-injurious patients. We also offered a three-part workshop in Contemporary Kleinian Theory and Technique.

WSPP also continues to be an active participant in the Consortium for Psychoanalytic Research, a group of eleven psychoanalytic organizations in the Baltimore Washington Metropolitan area. The Consortium sponsors an annual seminar presenting research relevant to psychoanalytic psychotherapy which has been well-received by the community.

WESTERN MASSACHUSETTS AND ALBANY ASSOCIATION FOR PSYCHOANALYTIC PSYCHOLOGY
MONTANA KATZ, PHD

In the last year, WMAAPP has been actively pursuing myriad activities that are a direct outgrowth of its historical roots. Originally founded in 1986, in rural Western Massachusetts, first as a subsection of MAPP, and, later as a local chapter of Division 39, its mission was to foster discussion across the full range of psychoanalytic perspectives and with a diverse group of interested professionals. WMAAPP has maintained those ideals in the events and educational programs that it offers. In the last year, WMAAPP has offered clinicians in its area a diverse assortment of subject matters and formats.

WMAAPP has offered educational events on psychoanalytic subject matters with presenters including Douglas Conant, Micki Friedlander, Arnold Wilson, Ted Ellenhorn, Robert May, Ira Sharkey, Roy Schafer and Andrew Morris. Our chapter has offered programs on the interface of literature and psychoanalysis (with Patricia Everett and Marcia Black); on the interface between philosophy and psychoanalysis (with Richard Grossman); and on psychoanalysis and meditation (with Robert Chalif). Sophie Freud presented on the history of psychoanalysis; and Rita Frankiel led a discussion following a film presentation of Aviva Slesin’s documentary, Secret Lives: Hidden Children & Their Rescuers During WWII.

Approaching our 20th anniversary next year, the Executive Committee is taking the time to reflect on WMAAPP’s origins. To this end, a dinner conversation has been organized for the Fall 2005 with a panel of five participants to discuss the history of psychoanalysis in the WMAAPP area.

GRADIVA AWARD WINNERS 2004

The Gradiva Awards are offered by the National Association for the Advance ment of Psychoanalysis (NAAP) and last year’s awards were announced in October 2004. Congratulations to Division 39 members who are among the recipients: For Critical Analysis And Interpretation: Susan Kavaler-Adler’s Mourning, Spirituality, And Psychic Change: A New Object Relations View Of Psychoanalysis (Brunner-Routledge, 2003); and Joseph Newirth’s Between Emotion And Cognition: The Generative Unconscious (Other Press, 2003). For Historical, Cultural & Literary Analysis: Patricia Gherovici’s The Puerto Rican Syndrome (Other Press, 2003). For Anthology: Alan Roland, Barry Ulanov, & Claude Barbre’s Creative Dissent: Psychoanalysis In Evolution (Praeger, 2003).
Board of Directors Meeting Minutes
Friday, July 30, 2004, Honolulu, HI


I. Call to Order: The meeting was called to order by President Darwin at 9:06 am.

II. Substitutes: Dr. Jacobs announced the following substitutes—Johanna Tabin for Henry Seiden, Gerry Stechler for Susan Shimmerlik, Laurel Bass Wagner for Marylou Lionells, Franklin Goldberg for Harold Davis, Maurine Kelly for Al Brok.

III. Welcome: Dr. Darwin welcomed the board and acknowledged J. Alpert and J. Slavin for their service on the board. They will finish their board terms on December 31. She also announced this would be her last meeting as president.

IV. Election Results: Dr. Slavin announced the results of the recent elections.
   B. Member-at-Large: Mary Beth Cresci, Nancy R. McWilliams, Lawrence M. Zelnick.

V. Approval of Draft Minutes March 19, 2004 Board Meeting
   Motion 1: To approve the draft minutes of the Board of Directors Meeting of March 19, 2004, as submitted. Action: Yes – 14 No – 0 Abstain – 0

VI. Information Items:
   A. Appointments –
      1. Dr. Darwin announced that Bryant Welch resigned his position as Council Rep. William MacGillivray was appointed to fill the vacancy.
      2. Rose Zayco was appointed as Graduate Student Representative.
   B. Announcements:
      1. PsyBC Course will be online on February 2005.
      2. Dr. Darwin announced the Division Cocktail Party, a joint event with Divisions 48, 44 and 9.
      3. Saturday at 10 am Nancy McWilliams will be speaking on Preserving Our Humanity as Therapists and will be honored for her work in this area during the time of the presentation.
      4. IARPP will hold their 2005 meeting the last week in January.
      5. There is a project being launched in Massachusetts with the National Guard and families of National Guard with the hope to move it nationally. Much of the work is pro bono.
      6. Dr. Jacobs asked that committees and sections submit their reports in a timely manner.

VII. New Business I
   A. Contract with Professional Meeting Organizer: Dr. Darwin reported that the contract with Shear and Associates ends after the New York meeting in 2005. The Executive Committee recommends that a request for bids be sent out, including a request for a new bid from Shear and Associates. Dr. Slavin will chair the task force for the RFPs for meeting services.
      Motion 2: To send out an RFP for meeting planning services/meeting organizer for the Division 39 Spring Meeting. Action: Yes – 15 No – 0 Abstain – 1
   B. Division 39 Election Participation: Dr. Darwin opened discussion on the issue of finding candidates for board positions. Additionally, the issue includes low numbers of members voting. Discussion was held and suggestions offered. Mentoring/apprenticeship of graduate students was recommended. The board shared many ideas and suggestions to encourage participation in elections. An article will appear in the newsletter inviting members to attend board meetings. Sections will be encouraged to bring someone from their leadership to a board meeting. Additionally, the Division needs to connect with local members where meeting are held to invite them to participate.

VIII. Old Business
   A. Update on Division 39 Presidential Initiatives: Dr. Darwin had no update at this time.
   B. Internet Issues Update: Dr. Zelnick reported that the website tries to keep up-to-date information – with a new activities and events box on the Home page, as well as functional sites being added by Sections. Links
to Section websites are also available. Three committees have taken advantage of space on the website. One new function will be available – all section and committee areas will have a PDF download function in their site. Discussion was held regarding other features that could be added to the website.

**C. 2005 National Multicultural Conference and Summit:** Dr. Ramirez reminded the board this conference will be held in January 2005. He suggested members go online to their website to register. Two programs for this summit have been proposed by the Division – “The Home Within,” a program from San Francisco for foster children and a presentation by Ricardo Ainslie from Texas. It is the hope of the Division that both programs will be accepted for presentation. Dr. Ramirez discussed the purpose of the summit and ways Division 39 might interact with the host Divisions. Divisions 17, 35, 44, and 45 are the host divisions and will be holding their board meetings following the summit, as will Division 39. Dr. Ramirez suggested that a joint luncheon with these groups would give the Division an excellent opportunity for networking and making inroads of interaction.

**D. Federal Advocacy:** Dr. Goldberg discussed his activities as Federal Advocacy representative for the Division. He discussed the Parity issue and the amendment placed on the bill by a senator from New Hampshire. Additional information was given regarding small businesses group insurance plans that have been presented to Congress. APA opposes this bill.

Another proposal was to aid the uninsured. APA is also opposing this bill because of the many loopholes in the bill. A proposal to re-authorize federal grants to establish and expand adult and juvenile mental health courts for offenders to give individuals opportunity to receive treatment has been brought forward in Congress. APA supports this proposal. He summarized the issue of HMO malpractice lawsuits that the Supreme Court recently ruled in favor of the HMOs. This is a “blow” to members involved in Managed Care.

**E. Interdivisional Task Force on Managed Care and Health Care Policy:** Dr. Goldberg distributed a report by the chair, Ivan J. Miller. He briefly summarized the report.

**F. Update on New Division of Psychologists Psychoanalysts of NYSPA:** Dr. Kaley reported on the activities and growth of this new Division that has been formed in New York. They are working on the regulations for the new licensing law that was passed in New York for psychologists.

**G. Division 39 Program**

1. **Spring Meeting 2004:** Dr. MacGillivray referred to the report written by Andrea Corn regarding her wrap up thoughts and results of the meeting. Continuing clinical case studies was a successful experience and it was recommended that it continue. A short discussion ensued.

2. **Spring Meeting 2005:** The committee is active and has talked with Dr. Corn asking for her input on the process of the meeting.

3. **Presentation by Russ Newman, APA Practice Directorate:** Dr. Newman updated the Board on issues that are of interest to the Division.

**IX. New Business II**

**C. Stephen Mitchell Award:** Dr. McWilliams reported there are 5 or 6 applications for this award. She recommended that there be one award. Dr. Darwin asked if the Board was willing to have two awards – committing additional money and additional program time. It was the consensus of the Board to continue to have only one award.

**D. Discussion of Publication Issues:** Dr. McWilliams opened discussion regarding publication issues. She reported that the Journal is profitable this year. Articles from the Division journal are being picked up electronically, especially non-APA members, and due to increased interest, these individuals purchase, through the subscribing “library”, the articles or journals. The Division had over 50,000 “hits” on its journal. This will increase over the years. Also increasing visibility of the journal has occurred since the journal has been placed on PEP-CD. She also discussed the fact that the newsletter has increased visibility and has improved in look and content. The newsletter has also increased advertising revenue.

She praised Dr. Reppen’s work as Journal Editor. Dr. McWilliams also discussed Dr. MacGillivray’s excellent work and willingness to take on additional tasks and duties on behalf of the publications committee. She also reported that the Psychoanalytic Abstracts subscriptions have declined and continue to decline. She asked for any suggestions for marketing the Abstracts. Dr. McWilliams will have a further report in January regarding the Abstracts.

Dr. McWilliams discussed reimbursement/compensation regarding the Journal editor, as well as the newsletter editor. Members offered input and suggestions regarding this issue. The Board asked that Dr. McWilliams convey the Board and Division’s appreciation and admiration for the fine job Dr. Reppen is doing with the Journal as well as the same type of appreciation to Dr. MacGillivray.
X. SECTION III ACTIVITIES UPDATE: Dr. Toronto reported that the Section has found a publisher for their book “Into the Void” and work will begin on that project in September. They are also planning some online discussions for book reviews for the Section.

XI. TREASURER’S REPORT—FINANCIAL AND BUDGET ISSUES: Dr. Manosevitz distributed an income and expense statement and made comment on several line items. He stated that the finances were basically on track for what was expected at this time of the fiscal year.

Dr. Manosevitz reported on the professional review of the financial statements of the Miami Spring Meeting, 2004. The financial statements were in order according to the review. The bookkeeper, who reviewed the financial statements from Shear and Associates, did comment that the accounting system was somewhat outdated.

Dr. Manosevitz asked the Board to begin thinking about ways to resolve the deficit situation of the financial status of the Division.

XII. REPORTS
A. MEMBERSHIP COMMITTEE
B. APA COUNCIL
C. TRAUMA INTEREST GROUP
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CALL FOR NOMINATIONS: THE GOETHE AWARD FOR PSYCHOANALYTIC SCHOLARSHIP Section on Psychoanalysis, Canadian Psychological Association, is accepting nominations for the Goethe Award. This award recognizes books that make outstanding contributions to the field of theoretical, clinical, or applied psychoanalysis. Only books published between 2003-2004 will be considered for the award. Awards are open to national and international candidates and selected by a refereed committee. Which includes Scott Bishop, Roger Frie, Keith Haartman, Michael MacGregor, and Jon Mills. For additional information concerning nomination procedure, contact Jon Mills, PsyD, PhD, ABPP, President, Section on Psychoanalysis, Canadian Psychological Association, Editor, Contemporary Psychoanalytic Studies, 1104 Shoal Point Road, Ajax, Ontario L1S 1E2, Canada; Phone: 905-686-7184, Email: jmills@processpsychology.com.

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