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October 2009 was not a good month for clinical psychology. Several articles in the popular press attacked the profession for being unscientific, permitting psychologists to practice what they think is clinically useful based on personal experience rather than requiring them to use evidence-based treatments. The primary attack on clinical psychology was launched by Sharon Begley in an October 12 Newsweek article entitled “Ignoring the Evidence: Why Do Psychologists Reject Science?” In addition, the October 15 issue of Nature published a column by Allison Abbott entitled “Psychology: A Reality Check” describing the need for clinical psychology to embrace scientifically-proven forms of psychotherapy. Both articles are based on a report issued last November in Psychological Science in the Public Interest, the journal of the Association for Psychological Science (APS), by Timothy Baker et al., accompanied by an editorial written by Walter Mischel. The report and editorial claim that clinical psychology doctoral programs are not training students in empirically validated forms of psychotherapy. Baker and Mischel advocate that a new accreditation system with standards approved by the APS be established for graduate psychology programs to “emphasize high-quality, rigorous, and science-based training to ensure that mental health care consumers will consistently receive empirically proven treatments.”

Baker’s report includes an appendix summarizing research findings to show that cognitive behavioral therapy is an effective and cost-effective form of treatment for a variety of psychological disorders.

Begley and Abbott’s articles refer to Baker’s report in a manner that is shockingly inflammatory and inaccurate. Begley states that Baker’s report is new information, about to be published in November 2009, when it was actually published in November 2008. To illustrate the variety of therapy techniques that are not empirically based, she quotes Baker’s list of “chaotic meditation therapy, facilitated communication, dolphin-assisted therapy, and eye-movement desensitization” as though these are commonly used treatments in the mainstream of clinical psychology practice. She says that clinical psychology programs are not science-based and quotes Baker who claims, “Relatively few psychologists learn or practice effective evidence-based treatments.” Yet clinical doctoral programs routinely require that their students’ dissertations be based on original scientific research. And, much to the chagrin of psychologists who practice psychodynamic psychotherapy and believe in its effectiveness, most clinical psychology doctoral programs emphasize clinical training in cognitive behavioral therapy. Thus, it is difficult to justify APS’s claim that we need another accrediting body to ensure that doctoral programs emphasize the value of cognitive behavioral treatment.

It is a shame that writers like Begley and Abbott have chosen to malign our profession based on information provided by a group who wish to justify APS’s efforts to establish an accrediting body in opposition to APA’s system. Begley has done a great injustice to psychology by publicizing these unfounded claims and fostering a negative impression in the minds of the public about the effectiveness of clinical psychology treatment. She and Abbott have both bought into the argument that psychology
The recent negative articles about clinical psychology make it apparent that the public image of psychoanalysis and psychoanalytic psychotherapy is outdated and unaffected by evidence showing the effectiveness of long-term psychoanalytic psychotherapy. “

is not scientifically based. These articles can only undermine the confidence of the individual who might be seeking help for mental health problems. Many psychologists, including Katherine Nordal, Executive Director of the APA Practice Organization, have responded to the false statements in Begley’s article (Newsweek, October 19, 2009, Letter to the Editor).

For those of us who are advocates of psychoanalysis as a specialty within psychology, the Begley and Abbott articles are particularly distasteful. Not only does Begley attack clinical psychology in general as unscientific, but she confuses psychoanalysis with clinical psychology. The lead sentence in her column states: “It’s a good thing couches are too heavy to throw, because the fight brewing among therapists is getting ugly.” This gratuitous reference to a traditional aspect of psychoanalytic technique conflates psychoanalysis with psychology in general and implies that psychoanalytic techniques are part of the non-scientific bias in the profession.

Abbott takes the reference to psychoanalysis a step further. She states that Freud “elaborated his theories on the basis of essentially no empirical evidence” and that “Freudian-style psychoanalysis has long since fallen out of fashion” because “its huge expense—treatment can stretch over years—is not balanced by evidence of efficacy.” She claims that all of clinical psychology is “in danger of falling, Freud-like, out of fashion” if it doesn’t become more scientifically based.

Ironically, even as the press is attacking psychoanalysis as an example of the unscientific bias in clinical psychology, evidence is increasingly showing the long-term effectiveness of psychoanalytic psychotherapy. In a previous column (XXIX, No. 2, Spring 2009) I made reference to several meta-analyses of well-designed treatment outcome studies that found psychoanalytic psychotherapy was considerably more effective than other forms of treatment (de Maat, de Jonghe, Schoevers, & Dekker, 2009; Leichsenring & Rabung, 2008). Somehow references to these studies did not make it into Baker’s appendix of effective clinical treatments.

In a soon-to-be-published article in American Psychologist (2009) Jonathan Shedler provides a strong argument for the effectiveness of psychodynamic psychotherapy. Shedler references a study by Blagys and Hilsenroth (2000) which identifies seven features of psychodynamic psychotherapy that distinguish it from cognitive behavioral therapy. These distinctive aspects of process and technique cut across psychoanalytic theoretical orientations and give researchers a means to study psychoanalysis as it is practiced today. Shedler not only cites the meta-analytic evidence for the efficacy and effectiveness of psychoanalytic psychotherapy, but he provides evidence that many other forms of treatment are effective because of the use of analytically-based principles and techniques. Shedler’s article and the research which he summarizes demonstrate the vitality of our profession and undercut the impression of psychoanalysis as a stagnant set of principles that have not changed or developed since the turn of the last century.

The recent negative articles about clinical psychology make it apparent
that the public image of psychoanalysis and psychoanalytic psychotherapy is outdated and unaffected by evidence showing the effectiveness of long-term psychoanalytic psychotherapy. In contrast to the unfortunate portrayals of psychoanalysis and clinical psychology in our press, psychoanalysis has much more support and positive valence in other parts of the world. For instance, *The Wall Street Journal* of October 16, 2009 featured a front-page article on the widespread endorsement of psychoanalysis in Argentina, as exemplified by the popularity of the celebrity psychoanalyst, Gabriel Rolon, and the large number of psychoanalysts per capita in that country. A more open attitude toward psychoanalysis was also displayed in an article in *The Guardian* by Oliver James (October 3, 2009) that pointed to the value of psychodynamic psychotherapy in treating women suffering from postnatal depression in Great Britain. We can only hope that couch bashing will become a less acceptable form of public and professional discourse in the United States as the evidence for the effectiveness of psychoanalytic psychotherapy is more routinely acknowledged.

References


IN MEMORIAM

Emilie M. Ehrisman, 1943-2009

On May 20, 2009 Emilie Ehrisman died in San Antonio after a long battle with breast cancer. Despite failing health she was a strong and valued presence at the April Division 39 Spring Meeting in San Antonio.

Emilie, wife of Division 39 member Wayne Ehrisman, was a gifted child and family psychotherapist. Devoted to the underprivileged and less fortunate, she spent over twenty years at the Child Guidance Center in San Antonio. She was a lifelong advocate for numerous social and political causes and was particularly delighted by the election of Obama. On first acquaintance Emily had a rather quiet demeanor, which over time revealed a rich and keen intelligence and wit.

Emilie and husband Wayne have been loyal supporters of the San Antonio local chapter, Section IV, and Division 39. They co-led a psychoanalytic study group for twenty years and most recently were valued contributors to the Steering Committee of the San Antonio Spring Meeting. They both have been unflagging attendees at all of the Division spring and summer meetings for over ten years. A special highlight of each of these meetings has always been an Ehrisman dinner. The occasion was characterized by the best of food, wine, conversation, and sometimes song, as Emilie and Wayne are both gifted vocalists.

Emilie Ehrisman lived life and faced death with consummate grace and determination.

Marsha McCary, PhD
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30TH ANNUAL SPRING MEETING, APA DIVISION OF PSYCHOANALYSIS (39)

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KEYNOTE SPEAKERS
Muriel Dinnen, Ph.D.
Frank Summers, Ph.D., ABPP

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Jonathan Shedler, Ph.D.
on his American Psychologist article
"The Efficacy of PsychoDynamic Psychotherapy"
Wednesday, April 21st, 8-9:30pm,
Including coffee and cake

CO-CHAIRS:
Scott D. Pytluk, Ph.D. and Andrew B. Suth, Ph.D.

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Todd Eass "Clinical psychoanalysis in the digital age: The ethics of practices"
Robert Galanter-Lery "Claustr Theory, Complexity Theory, and Non Linear Dynamics in (Clinical) Psychoanalysis"
Anna Ornstein "The Interpretive Process 'Speaking in the Interpretive mirror' the process of working through and the theory of change"

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For additional information:
Please go to the Division’s website at www.division39.org and click on the "Conference" link. Alternatively you may contact the conference co-chair, Scott D. Pytluk, Ph.D. [pytluk@Argus.ada] and/or Dr. Andrew B. Suth, Ph.D. [suth@Argus.ada].

SIGN UP TODAY! www.division39.org
LETTERS TO THE EDITOR

This letter has been sent to James Bray and Norm Anderson from Section IX members. The editor

We, the members of Section IX of Division 39 of the American Psychological Association (APA), hereby
1) declare our unequivocal opposition to any involvement of psychologists in interrogations in detention centers that violate U.S. and/or international law; condemn the involvement of psychologists in torture and cruel, inhumane, and degrading treatment of detainees, including such actions that may be disguised under the euphemism of “enhanced or harsh interrogation” techniques, 2) express our serious concern about individual and systemic factors that may have contributed to any such involvement, and 3) demand corrective action as outlined below to hold all relevant parties accountable and reduce the likelihood of any such involvement by psychologists in the future.

Recently declassified Department of Defense and Inspector General documents have provided evidence of psychologists’ involvement in the design, implementation, justification, and/or concealment of torture and cruel, inhumane, and degrading treatment of detainees. This evidence directly contradicts the often repeated APA claim that psychologists have been in Guantanamo and other detention sites to keep the interrogations “safe, ethical, and legal.” The abundance of evidence suggests that psychologists have participated in actions at these sites that are clearly in violation of the principles of common article 3 of the Geneva Convention, the International Covenant on Civil and Political Rights, the United Nations Convention Against Torture, and the several provisions of the APA Ethics Code including the Principle of Beneficence and Nonmaleficence, the Principle of Justice, the Principle of Respect for People’s Rights and Dignity. We therefore demand that the APA do the following without delay:

1. Establish and finance an independent, nonpartisan commission to investigate fully the role of psychologists and their subordinates in the design, use, supervision, and justification of torture and cruel, inhumane, degrading treatment of detainees otherwise referred to as “enhanced or harsh interrogation” techniques; and whether the American Psychological Association knowingly cooperated with the Department of Defense, the Central Intelligence Agency, or other federal agencies in the implementation and/or concealment of any of the above.

2. Make an immediate, complete, and public declaration of any information the organization possesses regarding the role of psychologists or psychological associations in the design, implementation, justification, and/or concealment of torture or abusive treatment of prisoners. Such information should be provided to the membership of APA, the State licensing boards of any individual psychologists named in the declaration who may have been involved in such actions, and to federal law enforcement authorities, so that appropriate legal and ethical judgments can be made.

3. Make public the steps APA has taken or is taking to discover what role, if any, psychologists and psychological associations have played in the design, implementation, justification, and/or concealment of torture or cruel, inhumane, and degrading treatment of detainees.

4. Immediately retract the 2002 revision of Section 1.02 of the APA Ethics Code, which is inconsistent with its broader principles, specifically, the second sentence of the following passage: “If psychologists’ ethical responsibilities conflict with law, regulations, or other governing legal authority, psychologists make known their commitment to the Ethics Code and take steps to resolve the conflict. If the conflict is irresolvable via such means, psychologists may adhere to the requirements of the law, regulations, or other governing legal authority.”

5. Rescind the PENS report due to the fact that six of the nine voting members of The APA Presidential Task Force on Psychological Ethics and National Security (PENS) were receiving income from the Department of

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1 “Psychologists strive to benefit those with whom they work and take care to do no harm… Because psychologists’ scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence”

2 “Psychologists exercise reasonable judgment and take precautions to ensure that their potential biases, the boundaries of their competence, and the limitations of their expertise do not lead to or condone unjust practices”

3 “Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making”
Defense at the time of their service on the task force.. A new, independent task force should be assembled to determine APA's policy on interrogations; this process should include an open forum, including full discussion of the issues by the APA membership.

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In July I responded to the Presidential Column in the APA Monitor on Psychology by James Bray titled “Collaborating for Change.” President Bray called upon “thought leaders” in psychology to unite in developing new models for psychological service delivery. The letter wasn’t published by the Monitor but received a positive response from colleagues to whom I showed it so I’m submitting it to Psychologist-Psychoanalyst.

To the Editor:
I remember a former APA president’s denunciation of the resistance of psychological Luddites in his jeremiads introducing a cutting edge model called “managed care” so I could not help reading Dr. Bray’s column “Collaborating for Change,” with concern. A significant number of APA members continue to practice within a traditional framework of psychotherapy which is based on a unique, personal, empathic relationship with clients; one which pointedly excludes third parties.

Because we are leery of a “brave new world” dominated by industrialized health care including so called EBTs, manualized treatments, and reliance on technology, does not mean that we are any less committed to rigorous standards or for that matter, progress, change and innovation. However, research and guidelines that flow from them need to be treated as cautiously as studies of drug efficacy funded by drug companies.

The danger to APA is that it becomes like financial institutions which, rushing headlong into the future, transformed the outdated traditional home mortgage into ever sophisticated financial instruments that in turn produced the home foreclosure catastrophe as well as the collapse of those institutions. President Bray warned about the infringement on psychology by insurance companies and I certainly agree we have to be mindful of the social, political and economic context in which we practice. However, I also worry about Pogo’s observation, “We have met the enemy and they is us.”

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This letter is in response to a book review that appeared in the Summer 2009 issue of the newsletter of Anna Aragno’s Forms of Knowledge by Montana Katz. The editor.

While I am, on the whole, most appreciative of the attentive reading and comprehensive review of my book, Forms of Knowledge, by Montana Katz, there are a few points about it that I need make. The first, and perhaps most important, is that this work does not stand alone: it was written as a second volume to Symbolization; Proposing a Developmental Paradigm for a New Psychoanalytic Theory of Mind (contracted in the late 90s by the same publisher, International Universities Press, finished in 2003 and then shelved for five years during their “crisis”) entirely inspired by, and founded on, a revised developmental, bio-semiotic model of mind, based on logical principles of semiotic progression and discourse semantics. This updated, modernized, revised version of Freud’s first, topographical model—our general theory of mind—produced a paradigm shift that radically altered the notion of “transformation” conceived metaphorically by Freud in terms of “energy” expenditure and transformation (i.e., libido and the free and bound energies of primary and secondary processes).

Grounded in this bio-semiotic framework, it was my observations of unconscious triadic and group phenomena arising in the supervisory situation, particularly the parallel process and its rippling reiterating dynamics during group discussions, that inspired me to embark on a detailed analysis of communicative, or interactive, processes per se in order to provide a more complete psychoanalytic model of human communicative forms. The book builds on the metatheoretical foundations of the first extending the enquiry to all modes of human interaction along phylo- and ontogenetic developmental lines as well as providing detailed analyses of the semantic and referential discourse features of our interpretive dialogues explaining how these lead to intrapsychic change. Based on logical principles of symbolization, these foundations were designed to bring the operative processes of practice in line with the principles of metatheory—it brings the two under one system of ideas. Of necessity there had to be some overlap with the first book and recapitulation of complex developmental issues (i.e., separation-individuation, cognition, semiotic development, emotional modulation and mediation, personality formation from dialogue-in rather than exclusively from psychodynamic compromise, etc.) all of which converge in early development and impact psychodynamically. This multi-perspectival approach, however, was also designed to satisfy coverage of our five metapsychological dimensions (as Freud required of any metapsychological presentation of our phenomena).
The six-stage model itself provides a visual/conceptual organizing grid (my musical metaphor throughout is of an orchestral score) containing massive amounts of interdisciplinary information.

That said, I do not wish to do a critique of a review—merely voice a few comments. First: I believe the book ought to have been contextualized as a continuation of a revised, developmental model of mind (in accord with very specific new operative principles). This is not a mere quibble, but the central point of the whole conceptual framework on which the model is based.

Second, on another minor note; a number of points were couched in the negative, for example, “no new research is presented . . .” This is because the whole book is a conceptual revisiting, updating and theoretical reorientation of all that came before. My task as a revisionist is to gather, subsume and revise one hundred years of theoretical ideas, reconceptualizing them with the benefit of updated research knowledge.

Third, the reviewer speaks of my “hypotheses.” In my understanding a model does not hypothesize (although all models are provisional, open to further amendments and improvements). It presents a picture, an organizing map of data, phenomena, and processes. The six-stage model beginning in affects does not hypothesize that emotions are species-specific, hard wired, primary modes of communicating a few basic states. It places this as its first stage, or mode, of communication. And from this particular beginning, many new things regarding the integration of affects, the important therapeutic function of “working through” and a proposed psychoanalytic learning theory evolve (to name just a few consequences of this integration). A model is a theoretical construct which may be assessed in terms of how effectively it gathers unto itself large amounts of data that need to be accounted for, or by how useful it is in understanding how our dialogues work (how the metatheory correlates with the practice).

Fourth, the epistemological implications of a radical rejection of the Cartesian split were implicit, from the first book, insofar as the realities we experience (or know) are constructed by the semiotic (or pre-semiotic) level in which we experience them, and the linguistic categories of the semiotic systems we use to refer to them.

And fifth, contemporary squabbles between relational (two-person) or classical positions are completely undermined in this work by my emphasizing the value of examining the forms of interaction, or modes of communication, themselves. This lifts the locus of theory out of the domain of the one- or two-person arguments to the forms, the logical forms themselves, as Bertrand Russell advocated, these being the only viable grounds for a philosophically sound science of mind. These epistemological and philosophy of science issues were central to my early discussion of methodology and a crucial issue for our field. These last two points I believe, were questioned, creating the effect in this reader of undermining the very efforts I made to implement these important changes in approach.

Finally; my preoccupation with relationships between form and content running through this entire work stems from an artistic sensibility and a desire to shape complex conceptual and theoretical ideas “aesthetically” — to write scientific books and papers, artistically! Too often, in my opinion, scientific writings abandon all literary style. In addition, my works are theoretical—metatheoretical (in the sense that Loewald advocated separating theoretical psychoanalysis from clinical) and I write about things that are, for the most part, now outside of contemporary mainstream psychoanalytic interests. This is a great pity; a young science neglects its metatheory at its own peril. It is my hope that my efforts may renew an interest in a discussion of the metatheoretical problems of our field, complex problems that will continue to need to be updated and revised.

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**ETHICS FORUM: DIALOGUE AND DISCUSSION**

**GERALD GARGIULO, PHD AND ANDREA Celenza, PHD**

Gerald Gargiulo wrote the following comment and response to a recent Ethics Forum column by Andrea Celenza, “Romantic Relationships and Boundaries,” that appeared in the Summer 2009 issue of this newsletter (Vol. XXIX, pp. 23-24). The editor:

While I appreciate and am in agreement with your major observations, I was more than puzzled by the sentence: “In psychoanalysis, however, we make a contract beyond termination in the sense that we are always a patient’s analyst, whether or not current meetings are taking place” (p. 23). I would appreciate knowing where the theoretical or historical justification can be found for such a position? As I read it, such a position implies more than a religious commitment to patients and, in fact, is in danger of elevating an analyst beyond the professional relationship that being either an analyst or a patient entails.

All too often have I heard that the transference endures. I hope not! If we are engaged in a therapeutic practice where we foster something in a patient that cannot be resolved by the treatment itself, I am convinced we are involved in profoundly unethical behavior. That does not mean that one starts having social relationships with former patients. (In analytic institutes, however, one might become more friendly with a former patient, now a colleague.)

What it does mean is that psychoanalytic treatment is an effective process for resolving transference issues to the point that one’s analyst is known for what he or she did, what he or she did not do, for their human capacities and perhaps their human foibles.

One should leave therapy with appreciation but without indebtedness or prolonged conscious or unconscious yearning. Otherwise what are we doing: collecting disciples, under the guise of therapeutic care? If the transference is resolved, then a person is free, as well as his or her former analyst, to seek additional treatment with them or with someone else. If the transference is not resolved, it is probably in a patient’s best interest to seek a different analyst. Confidentiality does not mean that one is bound to take back a former patient, nor are they obliged to feel that they should come back. And if a former analyst and patient do come in relatively constant contact, of course, an analyst must simply wipe from his or her day-to-day memory whatever transpired in treatment.

So, as you can see, I am puzzled with such a position. If so, I would appreciate your thoughts.

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DR. Celenza’s Reply: Dr. Gargiulo raises a crucial point that warrants further clarification. We all must reckon with the weighty responsibilities associated with our role, on the one hand, and the potential seductiveness of the idealization and valorization of our person, on the other. We have not done well as a profession with this challenge, at least in the past, when many psychoanalysts welcomed the status and guru-like reverence that can come with the territory. There are several issues that have to be taken into account when considering this challenge. One is that the work we do is long-term and intense. Because of this, we are not so easily replaced. Though our former patients may choose to seek another analyst at some point in the future, they tend not to. Hopefully, this is largely because they’ve had a productive experience, but probably it is also due to not wanting to start over and a preference to pick up where they left off. This means our relationship is privileged, but this must not be translated into a valorized and thereby entitled status. (You could say it is the nature of the role not the “charms of the person” that is privileged, to paraphrase Freud.)

It is generally recognized that a significant number of successfully terminated analytic patients will return to their analyst for further treatment at some point. (Something like 65% return within 3 years, according to a study by Hartlaub, Martin and Rhine, 1986.) Most analytic patients consider their analyst as always available for periodic crises and the occasional “tune-up.” Hence, the usual assumption is that analysts should conduct themselves in a way that leaves open the possibility for their analysands to return to treatment at any time. Then there’s the question of why former patients return if their analysis was successful in the first place. Contemporary understandings of transference (and countertransference), especially with regard to the extent to which either is ever fully resolved, consider transference to be an ever-present structuring lens through which all experience is refracted. The gains made through the complex process of psychoanalysis revolve around gaining control of transferential propensities by becoming aware of the manner in which transference structures perception and desire. There is no sense in which transference dissolves or disappears since this would be akin to erasing one’s history. I’ve often thought of the analytic process as offering a transition from character disorder to character order.

Given these issues, psychoanalysis is a daunting commitment for both analyst and analysand. Unlike the commitment to other fiduciary relationships, the contract does not end when meetings are terminated. But Dr.
The history of psychotherapy is, in part, the story of a long struggle among people and schools searching for truth and staking out turf. Of course, that’s true of a lot of professions, but it might be more intense in psychotherapy, where the issues are about who owns the rights to understanding human nature and its treatment.

Jonathan Shedler, a psychologist at the University of Colorado-Denver, has written a monograph that advances accurate description of psychodynamic psychotherapy. “That Was Then, This is Now, Psychoanalytic Psychotherapy for the Rest of Us,” describes it in commonsense, non-jargon language that will be accessible to most readers. Shedler avoids the morass of claiming turf, in the name of theory pronounced as received wisdom, that is so characteristic in the history of psychoanalysis. The psychodynamic method, practiced well, is more important and more powerful than the ability of any theory to explain it. Psychodynamic psychotherapy is better explained as a method, with the minimum of theorizing, and better understood, as much as possible, through models of neuroactivity, as Allan Schore is developing. This brings us closer to the truth about psychotherapy.

A new attack in the therapeutic turf wars was launched from Psychological Science in the Public Interest, the journal of the Association for Psychological Science, in the form of an article by Timothy Baker, Richard McFall, and Varda Shoham (from the University of Wisconsin-Madison, Indiana University, and University of Arizona, respectively), entitled, “Current Status and Future Prospects of Clinical Psychology: Toward a Scientifically Principled Approach to Mental and Behavioral Health Care.” This is the article which, reported as truth in Newsweek, prompted so much discussion; including a flurry of comments on the Illinois Psychological Association e-mail list, and a rebuttal by Katherine Nordal, APA’s director for professional practice, as quoted in the November/December American Psychologist (“Psychology Gets a Slap in the Face”). Its authors, implicitly defining randomized clinical trials (RCT) as science in psychology, explicitly define evidenced-based treatments as those which have been validated by RCT studies, and consign all other methods of therapy to the garbage pail of superstition and uninformed personal preference.

There’s a lot at stake here, including how clinical psychologists should be trained, how graduate schools should be accredited, and how third party payers should select treatments to recognize, all of which Baker, McFall and Shoham assert should be reserved for RCT-based programs and methods. The stakes were highlighted when I spoke with a psychologist who is an executive at a managed care company. “It’s all about the evidence,” he said, adding that psychodynamic therapy might enrich people’s lives but lacks evidence of efficacy as a treatment.

Of course, that raises the question of what the evidence is. Shedler, in an article entitled “The Efficacy of Psychodynamic Psychotherapy,” which has been accepted by American Psychologist (a draft is posted on his Web site), reviews an impressive list of studies showing efficacy for psychodynamic psychotherapy. I don’t know how our managed care executive colleague would react, although I expect that he would find a way to disregard it. Perhaps there’s some selectivity here about what evidence to include.

But the argument about which evidence is real evidence obscures the larger issues. I often tell couples whom I see in therapy that each one is probably the world’s best expert on the other’s shortcomings, and something like that situation applies in the opposition between the radical empiricist and psychodynamic traditions. The radical empiricists are right in characterizing much of what psychoanalytic therapists have believed about human nature and its treatment over the years as utterly without factual support. Much psychoanalytic theory is based on the Authoritative Pronouncement of some alpha analyst or other, a tradition begun by Freud and still rife in psychoanalytic culture. There is nothing scientific about it, and the claim of scientific validity for theoretical pronouncements given without a shred of evidence (even liberally defined) to support them is justly characterized by radical empiricists as ludicrous.

On the other hand, reducing human nature in order to fit it into the scientific method available at the time has ever been the problem of behaviorism’s search for scientific respectability in psychology. While the radical empiricists are right in asserting that merely claiming that what one is doing is scientific doesn’t make it so, this applies to their own position of defining science as equal to RCT as well; that’s a philosophy of science, not science itself. In fact, most of what we know about human nature, and particularly brain structure and function, has come about

1 www.psychsystems.net/shedler.html
2 www.psychologicalscience.org/journals/index.cfm?journal+pspi&content+pspi/9_2
through autopsy studies of people with brain injuries, by neuropsychological and imaging studies of brain-injured people, by animal studies, and by imaging studies of normal people; not by RCT studies, although of course they have made a contribution. I expect that the most valuable research in therapy in future will be neuroimaging studies, once the technology improves enough to measure changes in volume and interconnectivity of parts of the brain. I expect those studies to show improvements in frontal lobe density (especially right frontal lobe), frontal-limbic interconnection, and interhemispheric connectivity, as a result of longer-term, conversational, reflective, relational therapy, when it is successful.

The truth is that, “Life,” as Chicago therapist and teacher Harold Balikov used to say, “is not user friendly,” and emotional pain and behavioral problems in living are a part being human and living life. DSM diagnosis is not the same as physical diagnosis; and therapy is often more like education (in which there are lots of different schools and methods of teaching, and students may have to find the ones that work best for them) than medical treatment, which at least aims for an expert consensus of recognized best practice for any disorder. Truth in marketing mental health treatment would be something like: “If you need mental health treatment, you may find that therapy, medication, or a combination, may work best for you, and you may have to learn about the mental health treatment choices available, and search for awhile, before you identify the practitioners and the methods which are right for your needs at this time.” Instead, the marketing that we see takes a bit of truth and spins it into deception: “If you’re depressed, take our clinically proven pill;” to which the radical empiricists would add, “our clinically proven treatment!”

The truth is that different methods and treatment relationships may work better for different people, or for the same person at different times. Twenty sessions of cognitive-behavioral therapy will work better for some people, five years of analytic therapy for others; or maybe both will work better for the same person, at different times in his or her life.

And the truth is that both psychoanalysis and radical empiricism have their roots in traditions in which the dedicated search for some kinds of truth and the dedicated gathering of turf evolved side-by-side. Both traditions offer keen insights into human nature and its treatment, both obfuscate the truth about it as well; most especially by claiming that their method is better than the other, when in fact it is better for some people at some times when practiced by some practitioners.

If this leads to problems about how to authorize and pay for therapy, how to monitor it’s effectiveness and how to do second opinions, then those are issues that psychotherapy, like any mature profession, must develop effective solutions for.

Meanwhile, I’m reminded of the reflection of the poet and teacher Jalaluddin Rumi, that things that appear to be opposed may really be working together; as when the “opposition” of two hands produces a handclap. Perhaps the opposition of the psychodynamic and radical empiricist traditions will produce an effect that will lead many therapists (and maybe even reporters, if they take the trouble to study up on it) to a more inclusive and commonsense mainstream understanding of what therapy is and how it works. Shedler moves in this direction when he acknowledges the overlap between cognitive-behavioral and psychodynamic therapy while respecting their differences. Maybe, even, the opposition between truth-seeking and turf-gathering, even when done by the same people, can help the rest of us, through observation, to learn to sort out the one from the other; leading to a more inclusive perspective that we can ground our work in, train students in, and communicate to the public. Wouldn’t that be a step forward for psychotherapy!

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Gargiulo is right. There is a risk that this privilege is taken as evidence for our preciousness, that we are doing God’s work, or other such elevations. (Indeed many sexual boundary violations in the past have rested on such grandiose assumptions.) Given the multiplicity in our modes of relating with each other and that transferences are not wholly resolved, I advocate for achieving a flexible ability to shift between roles (rather than attempt to be wholly one thing (i.e., analyst) and then wholly another (i.e., colleague). I thank Dr. Gargiulo for the opportunity to further this discussion.

REFERENCES


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PSYCHOANALYSIS, BUDDHISM, AND THE 12 STEP PROGRAM: SEEING ONE'S WAY THROUGH THREE EYES OF KNOWING

ROCHELLE G. KAINER, PHD

INTRODUCTION
Seeking a way to heal, many have turned to one or more of the practices of psychoanalysis, Buddhism, and the Alcoholics Anonymous (AA) 12 Step program. I have been privileged to experience all three, and shall share my journey through a brief personal travelogue of what I found unique to each, and what seem to be their common threads. I will begin with placing them in time, and conclude by addressing the role of identification and community inherent in these three paths.

HISTORICAL ERAS
The three practices arose in different periods of human thought—with Buddhism the oldest. It came into being about 2500 years ago in the region bordering India and Nepal, during a period that the philosopher Karl Jaspers has termed the axial age (800-200 BC) meaning a “pivotal” age, in which many of the world’s religions began, as did the emergence of philosophical thought. The wisdom of Socrates, as well as that of Buddha, arose during this time. Jaspers counts Buddhism as a philosophical system rather than a religion.

Buddhism was born thru the insight of Prince Siddhartha Gautama (563-483 BC) who became The Buddha. It is said that he had a vision while on retreat from his world of privilege, while resting under the Bodhi tree. He was not, like Newton, hit by a falling apple which led to an “Aha!” about the law of gravity. Rather, Buddha was struck by a thought that may have been bothering him (perhaps “unconsciously” so, if we use a term that was yet to come). Born a Prince, the Buddha-to-be had the profound insight that the nature of true happiness does not lie in the material. Happiness is to be found through the giving up of the self and self interest. With this knowledge, Buddha evolved his path to the Four Noble Truths of spiritual wisdom.

Freud’s creation of psychoanalysis came at the turn of 20th century in Vienna, born perhaps through a profound insight into his own Oedipal longings. Psychoanalysis came into being during the era that religious historian Karen Armstrong calls the “Second Axial Age” which spans the philosophical age of Enlightenment to the modern times of Freud and Albert Einstein. Of particular interest to me is that their breakthroughs were paralleled by the breakthrough of abstraction in art: Modernism had begun.

Freud’s discovery of the unconscious arose from his self-analysis and his insight that dreams had personal as well as symbolic universal meaning. Freud’s early work was also rooted in his belief that our erotic and libidinal instincts—our life instincts—were in conflict with our destructive Death Instinct. Both were interactive forces of the self, always in play and always at work, although not always in awareness. For Freud, our unconscious reflects the essential psychic duality of human nature.

Although present psychoanalytic theory now reflects important dialectical advances, Freud laid down the basic nature of the human mind rather than the structure of the brain. This leap of knowing came from the notably un-religious man who had been a neuroscientist and within a hairsbreadth of discovering the actual mechanism of the neural synapse. That was left to another. Rather, Freud described what I like to call the psychological poetry of the mind as the interplay of our Id, Ego and Superego—and the conscious and the unconscious parts of the self, which were in keeping with his literary gifts.

We now take the existence of our unconscious as a matter of fact. Harold Bloom has said psychoanalysis is in the “facticity” of our modern existence, in our pores so to speak. While the Death Instinct was abandoned by most psychoanalytic theorists except for Melanie Klein—--and we may not often refer to Freud these days—we still live out his discovery. It is perhaps poetic irony that present day neuroscience continues to confirm the mind/brain connection and the timeless existence of our unconscious processes.

The AA 12 Step Program, the most homegrown of the three, came into being about 1935 as a physical, emotional and spiritual approach to the treatment of previously uncontrollable alcoholism. It was the brainchild of two very wise drunks: Robert Smith and William Griffith Wilson. The principles of the program are now widely used to treat other forms of addictions such as compulsive overeating (my own special interest), gambling, drug, and sexual addictions. A central 12 Step belief is that these disorders have a threefold basis: physical, psychological, and spiritual. One estimate a few years ago was that there were about 40 million people in the program. Although the disease of alcoholism is neither new or a purely American phenomenon, the success of the 12 Step program in controlling substance abuse has a certain American-pragmatic, non-religious, democratic, can-do spirit. It is also a deeply spiritual program and has found a home world-wide.

The founders of the 12 Step Program brought to
it a wisdom and special knowledge that was crucial to its organizational and spiritual success which continues. Each could recognize a good idea. Robert Smith (known as Dr. Bob within AA)—a surgeon who had often practiced with a hangover and a drink to steady his hand—had initially consulted Carl Jung in the heyday of psychoanalysis. Jung wisely told him that psychoanalysis would not help him with his alcoholism; he would need something like a religious or spiritual awakening. Dr. Bob listened well.

William Wilson (known as Bill W within AA), the co-founder with Dr. Bob of AA, recognized that his spiraling drunkenness was deepening. He was also a very intelligent fellow. Despite his alcoholic illness, he was the originator of stock analysis in the United States and before investing in a company for his clients in the 1920’s, he was the first to go cross country—often on motorcycle with wife Lois hanging on in back—to examine the actual conditions of the business under consideration. His stock market investments were not based on paper, or greed. He used solid facts. His client Joe Hirschorn (benefactor of the Hirschorn Museum in Washington, DC) was one of the few people to come out of the stock market crash of ’29 a multi-millionaire. But Bill W. was still a drunk and he was lucky enough to know it.

When Bill W and Dr. Bob eventually met during their advancing stages of inebriation they gave each other spiritual strength and wisdom, and went on to create a markedly successful program, in which the factors of community and a personal sponsor were paramount. No one had been able to sustain recovery alone. Together, they had the insight that they would have to reach out to other sick souls to make it work for them. Thus, the 12 Step fellowship was born and continues with great strength today.

**My Path To Psychoanalysis**

I sought these paths as a way through my own difficulties, seeking them out at different points in my life and for different reasons, but always with the sense that I needed help and was comfortable with that knowledge. I instinctively sensed that they were “good ideas” and that they would work. Unconsciously, I identified with their non-religious, philosophical ideals.

My primary identity—my central “eye”—is that of an analytic psychologist and it formed itself early in my intellectual and personal development. It was strengthened by the benefits of an analysis with a gifted analyst with whom I shared a love of books. Later in our work of six years, we sometimes discussed books when my “psychic cup” as he called it, “wasn’t running over”. He gave me some wonderful ideas and listened appreciatively to mine. I made an unconscious identification with him and the richness of the analytic process. It became a central part of my life interest.

I began my analysis in the early ’60s and was unconsciously seeking the answer to the riddle, “What do women want?” It was his answer to this riddle that gave Arthur his Kingdom. According to the legend, the answer was that women wanted their “Sovereignty.” I had taken the analytic hours of a colleague and friend five years my senior, who had completed her analysis, had a child, and freed up the hours I was now to use. I had to wait several months before he had the time to work with me, and I remember being newly married, in graduate school and not at all happy. I began the first session by declaring, “Don’t do to me what you did to D. I don’t want a baby, I want to write a book.” I was 22, and ‘feminism’ was not yet the coin of the realm. He was wisely silent.

The analytic process contained and relieved my anxiety so that I could complete my doctoral studies, since it was my anxiety (in truth, a rebelliousness against the required dull secondary source reading material) that had originally sent me into analysis, as well as the sense that this would be my life’s profession. The anxiety abated and I got through the reading and the courses, ultimately making amends for my slow academic start with a quickly completed doctoral dissertation and good notices regarding my clinical skills: two areas where self determination and creativity were valued. I came, I stayed.

The analytic process was also helpful in calming me in a marriage that began quickly and early, and was destined to last a very long time. So I completed my doctorate, delivered my child six years later and a few days after what would be my last analytic hour. I went on to practice and write about the art and science of analytic psychology, continuing to cheerfully endure what I refer to as the “tragedy of a long and happy marriage.” However, I noted that despite having an excellent analytic experience that enhanced my professional and personal life, it did not touch the problem of my compulsive eating which, as its nature, got stronger as the years went by.

In my late 30s, plagued by a life-long food addiction and now carrying a great amount of weight, I attended a week-end retreat held by a group (Overeaters Anonymous) that modeled itself on the AA 12 Step program. It was a fortunate event and I immediately identified with the program, got a sponsor (the only other person there who was following a similar food program) and lost 135 pounds over the next several years. The 100 plus pound weight loss has been sustained, “one day at a time,” for many years with some ups and downs—by never letting go of the practice and principles of the program, and my identification with a community of similarly disordered people. I willingly identified myself as a compulsive over-eater: then, yet, still, now, and always, despite being
a normal weight for many years. The knowledge that in my compulsive eating I suffer from a three-fold disorder: physical, emotional and spiritual made sense, and I still adhere to that conceptual framework. It is a wise one.

More recently, and many years later after my psychoanalytic experience and my adoption of the 12 Step program, I found my way to Buddhist meditation. Anxiety was again the generator, this time spurred by the events of 9/11. As a New Yorker in exile in Washington, DC for many years, the shock of an attack on my beloved home evoked an infantile psychotic anxiety (the kind newborns experience if their mothering object seems to disappear from sight). No matter what our age, that kind of primitive anxiety can be evoked by a quick wake-up call to our limbic system, should conditions warrant it.

Before my path into Buddhist meditation, I had experienced autogenic relaxation as a way to calm myself and regulate my labile (up and down) blood pressure. I saw the temperature gauge attached to my fingertip slowly raise to “normal” (and a more relaxed state) simply by repeating ”my hands are getting warmer” over and over. I learned firsthand that the mind affects the body, and used the autogenic technique to put myself back to sleep if I awakened during the night. It was not a big leap for me to think that Buddhist meditation might be a good idea to increase bodily calm and perhaps have a look into some spiritual enlightenment.

But even before I explored autogenic exercise and Buddhist meditation for the practical purpose of calming myself, I was already a believer in the mind/body relationship, especially in regard to compulsive or addictive eating. My experience with the 12 Step program enabled me to understand the “physical, emotional and spiritual” underpinnings of my disorder. Mind and body are one in these disorders, and they are disorders that psychoanalysis alone usually has little effect. A drinker is a drinker and an eater is an eater and it takes a different kind of sustained lifetime 24 hour a day program to overcome it. Addictions and compulsions are indeed “cunning and baffling” disorders.

Psychoanalysis, Buddhism, and the 12 Step Program have each profoundly enriched my personal, emotional, intellectual, and spiritual life, although in different ways and at different developmental periods of my life. The psychoanalytic process of having one’s self empathically known by the other—to have another give words to our “unthought known” (Bollas)—was the foundation of my professional identity and personal happiness. The 12 Step program helped me with the compulsivity and denial inherent in an eating disorder. The meditation and the seeking of spiritual wisdom and calm that is inherent in Buddhist practice is a daily part of my present life.

But I now want to shift from relating my personal experience to touch on the unique features of Psychoanalysis, Buddhism, and the 12 Step Program, as well as the features they seem to have in common.

**Uniquenesses**

My introduction to Buddhism quickly showed me in what way it differs from a psychoanalytic aim. Before I even touch the concept of “giving up the self” — a novel idea for someone whose life’s work is trying to empathically understand and give words to the subjective self of the other as well as determine her own world—I faced Buddhism’s threelfold task of giving up anger, of practicing compassion, and of giving up desire. Well, not being angry seemed an awfully good idea if you wanted to lower your blood pressure, and it wasn’t too hard to hold compassion as an ideal, especially if I could break through hating the person I was trying to be compassionate towards. But it was a shock when they ask one to give up desire. Desire, wanting, willing, shaping, building, creating, is my essence. However, I didn’t develop a grudge. I settled on the precept of not grasping for the things desired. It helped to remember those little gems from the 12 Step program, “Thy
will, not mine, be done” and “Let Go and Let God,” in turning over one’s issues to a Higher Power.

In any event, I seemed to take to meditation and meditate every morning. Calm is calming, no matter how you achieve it, and deep breathing is effective no matter what its inspiration. For an art driven sensualist though, the addition of candles, incense and beautiful little Buddha statues pleases me no end, and makes the daily ritual of morning meditation a pleasure on an aesthetic as well as a spiritual level. I try to not be too graspingly full of self when my blood pressure readings are particularly low.

A recent visit by the Dalai Lama to the Mind/Life conference in Washington DC brought home two important points. The conference was a fine mix of Buddhist practitioners and some of our most gifted scientists – such as the psychologist Richard Davidson who has been imaging the brain waves of Buddhist monks and Catholic nuns in deep meditation. I first thought the most remarkable thing I would learn there was seeing that the Dalai Lama--who meditates and prays from 4 to 8 am each morning--had a cold. On this trip – which included lunch with President Bush at the White House, he must have already shaken hands with 1000 people. Somehow, it was amusing to know that even Buddhism was no match for germs, although I have also found meditation practice a very useful tool in the healing process of bodily ills.

However, one of the remarkable features of this deeply spiritual and highly intelligent monk, is that he has always been a student of science. He has been reputed to say, that if science contradicts a Buddhist precept, we must change the precept. This capacity of his to enter the modern world, deeply spiritual yet without religious dogma, is probably what gives strength to the spiritual philosophy that I can identify with. But his answer to a question posed by someone in the audience struck gold for me. There had been many reference to compassion during the three days of the meeting. He was asked, “is there any principle higher than compassion in Buddhist thinking?” “Yes,” he replied, “it is wisdom, if our wisdom can be taken in by the other to enable them to heal themselves. I was moved to tears. The analytic process can impart wisdom, and the patient is the highest, if not sole, judge of our wisdom. It is the first time I realized that the analytic process, at its best, has a spiritual component.

**COMMONALITIES**

I find it not surprising but uncanny that there are similarities in the three practices. Each one came to be through the insight and creative wisdom of a gifted individual. Like Modernism in art, they were genuine breakthroughs to a new order of thought, although each is expressed differently and with somewhat different aims and structure. But each practice addresses the relief of suffering. They also share a view of the interconnectedness of mind and body that is becoming increasingly demonstrated through modern neuroscience.

Our brain can be rewired, as studies in the efficacy of therapy suggest. Meditation is a form of mindfulness that has its counterpart in psychoanalysis. In both Buddhism and Psychoanalysis, feelings are not to be denied or suppressed, rather they are to be felt, acknowledged, and then let go of with a sense of peace and relief. There is not a direct counterpart of this in the 12 Step program. Mindfulness in the 12 Step program is breaking through our denial to the acknowledgement that certain pleasure-giving substances are extremely harmful as compulsive “triggers.” The “addict” in these cases is the self. The acceptance of this is a gift of spiritual wisdom.

**THE 12 STEP PROGRAM IN RELATION TO PSYCHOANALYSIS AND BUDDHISM**

In one of the daily meditations geared for those in 12 Step programs, compassion is reflected in the reading “God also manifests Himself as love: love for other people, compassion for their problems, and a willingness to help them.” The idea of compassion in a 12 Step program seems identical to Buddhism in its identification with the suffering of the other. At first glance, compassion doesn’t seem a central idea of analytic treatment—but the un-anxious listening to the psychic pain of another human being is closest to it—and our empathic knowing of another may be our special form of compassion.

There is in the 12 Step program an ideal of a willingness to help—which usually means giving direct help whenever and however the person asks for it. That kind of help—or “service” as it is called—is characteristic of the program and is seen as vital to one’s own recovery. “Unselfish helpfulness is good.” In psychoanalysis, our help is not in the form of helping out with life tasks; it is more indirect and geared to empathically understanding the other—more limited in scope, but profound, at its best.

Attention to the unconscious is also present in 12 Step recovery, as in the statement “The thoughts that come before having a slip are often largely subconscious.” But perhaps the 12 Step program is somewhat at variance with psychoanalytic and Buddhist practice in the injunction to “Give something to those who are having trouble, to those whose thoughts are confused, something of your sympathy, your prayers, your time, your love, your thought, you self. … Remember that the giving of advice can never take the place of giving of your self.” Here in the 12 Step program, one gives their strength, hope and experience—and not advice. In psychoanalysis, Otto Rank said it best when the debate arose over the issue of advice at the time the concept
of neutrality was the gold standard. He is reported to have said, “Advice? I have nothing against giving advice—provided it is good advice.” That is good advice. On an especially good day, perhaps we may impart wisdom to our patients.

The closest thought shared by Buddhism and the 12 Step program is “turning the self out of your life,” to let a Divine Power work through you. We now know through inspired MRI imaging and neuroscientific research, that there is identical brain activity when Buddhist monks are in the deepest meditative state of “non-self,” and Catholic nuns deep in prayer indicate that they have become “One with Jesus.” I have said before that I would give anything to have the MRI of those of us in an analytic hour who become deeply and quietly one with the unspoken projections of the patient. Perhaps we are then truly in that state that Freud may have meant by “evenly hovering attention.” It may be like a meditative state in which we hear, we then know, the heart and mind of the other. It would be interesting to see if that same part of our brain lights up as it does for the monks and nuns. It is not easy to give up the self and it would be nice to have evidence that, on occasion, we as analysts of the self can be one with the other and are in the service of the self of the other.

SOME CONCLUSIONS REGARDING IDENTIFICATION AND COMMUNITY

The healing power of community is quite explicit in the 12 Step Recovery program. You attend meetings, regularly make and receive calls, have an individual sponsor with whom you speak on a daily basis, and “practice the program in all your affairs.” This is not a do-it-yourself program. Buddhist too has explicit communities for worship and living. Monks and nuns, when removed from the world in which most of us live, do so in community. The Sangha or community is a central part of practice for many, although some may practice in silence and have even lived alone in caves in search of enlightenment.

Although 12 Step and Buddhist practice have explicit forms of community, the underlying strength coming from that community is also reflected in the dyad of the analytic undertaking. Communal-like strength comes from the identification we can make with the spoken or unspoken ideals of the other. True communication between self and other results in a healing of the self. The same process of identification and community is also at work when we love a work of art or find strength in a love relationship. When we identify with the ideals of Buddhism and the 12 Step program we are at one with them, in community with them, whether we are alone or in the presence of others. When we experience this identification with the ideals of our true self through a successful analytic communication, when we are known and affirmed by the other and are thereby able to redefine our selves in a better way, we have found our true home and our spiritual community.

ENDNOTES

1 Jaspers defined the “axial age” as one “during which similarly revolutionary thinking appeared in China, India and the Occident.” (Wikipedia) It was a bit startling for me to learn that there was an actual overlap in time in the lives of Buddha and Socrates. As old as Socratic wisdom is, Buddhism at first seemed to me the more ancient wisdom.

2 Armstrong characterizes the “Second Axial Age” as spanning the Enlightenment period of Isaac Newton (1642-1727) to the modernist times of Einstein and Freud.

3 In my own work, I have seen the self divided into three parts: the non-pathological, the pathological, and the ideal. The therapeutic task is to tend to, and understand, these three parts of the subjective world of the patient.

4 It is said that Freud had wished for The Nobel Prize for his scientific achievement, and suffered some disappointment in its not being awarded to him. He was awarded the Goethe prize for prose style, however, an achievement that helps explain to me the universality of his discoveries. When called a “great man” by an admirer he was said to have replied, “No, I am not a great man, I made a great discovery.”

5 In the light of the suffering and destructiveness that still plagues humankind, I have been tempted to form an analytic panel: Should Freud’s Death Instinct be Revived?

6 Anonymity is a mainstay of the program, although broken at times when wisdom dictates, such as admitting to another that one is in the program.

7 For example, in investigating a glass-making company, he noted that they had an abundance of much needed sand and a railroad spur that took the products to market. He knew those factors were favorable ones.

8 William Menaker and Esther Menaker were the first American psychologists to be accepted for training at the Vienna Institute in the 1930s. Improving on their not always favorable experience there formed the bedrock of analytic training for psychologists at New York University. He later told me that Helene Deutch “fired” him as an analysand after the first year because he did not dream enough to interest her. The irony was that I found him to be a superb interpreter of dreams.

9 I married in 1958; Betty Freidan was to write The Feminine Mystique in 1963.

10 A Washington DC colleague, Dr. Kenneth Gaarder, was a pioneer in bringing autogenic exercise—really a “scientific” form of meditative practice—as an effective mind-body tool.

11 Also thought of as Mind/Body

12 This wise man said, upon learning he had prostate cancer: “I will first try Buddhist medicine; if it does not work, I will try the Western approach.” The cancer was lifted with the Buddhist medicine.

Rochelle G. Kainer
Traditionally we think of romantic love as the privilege of the young. Romeo and Juliet would be our archetypes. Rarely is romantic passion seen as the province of the middle aged, although sometimes it is given to movie stars and to heroes and their heroines like Odysseus and Penelope. Never do we think of passion as a possibility for the aging. By cultural habit we conflate a loss of muscle tone with a loss of desire and a diminished ability to perform with a loss of the capacity to imagine. And yet experience will tell us differently. My Medicare patients want to talk about their love lives (and not necessarily about their children and their aches and pains). And then there’s the late poetry of Stanley Kunitz.

A word about Kunitz: he died recently at the age of 100—after having been appointed Poet Laureate of the United States at 95! He was an influential teacher, friend and mentor to generations of contemporary poets. I first heard him read and lecture in Provincetown where I spend my (psychoanalyst’s) Augusts. He was a founder of the Fine Arts Work Center there and much revered: when he entered a room people (poets, artists, writers all) stood—as for a judge, or the President! Here is his Touch Me.

Touch me
Summer is late, my heart.
Words plucked out of the air
some forty years ago
when I was wild with love
and torn almost in two
scatter like leaves this night
of whistling wind and rain.
It is my heart that’s late,
it is my song that’s flown.
Outdoors all afternoon
under a gunmetal sky
staking my garden down,
I kneeled to the crickets trilling
underfoot as if about
to burst from their crusty shells;
and like a child again
marveled to hear so clear
and brave a music pour
from such a small machine.
What makes the engine go?
Desire, desire, desire.

As many times as I’ve read—and heard the poet read—this poem I can’t get through it without a catch in my throat. The longing for the dance stirs in the buried life. One season only, and it’s done. So let the battered old willow thrash against the windowpanes and the house timbers creak. Darling, do you remember the man you married? Touch me, remind me who I am.

The love song of an old man could be maudlin or embarrassing. (Our Freudian colleagues can explain the embarrassment: repression; an unwillingness to address our own libidinal desires as, embodied, they are made to seem monstrous.) An old man’s song could be sentimental or remorseful or self-pitying. “Touch Me” is none of that. Kunitz makes (animal) sexual desire profoundly relational: “Touch me,” he says, “remind me who I am.” He gives desire a narrative context. This is not a last flickering of lust, this is the need to love and be loved still, another moment in a lifetime of loving. He provides a metaphor for that lifetime: a man tending his garden, a man on his knees staking his garden against the storms of the non-human universe. Wonderfully, he provides a metaphor for the man, a “small brave machine,” a cricket with his “crusty” (not horny!) shell. (A biographical note: Kunitz did indeed devote himself to his garden almost as much as to his poetry. It was a place of great beauty. And in his later years, as a small, frail and stoop-shouldered old man, there was something more than a little cricket-like about him.)

As for the lifetime, alas (and as if we need reminding): “one season only” and the dance is done. And almost buried in the center of the poem, there’s that amazing onomatopoeic couplet: “What makes the engine go? / Desire, desire, desire.” If Kunitz is remembered a hundred years from now for just two lines, it will be for those.

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1 “Touch Me” is the last poem in Kunitz’s hardcover Collected Poems, published in 2000 by W. W. Norton, when the poet was 94.
Mental health advocates have won the battle to achieve parity for mental health services paid by health insurance. Almost everywhere laws prohibit the overt financial discrimination against mental health services. With the old forms of disparity outlawed, insurance discrimination against mental health services has reemerged as Mental Health Disparity Version 2.0. The new disparity is more than the obvious invasions of privacy, special authorizations, and extensive paperwork required only for mental health patients. It is also a systematic pattern of low provider reimbursements that impairs access to quality services by forcing psychiatric units to close and by driving quality providers out of the field. As mental health advocates, we need to, and can do, something to stop Disparity 2.0.

The evidence assembled here validates that there are differences in the way insurance companies reimburse mental health care and physical health care, and that the differences cause difficulties accessing quality mental health services. It is not the ordinary marketplace nor is it competition among mental health professionals that has created the funding shortages. The insurance company system for managing mental health care is not just discriminatory, but it consumes a large portion of the funds intended for providing mental health services. Based on this review of the evidence, an action plan is proposed to end the ongoing discrimination of Disparity 2.0.

Historically, when patients pursued mental health care, in comparison to physical health care, insurance imposed significantly higher copayments, much lower annual and lifetime maximums, and larger deductibles. This Version 1.0 funding maximum between physical and mental health was obvious discrimination, and the campaign to end it was called the mental health parity campaign. After victories in most states, the last major battle was won on October 3, 2008 with the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.

Now, with Disparity 2.0, there are substantial funding problems for mental health services. There is clear evidence that the problems with funding and reimbursement are not the natural result of market forces, but that they are the result of a pattern of discrimination against mental health services. As with traditional disparity, the discrimination is primarily a result of the practices of the health care insurance industry, not the actions of government or society in general.

The closure of psychiatric units across the country is the clearest evidence of the managed mental health care discrimination against mental health services. There is a well-documented shortage of psychiatric hospital beds. The Denver Post (K. Aug, Pysc. Units Shutting Doors, 1/25/09) reports that the U.S. has an average of 30 psychiatric beds/100,000 population. In contrast, Canada has 190 psychiatric hospital beds/100,000 (M. Lang, Calgary Herald, Mental Health Bed Shortage, 4/21/09). The American College of Emergency Physicians has extensively documented that the psychiatric hospital shortage is a serious nationwide problem. When psychiatric beds are unavailable, ERs are backed due to holding and boarding psychiatric patients (ACEP Psychiatric and Substance Abuse Survey 2008). This not only is inappropriate treatment for mental health patients, it also interferes with service to other ER patients.

How is Disparity 2.0 responsible for the dramatic shortage of psychiatric hospital beds? The answer is found in understanding reimbursements. The Denver Post (K. Aug, Pysc. Units Shutting Doors, 1/25/09) reports that hospital directors say that the psychiatric units are closing because, even when patients have insurance, the insurance doesn’t cover 100% of the cost of care on these units. As most hospital units, public payer patients and the uninsured also pay less than the cost of care. The disparity is that in physical health care, insurance typically pays 131% of the cost of services (Lewin Group, final report to the Colorado Blue Ribbon Commission on Health Care Reform, 2007). This pattern of under-payment by public payers and the uninsured, and over-payment by insurance is called cost shifting. Cost shifting, or the insurance over-payment is what keeps our
Disparity 2.0 has a more insidious, but still deleterious, impact on outpatient services. From a patient’s point of view, some features of the special mental health management are obvious. Patients are screened by a special mental health referral system, treatment is under constant vigilance of the managed mental health care entity, there is often difficulty finding an appropriate therapist within a panel, and frequently, recommended therapists are not available on the treatment panels.

Not obvious to patients, there is a pattern of declining reimbursement rates for mental health providers over the past 20 years. Most managed mental health care entities have not raised mental health reimbursements for 20 years, and in many cases, they have lowered reimbursements. Consequently, mental health professionals have arguably the worst reimbursements in health care, and many are leaving the field or working outside of the health care insurance system.

I recently became acutely aware of how poorly informed the public is about the reimbursement crisis in mental health. I am actively involved in health care reform advocacy, policy development, and writing policy for grassroots health care reform. In discussions with reform advocates and legislators there are few issues that everyone is aware of and in agreement. But two issues have almost universal acceptance,

Every group I meet with is clear that mental health must be included in health care reform and that there must be parity. This opinion is expressed by everyone, not just representatives of mental health. Advocates have effectively convinced the public that mental health services are important and that parity is important.

The second universal concern is that primary care physicians and nurses are underpaid, and health care reform must address reimbursements for primary care. Sometimes, other professions such as physical therapists are included in the underpaid group, but mental health professionals have never been included. In spite of the far more severe reimbursement problem, the mental health professions have allowed our reimbursement problems to occur in virtual secrecy.

Within psychology group discussions, there are two myths that keep us from effectively addressing the reimbursement problem. First, there is the myth that mental health professionals have not had an increase in reimbursement for twenty years because of some natural market force. Second, doctoral level psychologists have assumed that reimbursements have fallen because they are paid the same as master’s level practitioners.

Recently, as part of my health care system research, I was placing my family medical bills, reimbursements, adjustments, and out-of-pocket expenses on an Excel worksheet as an example of a consumer with high medical expenses. In the process, I became aware that the insurance market forces operated differently for physical health care than for mental health care. I realized that my physical therapist had a 3.7% increase in reimbursement from Anthem Blue Cross in the middle of the year. She has a master’s degree and an office set up that is no more expensive than a psychologist’s office. She is reimbursed at $72 for a 25-minute session, and Anthem pays a psychologist $72 for a 50-minute session. She receives twice the psychologist pay. She is on the medical track where market forces determine her reimbursement with regular increases. In mental health there are no annual adjustments, and occasionally even periodic reductions. Physical health care uses a different system for determining reimbursement than mental health care.

Other facts indicate that the managed mental health care is a special market manipulation that artificially lowers reimbursement. Medicare rates are determined by a formula that considers the difficulty of a task, the costs, and the education and skills necessary to perform the service. The reimbursement that results from this formula is considered to be around 80% the actual cost of doing business, and providers are expected to obtain higher reimbursements from commercial insurance so that the cost shifting can subsidize the below cost reimbursement from Medicare. As described in the Colorado Lewin analysis, insurance companies paid 131% of the cost of providing services. This difference occurs because the pattern in physical health care is that market forces result in private and commercial insurance paying much more than Medicare. Even the most publicized area of under-reimbursement in physical health care, primary care, is not the result of market forces. Commercial insurance reimburses primary care adequately, and the problem is that the bureaucratically determined rates from Medicare under-reimburse so severely that even with cost shifting, primary care practitioners sometimes cannot stay in business.

In the managed care manipulation of mental health the opposite is the case. I conducted a survey of the 14 most common insurance plans in Boulder, Colorado and found
that insurance pays around 80% of Medicare rates. As it turns out, Medicare, whose formula is intended to reimburse at below the cost of providing services, has one of the highest reimbursement rates. Something different is going on with mental health services than with physical health care, and it is not just market forces. Whereas market forces allow physical health care providers to satisfactorily earn a living, the special market manipulation reserved for mental health is forcing many of the most qualified providers to leave the field higher income.

Part of the answer to understanding Disparity Version 2.0 is in the structure of providing mental health services through special managed mental health care entities, often called carve-outs. Between 25% and 30% of health care funds are spent on administration and profit. However, in mental health a much higher proportion is devoted to administration and profit, keeping health care funds away from patients and providers. Creative accounting methodology considers all of the funds assigned to a managed behavioral health care carve to be funds spent on mental health services. Therefore, in physical health care, after skimming the 25–30% for administration and profit, the remainder of funds is assigned to providers. Not so in mental health. After the 25–30% is skimmed from the premiums, the mental health portion is assigned to a mental health carve out, which actually takes another huge portion of the funds for administration and profit. Determining the amount that behavioral health care takes for administration and profit is difficult because operation of these entities is a proprietary secret. The last insider estimates that I was able to obtain for this administration and profit expense came in the late 1990s from James Wrich, a managed behavioral health care company auditor. He reluctantly reported that, because it sounded so unbelievable, that he had never audited a managed behavioral health care company that took less than 50% for administration and profit if it was at risk for the cost of services. Personally, I have had a couple of executives in managed behavioral health care organizations admit that it is well known that managed behavioral health care is significantly more expensive than managed physical health care.

So part of the answer to what happens to mental health services and reimbursements is that a significantly larger portion of the mental health care dollar is diverted to pay for the administration and profit of managed behavioral health care companies. The purpose of the managed mental health carve out companies is to limit services and funds spent on patients. With the overall administration and profit expenditures of insurance between 25–30%, and a conservative estimate of the behavioral health care administration and profit costs being at 30–35%, only 52.5% to 45.5% of the health care funds remain for the delivery of services to patients. Around half of mental health’s share of insurance money is spent on administrative and profit, and the extra administration is intended to reduce the payment of services. Is this necessary or is it discrimination? Does this sound like a normal market, with over half of the money going to administration and profit? Does this seem more like a financial scheme to divert funds intended for the treatment of mental illness?

The second myth is one that is often discussed by my professional group, doctoral degree psychologists. Many doctoral level providers believe that their reimbursements are low due to a mistaken belief that they are paid the same as master’s level professionals.

Throughout the system, psychologists are consistently paid more than master’s degree professionals. It is well established that professionals with markedly different levels of education and expertise are compensated at a higher level. In my own survey of 14 insurance companies, there was only one managed care company that did not pay more to psychologists than master’s level therapists. The pay to psychologists was poor, but the pay to master’s level therapists was even worse. The only portion of mental health that is commensurate with physical health care is psychiatry. I think this is because there is a psychiatrist shortage, and as MDs they are considered part of the medical rather than the mental health profession.

The result of the low reimbursement is demonstrated below in some statistics from the U.S. Bureau of Labor Statistics, 2006 web site.

- A median annual earnings of mental health and substance abuse social workers was $35,410. http://www.bls.gov/oco/ocos060.htm
- Marriage and family therapists median was $34,660 http://www.bls.gov/oes/2000/oes211013.htm
- Psychologists median $59,440, and for the category of psychologists in offices as mental health practitioners, the median is $69,510, http://www.bls.gov/oco/ocos056.htm
- Median hourly wage for carpenters is $17.39, and if this is converted to annual salary it is $36,171 http://www.bls.gov/oco/ocos202.htm
- Auto mechanics at car dealers, median is $18.85/hr., converted to an annual salary is $39,208, http://www.bls.gov/oco/ocos181.htm
- Physical therapists (the majority in this group are employed by a group or hospital and not in private practice), median, $66,200, http://www.bls.gov/oco/ocos080.htm
- Family Practice physicians with over one year in

• Psychiatrists with over one year’s experience, median $180,000, http://www.bls.gov/oco/ocos074.htm

The reimbursement problem can also be demonstrated by comparing the annual income of a psychologist and a licensed master’s level therapist when reimbursed by Medicare, with the annual income when reimbursed by a typical managed behavioral health care company. The comparison is based on the reimbursement rates in my Colorado survey. Assuming that a psychotherapist would have 30 billable hours a week of patients; work a 48 week year (no pay for sick days, family emergencies, holidays, overtime, or professional training); have no loss due to uncollected fees; and have $42,000 of office expenses as I do, in Colorado. It should be noted that the resulting salaries below do not include employer paid health insurance benefits.

1. A psychologist would have an annual income of $89,357 if all of the patients were Medicare.
2. A psychologist would have an annual income of $61,680 if all of the patients were typical in-network insurance patients.
3. A licensed master’s level therapist would have an annual income of $61,680 if all of the patients were Medicare.
4. A master’s level therapist would have an annual income of $47,280 if all of the patients were typical in-network insurance patients.

Although the above compares psychologists with master’s level therapists, all non-MDs are in the same boat when it comes to discriminatory reimbursement levels. A rising tide lifts all boats. However, when the tide or water level goes down, blaming the captains of other boats does nothing to lift one’s own boat. Mental health practitioners include doctoral level psychologists as well as social workers, family therapists, and counselors. They are all necessary as treatment providers, and they are all the victims of the managed mental health market manipulation. If the professions blame each other, we will all sink, and while sinking we will maintain a level of discord and conflict that is a blemish on our professions. We need to make an alliance with all professional groups, and with consumer groups, to fight the real problem—those managed care entities, health care economists, and insurance companies which use mental health funds for their own profit, not for the welfare of mental health patients.

Adequate mental health services occur when patients can find a therapist able to deal expertly with their needs, and when conditions allow the treatment to continue as long as necessary. Therapists have varying specialties, and for therapy to be optimally successful, it is important to find a therapist that meets a patient’s interpersonal and treatment needs. Traditionally, referral networks help patients locate the right therapist. When reimbursement rates are low, provider panels are limited. Traditional referral networks are disrupted by these limited panels. Some patients simply are unable to find appropriate therapists.
In discussion of Disparity 2.0 with colleagues we can implement the following health care carve-outs. Health care, not creating large, profitable managed mental health services. I believe that an alliance of mental health advocates who won the Mental Health Parity battle can also win the Disparity 2.0 battle. In the Parity battle, we learned that the public does not support the insurance driven discrimination against mental health care, and when informed, they will be on our side. The public wants their health care premiums to be spent providing health care, not creating large, profitable managed mental health carve-outs.

The alliance of mental health advocates who won the Mental Health Parity battle can implement the following course of action.

1. Advocacy groups should maintain a strong and primary focus on adequate reimbursement and adequate patient access to traditional treatment services including inpatient services; individual, family, and group psychotherapy; and psychological testing. Professional organizations have too often avoided the reimbursement crisis by encouraging their members to find other sources of income.
   (a) Many professional organizations are addressing the reimbursement crisis by suggesting that their members pursue other services such as coaching, psychologist prescription privileges, and new niches. These new services are valuable, but are not a reason to divert attention from offering traditional mental health services.
   (b) Some professional groups are advocating for including

mental health in all aspects of health care reform. These groups advocate for integrating delivery of mental health services with primary care. Increasing availability of mental health services through primary care is valuable but irrelevant to promoting the most important issues—adequate reimbursement and adequate level of services. In the 1990s, health care economists promoted integrated delivery, group practices, one-stop shopping, and services combined with primary care providers. Some of these are relevant to future mental health services. However, these services were not as important as their proponents claimed in the 1990s, and now, they still do not address the problem with reimbursement and adequate level of services. As my Texan colleague says, “How is it better to eat a bowl of tasteless non-nourishing gruel in a primary physician’s office, either as an employee or private practitioner, than it is to swallow the same managed care gruel in your own office? The problem is the stuff we need to swallow, not the location where we are forced to eat it.”

2. Mental health advocates need to make a commitment to an overall strategy and campaign that results in health care reform advocates across the country insisting that health care reform include four elements:
   (a) Inclusion of the full range of mental health services.
   (b) Traditional mental health parity for deductibles, copayments, and benefit limits.
   (c) Adequate reimbursement for mental health services.
   (d) Access to adequate services for mental health patients.

This campaign should result in the level of reimbursements and services being addressed as often as the inadequate reimbursements for primary care providers and nurses are mentioned. Judging by the success of the mental health parity campaign, the pro-mental health campaign, and the primary care practitioner’s campaign, it is reasonable to expect that an adequate reimbursement and adequate level of services campaign can receive widespread public support and eventual success in health care reform. This strategy should include

a. Building alliances among all mental health professionals and consumer groups, just as the successful parity campaign was based on these alliances
b. A comprehensive effort by the professional groups to document the number of professionals who are leaving clinical work due to the poor reimbursements and the financial difficulty that mental health professionals encounter in the current health care reimbursement system
c. Comprehensive study of why and how the health
care system is unfairly targeting mental health services. These studies would include survey research of reimbursement practices and phantom networks in mental health and a comparison of these practices to practices in physical health care, and they would connect the dots between poor reimbursement and limitations in access to mental health services. This research is necessary to describe Disparity 2.0. This research should cost no more than several hundred thousand dollars, not too much to protect the financial survival of the mental health professions.

d. A comprehensive effort to end the practice of diverting a larger portion of mental health funds to administration and profit than is diverted in physical health care.

e. While this article focuses on the role the private insurance industry plays in Disparity, 2.0, the campaign for True Parity needs to include the public payers that fund services for the severely and chronically mentally ill.

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f. A public education component that includes press releases, publications, and communication with the media. The public education would emphasize the relationship between discriminatory reductions in reimbursement for mental health services and a discriminatory reduction in access by the public to quality mental health services.

g. A lobbying component that calls for addressing the problem of inadequate reimbursement in all health care reform legislation.

3. Mental health advocates need to make a commitment to use the expert services of attorneys and health care economists to promote mental health services, not to confine or hide the problems involved in delivering mental health services. Too often the mental health professional organization attorneys have focused narrowly on preventing the slightest risk of anti-trust violations. They have encouraged mental health professionals to be silent about reimbursement problems even as our professions are being suffocated. The tax attorneys have focused narrowly on preserving nonprofit tax advantages of mental health professional organizations, and urged mental health professionals to be silent about their needs for financial survival, all the while, missing the bigger picture that patients cannot access health care services without a professional workforce. These organizations have employed health care economists, well paid to predict success or disaster and influenced primarily by the biggest
On the other hand, when there is a problem with physical health care or access to a physical health care provider, many of my patients have been willing to battle with their insurance company. I think that the stigma and drain of mental illness is the only explanation needed to explain why mental health is vulnerable, and when a financially vulnerable population exists, it is the responsibility of the professionals to do the educating and the advocacy.

Managed behavioral health care companies have only one customer, the insurance company. How they operate their businesses is a proprietary secret. They are a special entity within the insurance industry, and exist for the purpose of limiting the funds spent on mental health care. As the overt forms of disparity have been outlawed by parity legislation, it is not surprising that these poorly regulated entities are continuing the tradition of discrimination.

So what is different about how health care insurance handles mental health services compared to physical health services? The goal of insurance companies is not to foster societal goals such as insuring everyone. The goal of insurance companies is to sell insurance policies that produce a profit, even if one out of seven people in the U.S. are uninsured. Likewise, insurance is not concerned with maintaining the workforce required for access to quality inpatient and outpatient mental health services. In physical health care, apparently, the insurance industry believes that in order to sell profitable insurance policies, it must adequately reimburse physical health care. Therefore, it cares about accessibility to quality physical health care services. On the other hand, although the law requires that most health insurance include mental health services, apparently, insurance does not see a need to adequately reimburse these services. The reasons may be that mental health is a minor part of health care, the beneficiaries of these services are unlikely to complain, and there is a history of years of insurance-driven financial discrimination. The bottom line is that the health care insurance system does not care about access to quality mental health services, and the reality is that it prefers to reduce funding in spite of harming access to quality health care services. Cutting funding for mental health services probably increases health care insurance profitability, and therefore, the insurance industry has developed financing systems that end up contributing to the historical discrimination against mental health services.

**Conclusion**

This open letter calls for a new, organized direction and effort by all mental health advocates to address the problems in Disparity 2.0. Achieving the social goals of access to quality mental health care will not come spontaneously from insurance companies, but will only come from public and governmental pressure. If we keep our alliance, and keep our focus, we can create adequate reimbursements...
for inpatient treatment until we have restored an adequate number of psychiatric beds. We can reverse a 20 year pattern of reducing provider reimbursements. We can reestablish mental health professions as middle-income professions. And we can assure patients of an adequate selection of providers who can treat their individual and special needs. Victory in the battle over Disparity 2.0, the same as the victory in the Mental Health Parity battle, will avoid the tendency to dwell on our conflicts, and require that we maintain our alliance in order to lift all boats.

**Addendum regarding health care reform**

The colleagues who have helped with this paper and I have developed a hybrid health care financing proposal, Balanced Choice, that combines the benefits of a public system with market forces, and bypasses the need for insurance companies. It would eliminate the insurance-driven discrimination against mental health services and prevent the administrative waste and abuses of insurance-driven healthcare. This hybrid has the administrative efficiency of a single payer system without the rigid reimbursement rules that other single payer systems employ. As a hybrid, it has the ability to attract advocates of both market driven systems and single payer systems. Information about Balanced Choice is available at www.BalancedChoiceHealthCare.org.

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Mentalization is an ungainly term, and I have also sometimes found it an overused one. I have also long thought, however, that it is a necessary one, and in reviewing these two works on the topic, I have had this belief confirmed. It is no secret that there is rising tide of reductionism in psychology and psychiatry, and though I have sometimes found that the term mentalization can itself be used to oversimplify the complexities of psychoanalytic and psychodynamic thought, it is nevertheless an important concept because, in its very name, it asserts the centrality of mind, rather than brain or behavior, in our understanding of what it means to be human. Although this term was used in French psychoanalysis in the 1960s to differentiate somatic excitations from symbolic mental contents (see Lecours & Bouchard, 1997), Fonagy (1991, p. 641) introduced mentalization into Anglophone psychoanalytic discourse by defining it as “the capacity to conceive of conscious and unconscious mental states in oneself and others”—in short, as the understanding that both oneself and others are creatures with minds. In many other publications, most importantly the magisterial Affect Regulation, Mentalization, and the Development of the Self (Fonagy, Gergely, Jurist, & Target, 2002), Fonagy and colleagues too numerous in this context to name argued that mentalization refers to the capacity to understand minds, both one’s own and those of others, and therefore to recognize that human behavior is motivated by mental states—by things like thoughts, beliefs, feelings, and desires. They further argued that various forms of psychopathology, most notably borderline states but many others as well, can be understood as involving failures in mentalization, in the understanding of mind. These are notions that seem commonplace and almost trivial within the psychoanalytic ghetto, but they are radical ideas outside of the psychoanalytic world, where psychopathology is quickly reduced either to brain diseases treated with medications or to behavior disorders treated with manualized psychotherapy protocols. In context of this widespread reductionism but also recognizing that psychotherapeutic efficacy is still a matter of empirical evidence, not of therapist conviction, Bateman and Fonagy (2004) developed a manualized program for mentalization-based treatment of borderline personality disorder, a program that does justice to both the standards of scientific research and the complexities of clinical work. But most practitioners, psychoanalytic or otherwise, are unlikely to want to set up their own mentalization-based programs for treatment of borderline psychopathology, and most nonpsychoanalytic practitioners are likely to have little patience for, never mind comprehension of, the conceptual abstractions of Fonagy et al. (2002). What was needed, therefore, were discussions of mentalization for everyday clinicians, especially for the vast majority of the clinical world that has little or no interest in an approach that touts unapologetically its origins in psychoanalysis. The two books reviewed here, the first one edited by Jon Allen and Peter Fonagy, the second written by Jon Allen, Peter Fonagy, and Anthony Bateman, take on this precisely this task and they do it well. I shall discuss the latter work (Allen, Bateman, & Fonagy) first, however, because I think it will be easier for readers to understand mentalization and its clinical implications if we begin with a broad overview, rather than with the presentation of a series of chapters (Allen & Fonagy).

Allen et al.’s Mentalizing in Clinical Practice is a clear and comprehensive introduction to mentalization and its relationship to psychotherapeutic practice. Although it is not a treatment manual, it is close enough to such in its spirit and design that many readers of this review may feel uncomfortable with it. But I, living in a small Appalachian city where I teach psychodynamic psychotherapy to predoctoral interns who, with each passing year, have less and less exposure to psychoanalytic ways of thinking, use this particular volume as one of three textbooks for a half-year seminar on psychodynamic psychotherapy. Its strength is that it grounds the concept of mentalization in
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various relevant research literatures (i.e., theory of mind, attachment, neurobiology, psychotherapy) in a way that is inviting and comforting to a generation of young clinicians raised on manualized treatments while at the same time leaving no ambiguity that the underlying roots of this approach are psychoanalysis and attachment theory. The book begins with a discussion of these conceptual roots, although its introductory chapter attempts to connect the mentalizing approach to cognitive therapy, interpersonal therapy, and client-centered therapy as well.

The next several chapters of this book are devoted to extensive reviews of research literatures relevant to the concept of mentalization, and although I found them to be both quite readable and simultaneously essential to an understanding of how mentalization works, readers who are interested mainly in clinical material may find them frustrating. Nevertheless, in these chapters, Allen et al. explain that mentalization is a multifaceted ability involving both explicit processes (e.g., when a person explains the thoughts and feelings that motivate his or her actions) and implicit ones (e.g., when one person automatically and almost effortlessly decodes these motivations from another’s facial expression or voice tone). The authors differentiate mentalization from related terms like mindblindness, mindreading, theory of mind, metacognition, reflective function, mindfulness, empathy, emotional intelligence, psychological mindedness, and insight. They argue that much of psychotherapy involves the mentalization of emotion, that is, the understanding of emotions and emotional states as having meaning. In a chapter on developmental psychology, they review the extensive empirical literature on the links between early interpersonal relationships and the growth of various cognitive capacities underlying mentalization. They present the arguments, now well known in the psychoanalytic literature, that mentalization is promoted by secure attachments and by parenting that involves contingent marked mirroring of, or responsiveness to, the child’s emotional states (i.e., by parenting that recognizes the child’s affects as meaningful and responds contingently to them) and that failures of mentalization lead to prementalizing modes of cognition like psychic equivalence (i.e., the equation of one’s mental states with reality), pretend (i.e., the dissociation of these mental states from reality), and teleological (i.e., the expression of mental states through action or somatization) of representation.

A brief chapter on neurobiology describes the roles of several brain structure, particularly mirror neurons, the anterior cingulate, and the medial prefrontal cortex, in the genesis of mentalization. Mirror neurons, which are found in the brains of primate species, especially in the ventral premotor cortex, are activated not only in performing an action but in observing another perform it and are thought to be one of the substrates of emotional resonance and empathy. The latter two structures, which constitute overlapping areas of the brain, are considered the mentalizing regions proper. They are involved in the awareness of emotions in both self and others and in the interpretation of complex interpersonal situations. The authors note that the activity of these anterior aspects of the brain (the anterior cingulate and the medial prefrontal cortex) is often inhibited under conditions of emotional arousal (e.g., under conditions of fight or flight). In other words, we lose the capacity to mentalize, that is, to understand emotions and interpersonal complexities, precisely when we need it most; and a history of trauma seems to lower the threshold at which emotional arousal causes mentalization to switch off. These prefrontal areas of the brain also seem to be deactivated when certain intense attachment states (i.e., romantic love, maternal love) are present, apparently because, in love relationships, the need for careful interpersonal assessment is reduced, and this is why, the authors tell us, love is blind!

The second half of Mentalizing in Clinical Practice is devoted to clinical implications. There are chapters describing mentalizing interventions in psychotherapy and applying these interventions to the treatment of attachment trauma, borderline personality disorder, and dysfunctional families. One chapter describes the use of mentalization in a group psychoeducational program in inpatient treatment, and another describes the use of mentalization in an effort to decrease violence and bullying in schools. Of particular
import, I believe, is the chapter on the mentalization-based psychotherapy of borderline personality because it is a brief, clinically based overview of a psychodynamic treatment program that, like Clarkin, Yeomans, and Kernberg’s (2006) transference-focused psychotherapy, actually has some significant empirical support for its efficacy. This is no small matter in an age in which it is commonly thought that the only evidence-based approach to the treatment of borderline patients is dialectical behavior therapy and that, despite a recent meta-analysis to the contrary (Leichsenring & Rabung, 2008), there is no scientific evidence in support of the clinical effectiveness of psychodynamic treatments.

Most readers, however, will be concerned more with the authors’ specific technical recommendations for psychotherapy in general, not just in the treatment of borderline conditions, and here they will find many agreements with those typically found in traditional psychoanalytic and psychodynamic approaches but also many significant disagreements. One important area of agreement is that the authors recommend taking a curious, inquisitive, not-knowing stance, basically a position of wonderment with regard to mental states, both the patient’s and the therapist’s and an attitude that authors note even (or perhaps especially) highly experienced clinicians have trouble maintaining beyond a few minutes. Nevertheless, the authors note this stance, which is highly congruent with Freud’s advice regarding evenly hovering attention and Bion’s regarding the eschewal of memory and desire, provides clinicians the best chance of using mentalizing interventions and achieving mentalizing goals. The authors’ second recommendation, consistent with their grounding in attachment theory, is to provide a secure base from which patients can explore mental states, both their own and those of the therapist.

In this approach, therefore, therapist’s activity is focused not at making interpretations but at helping the patient to become curious about minds. Thus, the transference or, more broadly, the patient–therapist interaction is a central focus of the treatment, but rather than interpreting the transference, the therapist endeavors to help the patient wonder how it is that he or she and the therapist might come to differing perspectives on what is happening in the room. Indeed, the emphasis in mentalization-oriented therapy on perspective taking, on asking patients to compare their perspectives on the world with those of others, brings this treatment approach close in certain respects to cognitive therapy, although the former’s focus on the immediate therapeutic relationship and on coming to understand not just thoughts or beliefs but emotional and affective states, on what Fonagy et al. (2002) term mentalized affectivity, keep this approach psychodynamic. On the other hand, psychodynamic clinicians might have difficulty with the authors’ advice to avoid free association and the exploration of fantasy, particularly about the therapist. It is unclear whether the authors mean these kinds of interventions should never be used in a mentalization-focused approach or instead whether they mean for this recommendation to apply only to precariously organized patients (e.g., borderline personalities), for whom most approaches nowadays recommend considerable therapist activity, structure, and support, as opposed to the use of more quintessential psychoanalytic interventions (i.e., free association, transference interpretation). Despite my concerns regarding these particular recommendations, what convinces me that the clinical approach advocated by Allen et al. is within the psychoanalytic tradition broadly construed (just applied to new contexts), is the book’s fifth chapter, “The Art of Mentalizing.” In this chapter, they state, “The activity of mentalizing—doing it any given moment—is an art, not a science” (p. 149). The authors go on to present as exemplars of expert mentalizers the psychoanalysts Hans Loewald and Daniel Stern and the novelist Iris Murdoch, the clear implication being that mentalizing cannot be learned from a manual.

If Allen et al. give readers a broad clinical overview of the mentalization concept, Allen and Fonagy’s
Handbook of Mentalization-Based Treatment enables the reader to focus in depth on a variety of topics relevant to mentalization. The book contains 16 chapters, and in this context I can discuss them only in brief, unfortunately giving many, if not most, of them short shrift, although I can state that almost all are of high quality and that a few are outstanding. To my taste, the best chapters in the book are those that raise significant conceptual questions. These are in the front of the volume and include, not surprisingly, Fonagy’s chapter on mentalization and social development but also theoretical chapters by Allen and by Holmes that give a broad overview of mentalization and that situate the concept within the broader context of clinical psychology (Allen) and psychoanalysis (Holmes), Gabbard, Miller, and Martinez’s discussion of the neurobiology underlying the mentalization deficits in borderline personality disorder, Björgvinsson and Hart’s presentation of the links between mentalization and cognitive-behavior therapy, and Lewis’s chapter on mentalization and dialectical behavior therapy.

Fonagy’s chapter, summarizing the developmental arguments made at length by Fonagy et al. (2002) on the links between affect regulation and mentalization and discussing in detail the research evidence linking intact mentalization to secure attachment and impaired mentalization to trauma and to insecure attachment, is by itself worth the price of the book, and in the present context; I can scarcely do justice to its breadth. I can mention that, in this chapter, Fonagy also lays out the research evidence for some of the previously mentioned paradoxical aspects of the links between attachment and mentalization, specifically, for why certain intense attachments (e.g., romantic love and maternal love) cause mentalization to be switched off.

For most readers of this review, the most interesting chapters of this particular book are likely to be the aforementioned discussion by Holmes of the relationship between psychoanalytic theory and mentalization and a more clinically based chapter by Munich on how one might integrate a mentalization-based approach into a traditional dynamic psychotherapy, and I found both to be of high quality, with Holmes’s being among the best in the volume because of its integration of clinical material with multiple psychoanalytic perspectives, both British and French, and with the empirical literature on attachment and developmental psychopathology. From my perspective, however, the most interesting chapter is that by Björgvinsson and Hart because, as I read them, they are in fact radical behaviorists, not cognitive-behaviorists, followers more of Skinner than of Beck, and as an intersubjectivist, I believe that we are likely learn more from dialogue with those who do not necessarily share our assumptions about the world than we do from dialogue with those with whom we more readily agree. Actually, it is also my contention that psychoanalysis is closer in its outlook to radical behaviorism than it is to cognitive behaviorism, but that is another matter. Björgvinsson and Hart propose that cognitive therapy, with its close attention to automatic thoughts and with its request of the patient to examine these thoughts in careful, dispassionate, and collaborative manner, is a mentalization-based therapy par excellence. Although they make a strong case for this conceptual overlap, they do not mention the matter of mentalized affectivity, of the understanding of emotional states in the emotional present, and I believe this to be a crucial issue in the divide between cognitive approaches and dynamic approaches. In a related vein, they state that, from their behavioral point of view, the benefit of feeling loved by one’s significant other is the security of the predictability that one’s partner will continue to behave lovingly in the future, but they dismiss far too easily the problem that most of us with reasonably intact mentalizing capacities can tell, via emotional resonance (and its behavioral correlates), when the other’s emotions are not behind in their actions, when the other might be acting “lovingly” but is not genuinely feeling loving. Another issue not adequately dealt with in their chapter is that the concept of mentalization necessarily entails the concepts of mind and of mentalistic explanation—in short, of intentionality in the philosophical sense of that term (see, e.g., Dennett, 1987)—and it is difficult to square this view with a perspective that regards cognitions and emotions simply as behavior, rather than as acts of meaning (see Bruner, 1990). Nevertheless, Björgvinsson and Hart’s chapter is one that truly challenges those of us with psychoanalytic perspectives to think more deeply about our assumptions, and I will mention that Lewis’s chapter on dialectical behavior therapy does an excellent job of presenting a radical behavioral approach that takes
very seriously the matter of emotional regulation and of demonstrating its correspondences with the focus on mentalized affectivity in mentalization-based therapy.

The remaining chapters in the volume focus on new treatment and prevention models inspired by the mentalization concept, and some of these models are also discussed by Allen et al. Several of the chapters are descriptions of the mentalization-based treatment approaches now in use at the Menninger Clinic, one of the few remaining psychoanalytically oriented treatment facilities left in the United States. These papers, on family therapy, milieu therapy, and psychoeducation, are clinically intriguing, especially to those of who, like me, work in institutional settings, and with some empirical research, the programs they describe might prove to be worthy rivals to the increasingly limited offerings that currently pass for institutional mental health treatment in the United States. Unfortunately, no research on these programs in presented in the chapters on treatment efforts at Menninger. One chapter is a brief summary by Bateman and Fonagy of their aforementioned empirically supported mentalization-based partial hospital program for borderline personality disorder, and another is a description by Sadler, Slade, and Mayes of their “Minding the Baby” home visitation program intended to teach mentalization-based parenting skills to high-risk first-time parents living in the inner city of New Haven. Preliminary results, as reported in the chapter, suggest a decrease thus far in high-risk behavior and growth in home stability. Of particular interest is Twemlow and Fonagy’s chapter on the Peaceful Schools Project, a mentalization-based approach to decreasing violence and bullying in schools, because the decreases in bullying and violence associated with this intervention indicate that the mentalization concept has application for larger social systems, not just the dyads and small groups that are the main settings in which psychotherapy is practiced.

In sum, then, the two books reviewed here are important attempts at bringing the concept of mentalization to a wider audience, for example, to nonpsychoanalytic clinicians or to psychoanalytic clinicians looking for something more immediately practical and useful than Affect Regulation, Mentalization, and the Self, crucially important though that book may be. They are well worth reading, even though they are not typical reading fare for a psychoanalytic audience. If I have problem with these volumes, however, they are the concerns that I raised at the beginning of this review, namely, that mentalization is an ungainly term and, in these books, unfortunately also an overused one. The term mentalization ultimately refers to the idea that humans are beings with thoughts, feelings, wishes, and desires, and in reading these books, I often found myself wishing that their authors would use these plain words to describe our mental acts, not so bloodless and abstract a term as mentalization or even, although it is better in verb form, mentalizing. These complaints aside, I still find these volumes to be worthy contributions to our literature and to the increasingly necessary attempt to demonstrate the relevance of psychoanalytic ideas in the reductionistic intellectual climate in which we currently find ourselves.

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Psychoanalytic Books


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The mainstream view on interventions with acting-out adolescents is that only behavioral and cognitive-behavioral modalities work. Manualized, step-by-step protocols and modules clearly delineating the treatment process are a must. Anger management, feeling charts, and assertiveness training are the “gold standard” techniques. Attention to insight, meaning, and the unconscious are anathema. There are many mental health professionals promulgating this notion that delinquent adolescents cannot benefit from psychoanalytically informed treatments. Or at best, that insight-oriented approaches are untested.

The problem with this aforementioned viewpoint is that adolescents, delinquent or otherwise, are humans; complete with idiosyncratic feelings, fears, and fantasies. Developmental processes, complicated in any teenager, are even more challenging with hostilely acting-out ones. Manualized interventions aimed at addressing behavioral change generally ignore structural pathology. Not surprisingly, these treatment protocols run the risk of leaving untouched the child’s destructive patterns of relating to the self and others. Since no one disputes the severity of delinquent pathology, “deeper” therapies should make intuitive sense. Thus, delinquent adolescents, just as others, need to be treated as individuals, and not merely a set of symptoms or a collection of behaviors.

Adolescence and Delinquency brings a broader, more complex perspective to adolescent treatment. Bruce Brodie reflects on his 20 years of clinical work at “the Center,” a comprehensive residential treatment facility for delinquent boys and girls, those typically considered “the worst of the worst.” One would think such a setting would shun psychodynamic interventions. The opposite is true. Brodie spells out how psychoanalytic theories, and object relations in particular, are utilized with this highly disturbed population. In a densely packed book, Adolescence and Delinquency shows how to effectively apply theory and practice to the most difficult adolescents.

Chapter 1 opens by reporting on the relative lack of attention traditionally devoted to adolescent psychology and psychopathology. Brodie argues that terms like “transitional periods” and “puppy love” denote transient (and worse, insignificant) periods in a teenager’s life. He states this stems from the dearth historical significance given to this developmental stage. Brodie further contends that this minimizing has severely handicapped our abilities to proactively intervene with delinquent teens. He cogently explains the significance of this period, and how adolescence serves as a template for later life. In other words, teenage years are crucial. Chapter 1 also tackles the adolescent’s experience of boredom. Brodie explains that the ability to tolerate boredom often portends good impulse control, while the unhealthy aspects of boredom (e.g., passive complaining behaviors) commonly signify an unconscious desire for excessive nurturance. This can manifest as an untoward wish to be cared for by the more powerful other, in concert with a wish to prevent others from straying. Brodie explains how pathological boredom acts as a passive-regressive buffer against the fear of abandonment. What does the mean clinically? Therapists quick to offer suggestions aimed at remedying boredom accomplish little more than colluding with the pathology of the adolescent. Specifically, the suggestions establish evanescent adult-child connectedness, but at the cost of proactive individuation. Based on this, the author further asserts that behaviorally focused, problem-solving therapies can be (and often are) counterproductive. Chapter 1 sets the stage for the ethos of analytically informed delinquent therapies: holistic, comprehensive, and mindful of intrapsychic processes, not simply attempts at behavioral modifications.

Chapter 2, Adolescence and Part-Object Thinking covers Melanie Klein’s paranoid-schizoid position. Brodie walks the reader through the normal, healthy psychological developmental progression from the paranoid-schizoid,
or part-object position to the depressive, or whole-object, position. He explains in some detail how the part-object position consists of viewing the world in black and white terms. Here, a person is good or bad: there is no in between. When she (originally mom, or more specifically, her breast) is good (e.g., providing a good feed) she is only good. However, when she/her breast is bad, she is categorically bad. There is no gray area; no ambivalence. To be ambivalent is to view others as complex and multilayered. The ability to experience the object of love as also the object of hate is a momentous developmental achievement. In other words, ambivalence is the sine qua non of the depressive position. To be without ambivalence is to be without concern. Adolescence and Delinquency explains how the part-object tendencies of splitting (rather than ambivalence), belief in a just world (rather than awareness of injustices), powerless-omnipotence, magical thinking, and a restricted range of affect (mainly that of envy and rage) are firm markers of delinquency. Brodie further links part-object phenomena with delinquency by demonstrating how these above-mentioned concepts fuel hostility, ruthlessness, and destruction—typically in the absence of empathy and remorse. The author’s lively prose and lucid examples clarify tenebrous theoretical concepts, making Adolescence and Delinquency a user-friendly read.

Chapter 3, Identity Formation, describes, in some detail, the general processes of identity development. From Freud’s superego, Klein’s multiple internalized part objects, Ronald Fairbairn’s central ego, libidinal ego, and anti-libidinal ego, to Otto Kernberg’s object relational units (ORU), the author concisely provides a backdrop for the disparate but interrelated psychoanalytic factors thought to underlie identity development. Brodie then turns his attention to identity formation in delinquency. He explains how children who experienced an abundance of abandonment, rejection, and criticism develop corresponding internalized punitive objects. He articulates how these experiences—far beyond a learned pattern of behavioral responses—become the lens through which the individual views the world (e.g., angry and hostile) as well as him or herself (e.g., worthless and despicable). This topic goes well with Brodie’s earlier discussion of the link between adolescent identity formation and gang affiliation. He states that an inchoate sense of self leads to an insatiable need for acceptance, rules, and boundaries. Therefore, gangs, though destructive, provide the pathological substitute for that which was absent in young childhood.

Chapters 4 and 5 first discuss the all-too common occurrence of adolescents relapsing following termination of “successful” treatment. Whether it’s a return to drug use, crime, or gangs, Adolescence and Delinquency illuminates how internalized abusive or critical objects account for such experiences. Brodie describes how these phenomena represent an unhealthy attachment to significant others.
while simultaneously “punishing” these same individuals. This dangerous dynamic validates their status as horrible children in their parent(s)’ eyes, while “confirming” the negative self-concept in their own. It also keeps their parents culpable for their destructive behaviors. In other words, the delinquent adolescent remains cathected to the despised other(s). Brodie also distinguishes hopelessness from helplessness. Specifically, he states that determining whether a patient is the former or later is important diagnostic data. Hopelessness is the more pathological state due to its denotation of perceived ineptitude and powerlessness, while helplessness implies hope is not yet lost. The author emphasizes how careful assessments allow for the tailoring of psychotherapeutic interventions. The collective information here provides theoretical and practice information on how to address relapse before it happens. This text provides the clinician with a breadth of assessment and treatment options, all aimed at addressing the broad domain area of adolescent delinquency.

Chapter 6 begins with a working definition of intersubjectivity: the interactive processes between therapist and patient. Both patient and therapist convey to one another a continual flow of verbal and (the more powerful) non-verbal information. Subsequently, therapeutic growth is born out of this dialectical interaction between doctor and patient. Though mutually influential, Brodie elucidates how such processes, when carefully minded by the clinician, do not obfuscate, but rather redefine, analytic neutrality. Of particular interest is the author’s discussion of the counterproductive effects of a therapist working too hard to “fix” the adolescent; how this inadvertently undermines respect and ultimately leads to an empathic failure.

Adolescence and Delinquency underscores the analytic adage of listening more and “doing” less.

Later chapters cover the different types of object relations treatment modalities for delinquent teens. Brodie begins by discussing the concept of primary maternal preoccupation: Winnicott’s evocative term describing the powerful mother-infant bond. Brodie contends that psychodynamically oriented treatments mimic this most primary relationship. Specifically, he argues how the protracted experience of empathic attunement is a mutative factor in both of these intimate relationships. Though the emphasis on the maternal components of analytically informed treatment is considered to be an overreach by many, the author provides thought-provoking theoretical and clinical material examining this putative phenomenon. This discussion provides, if nothing else, food for thought. Brodie identifies advantages of group treatment for delinquents. He explains how psychodynamic group modalities are able to facilitate peer bonding and proactively address interpersonal conflicts: two processes germane to group therapy, but less accessible via individual therapy. Also notable is Brodie’s list of common mistakes made by group therapists working with delinquent adolescents, such as proscribing profanity as well as in-session expressions of anger. He then reiterates the only therapeutic “musts” of group work with adolescents: maintaining group safety and keeping teens from straying off topic. He then discusses family therapy explaining how difficult it is to utilize this important modality with delinquent adolescents due to the exorbitantly high prevalence rates of broken homes and blended families. When possible, however, family therapy becomes a powerful treatment vehicle. Family treatment provides a window into parent-child connectedness, as well as the parents’ ability to tolerate hostility. It also allows for an opportunity to view familial dynamics, triangulation, and to check the pulse on the nature of parental transgressions, all of which provides pertinent information regarding the healthiness (or lack thereof) of the core family unit. These treatment chapters thoroughly integrate theory with practice techniques. Brodie uses detailed clinical data, often revisiting several patients discussed earlier in the text. The reader will be impressed by the author’s skillfulness in demonstrating compassion without losing necessary therapeutic boundaries and parameters, all of which are especially imperative with this highly destructive population.

Chapter 10 briefly describes salient topics that occur in the treatment with the delinquent adolescent. Concepts like fatalism (e.g., “I’m gonna die soon so who cares”), ruthlessness, and exploitation of women and girls (even amongst delinquent females themselves) are swiftly connected with overarching object relational themes. The author also reconnects themes of adolescent delinquency with the paranoid-schizoid position, and how certain part-object tenets such as a limited personal reflection, lack of prudence, an inability to see self or others as multidimensional (e.g., everyone’s untrustworthy), and a compromised capacity to discern cause-and-effect links (e.g., “shit happens”) are cornerstones of delinquency. Brodie reasons that facilitating insight leads to a recession of destructive, acting-out behaviors. Therefore, when the teen is able to view him or herself as a multifaceted individual—capable of both good and bad, love and hate—one can infer that the painstaking treatment process.
is working. He again revisits the potential of hope within the delinquent teen. Here, Brodie relies on Winnicott’s assertion that certain elements of antisocial behaviors often imply a modicum of hope. Though counterintuitive, their pathological behaviors may represent a desperate attempt to regain that which is lost. This “taking” (e.g., stealing, robbing, violence) often represents a striving to reclaim (or obtain for the first time) the lost object. The author also discusses the delinquent teen’s lack of experiencing affective and behavioral containment from parents. Due to the paucity of containment during their formative years, Brodie emphasizes how therapeutic boundaries and parameters provide the delinquent child with the much needed experience of safety. Perhaps most significant here is the author’s ability to demonstrate a very real therapeutic window into this highly destructive population. Peripheral in this section (though central throughout the text) is Brodie’s provision of hope to the clinician working with these patients: a belief that maybe, just maybe, real change can occur.

*Adolescence and Delinquency* closes with a discussion on psychoanalytically informed supervision. The author reports on a common supervisory process: the parallels between the supervisee’s professional development and the adolescent’s identity development. Feelings of fraudulence, desire for competency and mastery, and the vacillation between identification and individuation are common to both supervisee and adolescent. Brodie also discusses the delicate balance between teaching the supervisee and delving into his or her countertransference. The author elucidates the ways in which psychoanalytically based supervision transcends the mere teaching of skills and techniques and impact an individual holistically. In other words, analytically informed supervision, when done well, facilitate the supervisee’s development as both clinician and person.

*Adolescence and Delinquency* provides a wealth of theoretical and practical information for therapists working with difficult and highly disturbed adolescents. Brodie immerses the reader in the often scary and, for many, unknown world of adolescence criminality and delinquency. Though daunting, the author illuminates the dark world of serious teenage pathology. He also spells out comprehensive, detailed, insight-oriented treatment methods.

*Adolescence and Delinquency* is a worthy read for any clinician working in the trenches of delinquency. Well-written, it provides a brief yet thorough overview of object relations theory. From aspects of Freud, to primarily British and American object relational theorists, Brodie highlights theory vis-à-vis delinquent adolescents. While some texts fall heavier on either the theoretical or practice side, *Adolescence and Delinquency* covers both, and does so thoroughly and efficiently. The author links theory with clinical vignettes throughout. He does so with patients within the delinquency center, as well as non-delinquent adults seen in an outpatient setting. Brodie’s approach exemplifies how one can work with the most aggressive individual, hold him or her accountable, and do so without compromising compassion. To read this book is to truly step into the consulting room with a highly skilled therapist, one who expresses an appreciation for, and comfort with, this highly disturbed (yet often treatable) population.

Today most therapists reflexively dismiss psychodynamic therapy as a viable treatment for delinquent adolescents. This sentiment might even extend to some identifying themselves as psychoanalytic. This is so despite the fact that psychoanalysis is, by definition, a developmental theory. This is what makes *Adolescence and Delinquency* important: it lends theoretical support to psychodynamic interventions with delinquents. Brodie emphasizes the necessity for appreciating the humanness of delinquent teens. He compellingly argues that, as with all persons, disturbed adolescents are in dire need of sophisticated treatment—that simply teaching the cannon of skill-building techniques (e.g., empathy training, anger management, assertiveness training), or merely applying punishments are thoroughly insufficient. One could argue that the conspicuous absence of insight-oriented components within mainstream delinquency treatments could, in part, account for the extraordinarily high recidivism rates. At the very least no one can deny that more is needed to bolster treatment effectiveness with this population. Therefore, an assessment and treatment approach that starts with a well-formulated conceptualization, followed by an idiographic (and humanistic) intervention designed to treat the whole person is, if nothing else, a good start. *Adolescence and Delinquency* is a helpful aid for those clinicians tagged with the intimidating yet often rewarding task of treating delinquent boys and girls.

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Freud is long dead, slowly succumbing to the deconstructive effects of entropy and time. Literature about Freud, however, is quite alive, though only some of it is enlivening and enlightening, which, of course, is a matter of judgment that begs explanation. Rob White’s book, *Freud’s Memory*, is one such addition to the vast corpus of scholarship on and about Freud. I found this densely and deftly argued book to be intriguing and enlightening because the author led me to consider new perspectives, novel interpretations, and captivating analyses about Freud’s theorizing.

This said, White’s book is not for those seeking clinical insights into Freud’s life, except perhaps by way of analogy. Instead, White seeks to deconstruct Freud’s texts. This deconstruction is analytic to the extent that White attempts to discern meaning or “countersense” that is not readily apparent, but it is not psychoanalytic in the sense of someone using psychoanalytic conceptual tools to derive insight into Freud’s psyche and early life. Indeed, White wishes to take a position outside of psychoanalytic language games in his deconstructive analysis of Freud’s arguments. More specifically, White argues that Freud’s use of figurative language “always seems to yield complexity rather than unitary explanation” (p. 2). This resulting complexity is seen in what other writers have noted as paradoxes or contradictions prevalent in Freud’s work. White, however, contends that these are not paradoxes at all, but rather Freud’s introduction of metaphors that, while reducing explanatory clarity, come with a countersense that puts into question Freud’s psyche and early life. Indeed, White wishes to take a position outside of psychoanalytic language games in his deconstructive analysis of Freud’s arguments. What then are we to make of Freud’s apparent contradictions, his borrowing of metaphors that seemingly undermine or subvert his argument by introducing meaning that undercuts his theory? In general, the problems of pain and negativity evident in Freud’s work, White argues, “have more than incidental or illustrative significance for psychoanalytic theory: they amount to a kind of dispersed argument” (p. 10). The following chapters are aimed at reassembling this dispersed argument and describing the self-reflexive crisis evident in these texts.

In chapter 1, White explains that countersense “is a matter of images, concepts and expressions which convey an additional sense that may subvert the nominal argument being made” (p. 14). In moving toward identifying a countersense, White begins to lay out his method for reassembling Freud’s dispersed argument, providing several examples of Freud’s use of metaphors that dispel, in part, the cogency of his argument. White first takes note of Freud’s tendency “to dwell on morbid subjects, and to do so in autobiographical terms” (p. 13). Ghosts and evil spirits pepper Freud’s theorizing, which is especially intriguing when readers recognize Freud’s adoration of scientific rationalism and his antipathy to superstition and religion. The mix of language games is also manifested in Freud’s tendency to differentiate between psychoanalysis and medicine, though, at the same time, using physical metaphors, such as wound, in theorizing about the psyche. White identifies an apparent contradiction in what “begins to seem like a serial preoccupation on Freud’s part with ghosts with his scientific rationalism (p. 29),” as well as use of medical metaphors when this vocabulary contradicts Freud’s basic premises vis-à-vis psychoanalysis. The countersense is the apparent transgression between the past and the present whereby individuals are haunted in the present by the wounds of the past. White then moves on to note Freud’s ambivalence over modern technology, recognizing its disruptive, disfiguring, and destructive power. Freud uses a technological metaphor, telephone, which is juxtaposed with the metaphor of incomplete healing. White argues that this points to the notion of loneliness as physical damage and pain, which “is problematic in psychoanalytic sense” (p. 33). If I have understood White’s point, Freud’s use of metaphors, which undermine the clarity of his argument, reveal a reflexive crisis around transgression of the past in the present. Furthermore, this reflexive crisis is noted in the uncertainty of established or clear meaning, as well as transgression of integrity and identity of individual minds.

In chapter 2 White describes, explains, and discusses Freud’s theorizing whereby he uses the now discredited Lamarkian theory of inherited memory. While analytic commentators often argue that Freud’s use of inherited memory is a not very important exception to psychoanalytic theories, White neither wishes to edit this theory out or simply bypass it as outdated. Instead, he takes Freud’s use of this theory as another illustration of Freud’s tendency to undermine his aim of a unified theory by introducing and holding onto a clearly controversial notion of inherited memory traces. More particularly, White posits that the notion of countersense is “useful . . . here because it allows for a countervailing sense that is at once transgressive of and intimately belonging
to a more conventional idea. The counterevidence here is the dispossession of experience, the marring of personal identity” (p. 62). That is, the individual mind is “preoccupied by the memory of incidents that are beyond the frame of its own experience so that thinking can no longer travel back to the identity of personal experience” (p. 63). The individual’s mind is, in other words, painfully intruded upon by others’ memories. The burden of the ancient past and its inherited memories haunts the individual. White concludes that minds conceptualized as “overburdened and deformed by the past” resemble “the very theorizing in which they are imagined” (p. 65).

In the third chapter, White turns to Freud’s use of inherited memory in Moses and Monotheism. Freud’s hypothesis of a real event “allows [him] to argue that both culture and individual minds are always in a pained retrospective attitude—guilty, remorseful, confused. However absurd or groundless the hypothesis may seem it is the conceptual anchor of a retrospective theory of subjectivity that, at whatever cost to identity, is constituted in a crisis of retrospection” (p. 71). The crisis and suffering or ordeal of the individual is remembering what s/he has not experienced. This crisis of retrospection is noted in Freud’s theorizing itself wherein his “retrospective search for origins and meanings” leads him to discover “anguish: terror, grief, remorse, helplessness” (p. 74). White shifts to Derrida’s view of mourning and his characterization of Freud’s theory of grieving. He concludes that Freud’s tendency toward a tenacious retrospection, typified by inconclusive endings and unresolved explanations, points to “mourning that has not managed to terminate” (p. 91), revealing a melancholy embedded in and shaping his theorizing.

Continuing to examine Freud’s theorizing, in chapter 4, White addresses Freud’s proclivity to theorize topologically, which he categorizes in terms of three concepts, namely, subdivided identity, boundary, and breach. We are all familiar with Freud’s notions of id, ego, and superego—three aspects of a subdivided identity. These concepts accompany metaphors that depict boundaries, such as frontier, territory, political geography, etc. Boundaries, which exist between aspects of the mind, are permeable—“they may be breached and breaching is agonizing” (p.111). White argues out that “much of the force of Freud’s writing derives from an attempt to reaffirm identity and coherence in spite of disfigurement, disruption or distress that is repeatedly found to throw these ideas into crisis” (p. 115). He carries this further, contending that Freud’s use of the notion of inherited memory and telepathy highlights a “radically non-private subjectivity” that is susceptible to intrusion, breach, and loss. Put differently, Freud’s use of “frontier” metaphors, as well as psycho-Lamarckian-based notion of telepathy points to his “own troubled theorizing” where the theory is breached and undermined.

White, in this last chapter, seeks to show that the problem of Psycho-Lamarckism’s noncommunicated, transgenerational memory continues to be evident in Freud’s final revision of psychoanalysis, which provides “an unmistakable emphasis on agonized and ‘haunted’ subjectivity, on selves in which a foreign body is lodged” (p. 122). In Freud’s The Ego and the Id we read, “In the id, which is capable of being inherited, are harbored residues of the existences of countless egos; and, when the ego forms its super-ego out of the id, it may perhaps only be reviving shapes of former egos and be bringing them to resurrection.” White, as he does in other chapters, moves easily through the Freudian corpus, demonstrating Freud’s use of the metaphor “foreign body,” which suggests the counterevidence of the presence of an agonized non-identity in the midst of one’s psyche. It is this non-named entity that plagues the psyche, yet, for White, this is yet another revelation of a crisis of theorizing wherein Freud’s “explanatory ambition . . . is shadowed by ideas of impediment, transgression, injury; the way concepts of identity are ruined; the way the promise of meaning in the past becomes a sadness of loss” (p. 145).

This brief excursus cannot do justice to the depth and intricacy of his argument, his grasp of Freud’s writings, or his use of literary and philosophical allusions. My hope is only that I have faithfully portrayed some of the key features of White’s book. While I recognize that this book may not appeal to clinicians seeking insight into Freud or their patients, it does provide an intriguing, novel, and compelling argument regarding the crisis evident in Freud’s theorizing.

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What has happened to dream analysis in contemporary clinical work? What has changed and what has remained? Is it still considered the “royal road” to understanding the unconscious mind? Given the plurality of views in psychoanalysis today, are their major differences to the status of dreams among analysts? This book, beautifully elaborated and edited by Melvin Lansky, attempts to analyze some of these provocative issues. The book is a compilation of papers and discussions stemming from a historic event. Symposium 2000 was held in celebration of the hundredth anniversary of the publication of *The Interpretation of Dreams*. It explores a wide range of views concerning the current status of the dream in psychoanalysis. Each of the clinical papers demonstrates the author’s use of and technical thinking about dream material in the context of his/her own clinical practice experience. Lansky notes, “The choices in the handling of the dream made by each clinician, reveal, implicitly or explicitly, the position that clinician takes toward theory and its relation to clinical work.”

In his introduction, Lansky presents a comprehensive review for the reader, of what he calls a “selective overview” of the legacy of the *Interpretation of Dreams*. I found this section a refreshing and clarifying re-orientation to Freud’s original writing and thinking. It could serve any analytic candidate well, as an important way to begin the task of tackling primary source material found, for example, in the *Standard Edition*.

Following his excellent Freudian review, Lansky launches into current controversial topics in what he calls, “Pluralism and the Forking of the Royal Road.” In this section he draws from Solms (1995) and Rangell’s (2004) concerns that we have a crisis in psychoanalysis posed by a multiplicity of theories that must be resolved. Lansky states his agreement with Rangell (1997) regarding the convincing argument for a *total composite theory* which “synthesizes disparate contributions into a unitary model.” (p. 19). Lansky beautifully elaborates the thesis that pluralism and the excitement it engenders with so-called new discoveries in psychoanalysis can pose an enormous risk of further fragmentation in the profession. A kind of new radicalism exists, a *pars pro toto thinking*, in which there is an overemphasis of one aspect of psychoanalysis over another. Such thinking leads to the loss of a balanced view so basic to psychoanalysis.

You can’t have a whole lot of different theories about the same thing and each of them correct. The psychoanalytic method, for all its strengths, doesn’t seem to enable analysts to decide between these different theoretical points of view . . . I think that the way we all privately solve it
This next section is a series of clinical papers with focus on case material to illustrate how each analyst works with dream material in his/her practice. The authors come from diverse theoretical views with a commonality of interest as well as commitment to dream work. The choices made by each clinician reveal his/her position toward a particular theoretical perspective. In this brief review it is not possible to discuss each paper, however I found this section most interesting as representing the heart of the book. The reader can easily tie each clinician’s theory to his unique way of working with dream material vis-à-vis the case illustrations. Dream process notes always have a profound way of speaking to analysts!

In the group discussion that followed Ellen Rees, stressed several central questions that could be useful to all clinicians in their practices, such as 1) How do we understand and use manifest content of the dream? 2) What is the role of defensive process in the formation of dreams? 3) What is the relationship of the dream to unconscious fantasy and to memory? 4) How do we understand and use references to the analyst in the dream? 5) Are dreams always about transference? 6) How do we come to understand the meaning of a dream within a session? 7) What is the role of the past in dream formation-the genetic past and- the past during analysis? 8) Can the dream promote psychological organization? She asked the panel to comment on the productions of the other panelists, and how they understood and used the dreams they presented. A lively discussion arose with comments from the audience, revealing similarities and differences between them.

The rich variety of papers read and discussed included contributions from Elsa First, Robert D. Gillman, Paul Lipmann, Philip M. Bromberg, Marianne Goldberger and Mervyn Peskin among others.

The third section of the book “Commentary and Rejoinder, has contributions from Owen Renik, Sydney Pulvert and Howard Shevrin. Pulver began his commentary, saying that most of the papers in this book represent a variety of viewpoints, “including the relationists the researchers, Mahlerians, Kleinians, evolutionary theorists, Anna Freudians, classical analysts and conflict theorists” (p. 247). Yet he found they all work with dreams in much the same way. The basic approach utilized by the panelists included: 1) Getting associations, 2) Emphasizing the importance of the dream experience, 3) Exploring the transference and 4) Exploring defenses. Of course, it is clear that three out of the four points refer to all aspects of analytic work, not just limited to working with dream material. To that degree, dream work needs to take its rightful place in the overall context of the total analytic experience. Dreams are a part rather than the whole of the analysis in any clinical endeavor. While most of the presenter’s material reflects work stemming from conflict theory, that of James Fosshage’s theory illustrated a deficit model or that of developmental arrest. Philip Bromberg’s and his approach are farther from that of Freudian methodology than the other presenters are different from each other.

The final chapter of the book, appropriately titled “ Rejoinder,” consists of a long dialogue with all the commentators, presenters and the audience responders. How this detailed a discussion was ever clarified and organized for publication, speaks to the subtle skills of the book’s editor. The beauty of this section is that it gives the reader the moment to moment opportunity of “being there.” We hear from each speaker by name and exactly what they are responding to from the previous speaker. While in some respects the dialogue between the speakers tends to wander far from dreams as a topic and tends to emphasize theoretical differences, I found it meaningful as a way to summarize a highly charged interchange among distinguished presenters. Owen Renik, who served as chair for this part of the program, ended by commenting on the astonishing amount of energy generated by the speakers and the audience. He acknowledged the work of Arnold Richards in creating this event and suggested that Richard’s energetic style was contagious throughout the Symposium.

In concluding this review, I would like to add the value of the book itself as a very important contribution to the utilization of dream work in the 21st century. This book brings the old and new together for consideration that one rarely has the opportunity to read in our current literature.

**REFERENCES**


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Well known to those affiliated with Division 39, and noted by Karen Izod in the eighth chapter of the volume under review, relational psychoanalysis is American in origin. Writing from her side of the Atlantic, Izod gently reminds that this American outcropping has roots in Winnicott, Fairbairn, and the British Independent Group. Possibly owing to the emphasis on a shared relational context, such a history has been explicit for some time (Greenberg & Mitchell, 1983). The collection of papers reviewed here affords an interesting relational matrix. Is it that the English now get relational, or that we on American shores get traction from looking to the English? Clearly the dichotomized quality of “or” is wrongheaded here. This work is an illustration of the mutuality of “both/and.” The authors of this volume are hopeful that relational psychoanalysis could allow transparency in regard to practices among colleagues and critique what is taken for granted. It is notable that such issues have also been explicit for some time now (cf., Moscovici, 2008/1961). Given that, it may come as a mild surprise that there is much herein that is downright refreshing.

In his introduction, Herbert Hahn describes the manner in which Jody Messler Davis breathed new life into his origins with Tavistock, Karnac, and Winnicott as recently as 2005. The book’s origin is credited to a conference whose point was to encourage dialogues between academics, researchers, and clinicians. What attracted me to the volume is fairly simple. Anyone familiar with the Association for the Psychoanalysis of Culture and Society (http://www.apcsweb.org/) is probably also familiar with one of the book’s editors. Simon Clarke a Professor of Psycho-Social Studies is a member of that association’s board of directors and edits (with Lynne Layton) the association’s journal. The other two editors, Herbert Hahn and Paul Hoggett are also working in the Center for Psycho-Social Studies at the University of West England. Past conferences have left the impression that the title of the Center is apt, and that it is a special place. Missing last fall’s conference afforded a healthy appetite for the book under review. Some may well consider such an appetite a bias. If so, it is revealed.

What at first left me wondering if I had mistakenly found a primer to relational psychoanalysis, fortunately changed into something remarkably different once I let myself sink into volume. With chapters on working with disenfranchised clients in the welfare system, research methodology, and the organizational culture of the workplace this collection of papers engages relational theory in an innovative manner that is worthy of the attention of clinicians, academics, and researchers of either stripe—including graduate students.

Lynne Layton’s opening chapter may be read as an introduction to relational psychoanalysis. Taken as a primer it works quite well. Fortunately, it also does more. True to the book’s title, “Object Relations and Social Relations,” Layton emphasizes the cultural focus found in the White Institute in general and in the particular work of Edgar Levenson’s perspectivism in its capacity to frame “mutual enactments.” Layton traces this thread through the contemporary work of Donnell Stern in a satisfying manner, and situates this with her own work on identity which she notes is informed by Jessica Benjamin’s writing on recognition. Here Layton non-reductively focuses on splitting at the cultural level and the often traumatic manner in which such splits are internalized in the individual.

Susie Orbach follows Layton’s embedded stance in social movements and feminism to approach democracy in the consulting room. Here Orbach notes the danger of interpreting a patient’s desire in a manner that perpetuates a patient’s experience as unacceptable. The theme of Otherness is taken up throughout the book in regard to the manner in which the strangeness of the other may evoke a defensive dehumanized orientation.

To that end, Paul Hoggett addresses the paternalistic fashion in which the liberal welfare subject is too often...
engaged in a disempowered fashion that skirts a shared vulnerability. Hoggett furthers this line of thinking in his critique of contemporary identity theory’s inability to render a living and feeling subject. Here Hoggett argues that Judith Butler is unable to grasp the difference between identification and internalization. Following what appears to be a theme, he then turns to Loewald to illustrate his point. What I like most about this line of argument is that it follows Lynne Layton’s paper in which Butler’s work is supported without such critique. Such diversity among chapter is most welcome especially as the book is simultaneously able to sustain a central flow while allowing such variance. In accord with Layton’s chapter and Butler’s work, Hoggett also asserts that suffering is the Other to modernity.

Lynn Froggett continues an engagement with the welfare subject in work with the youth justice system where she argues the importance of seeing the other as an equivalent center of subjective experience. In this regard, she critiques a behavioral model that assumes all subjects are rational while simultaneously noting the danger of idealizing a young artist and the importance of engaging both the destructive and creative aspects of clients in the youth system. From a clinical perspective, Froggett’s work in using the co-creation of poetry as a route to self expression warrants attention in regard to the use of art and as an example of a qualitative research program making good use of relational theory.

It comes as no surprise given his position in Psycho-social research that Simon Clarke makes use of the Frankfurt School’s critique of positivism. He focuses on the capacity for self reflection in regard to its lack as a factor in stereotyping that leads to prejudice. Yet, ink has been spilled in Adorno’s wake, and Clarke evokes Fanon and Foucault to flesh out his Kleinian frame in explaining his qualitative research program.

Wendy Hollway notes the power of the hyphenated psycho-social as it avoids a reductionist frame of an individual who is somehow separable from society. To this end, her research program entails engaging the question: Are African and Bangladeshi new mother’s different sorts of mothers than “black” and “white” Western mothers, and does this vary by class. Her use of Bion’s skepticism of knowledge that is stripped of emotion as a pillar of her empirical research program is notable, and her writing on her research program is recommended for anyone with an interest in psychoanalytic research especially in regard to the use of interpretation and researcher subjectivity.

Karen Izod’s use of Klein and Bion in her consulting practice and work with the Tavistock Institute’s Advanced Organisational Consultation Society, where being an agent of change at the organizational level is her charge, makes for additional good reading of psychoanalysis outside of the consulting room. Here splits in departments and organizational meaning in general are understood pace the paranoid/schizoid position and the consultant’s capacity to surface and manage tension. In this spirit, Margaret Page draws on feminist and post-colonialist management literature to situate her co-inquiry methodology in a subsequent chapter whose goal is to bridge divergent expectations. Her case illustration on an enactment with a group of college students around gendered issues illustrates the manner in which defenses shift contextually. Both Izod and Page highlight the manner in which ritualistic behaviors may lead to an agency reducing rigidity in which a protected space may afford a capacity to think and thereby regain a sense of agency.

Maybe it’s the frequency in which we evoke the third, but that’s where I’m perseverating in a polysemous if not concrete fashion in moving toward an ending. It is in the third chapter of the book under review that Paul Zeal finds an intercontinental playfulness worthy of an ending (and I might add, a beginning). Here Heidegger and Freud are the seeds found in Mitchell’s use of Loewald and set in conversation with Lacan on jouissance. Picture the Socratic Greeks hanging around with R.D. Laing and Nietzsche. One fortunate outcome of reading an Englishman’s take on Continental thought, especially jouissance, is that I’ll never again be able to hear “mind the gap” in a train station as a concrete statement. Indeed, zeal for Zeal. For this reviewer, one sentence is worth quoting: “There is a cluster of European traditions here, deeper than all of us, and in which we participate even without knowing it” (p. 48). On multiple levels, it is the task of psychoanalysis to render participation known. To that end, I find that Zeal and his co-contributors to this volume are preaching to an intercontinental choir. Hallelujah.

References

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The Seduction Theory in the Twenty-First Century: Trauma, Fantasy and Reality presents the proceedings (papers and discussions) of a 1998 symposium of nearly the identical name, along with a substantial introduction and postscript by editor Michael Good. The intent of the symposium was not only to address Freud’s early theory (very roughly, that infantile sexual seduction is the precondition for neurosis) but also to bring psychoanalysts of different orientations together in conversation. The resultant discussions feature respectful, but also direct and forceful, debate among the participants. It is in that spirit that I offer both my appreciations of and disagreements with ideas presented in the volume under review.

Part I of the book (each part corresponds to a panel at the symposium) is entitled “What is the seduction hypothesis? Why are we talking about it today?” and features papers by George Makari and Jay Greenberg. Good’s introductory essay is also usefully considered with this group. While I disagree with some of the particulars of the arguments of Makari and Good, I heartily endorse the level of specificity at which they engage. Makari’s paper on “The Seductions of History” is a sine qua non for scholarly study of the seduction theory, and Good’s chapter also makes a significant contribution. Too often, in my view, when people talk about the seduction theory today they neglect to start by addressing the actual theory itself: the questions of its place in intellectual and scientific history, of what exactly the theory claims and on what bases these claims are made, of the changes in Freud’s own theory during the brief period in which he was developing it, of Freud’s labyrinthine commentary, implicit and explicit, on the theory after he rejected it, and of what place any version of the theory had in Freud’s later thought. Contrary to what “everyone knows” about the seduction theory, these papers make clear that none of these questions have transparent answers. They are matters for painstaking scholarly reconstruction and intellectual imagination. Examples of my disagreement with particulars of the claims of Makari and Good will hopefully illustrate the level of detail and the order of complexity involved in this scholarship, and spur people to turn thoughtfully to the full papers.

Makari reads Freud as having made a “crucial and unprecedented shift” (p. 51) in his own theorizing on seduction in a letter to Wilhelm Fliess of December 6, 1896. Makari claims that in that letter Freud abruptly re-wrote his hypothesis; that he changed from the view that the perpetrators of neurotogenic infantile seductions are primarily “nursemaids, strangers, and children” to the view that it is the father and the father alone that is the perpetrator. (The only known references by Freud to this “paternal etiology” are in the Fliess correspondence. Freud never published on this view, and we can only speculate whether he even discussed the idea publicly). Contra Makari, I do not read Freud as ever having excluded fathers from the category of perpetrators. In The Aetiology of Hysteria (Freud, 1962/1896) published in June 1896, Freud named “nursemaids, strangers, children, and close relatives” (p. 208). Presumably, fathers are implicitly part of the category “close relatives.” My reading is that, from this starting point, by the end of 1896 Freud make explicit and then focused in on the father, on this particular member of the category of perpetrators. This was clearly an intense and preoccupying, and personal, focus for Freud. We could say it was all he was interested in at the time. As an point of theory, I do not think Freud ever held the view that only the father is the relevant perpetrator.

Such a detail matters to the logic of Makari’s argument, as it figures into his attention to the question to whom Freud was addressing himself, of who Freud’s imaginative as well as literal interlocutors were. We may tend to think of Freud as having formulated the seduction theory as a sort of lone voice in the wilderness. In fact, as Makari explains, the field of sexology, which was
contemporaneous with Freud (and of which Kraft-Ebbing was the most prominent representative), was quite alert to questions of the frequency, causes, and effects of childhood sexual abuse. (Also see Good’s paper on this topic). The “sexological consensus,” as Makari puts it, was that the perpetrators of abuse were precisely nursemaids, strangers, and children. Makari sees Freud as starting out in agreement with the sexologists and then dramatically going his own way, and frames this as an early event in Freud’s change from primarily addressing himself to his medical contemporaries to eventually constituting for himself a distinctly psychoanalytic audience. But, if I am right that Freud’s first ideas were already departures from the prevailing sexological view, then Makari’s argument would need to be refined.

Many influences, including clinical findings, led Freud to the seduction theory. But once he had the theory in mind, Freud also struggled to elucidate its logic. In his paper, Good tries (alongside his main focus on outlining the long intellectual pre-history of the theory) to spell out this logic and I applaud him for taking up this relatively neglected topic. Good seems to suggest that the idea that “sexual factors were considered essential” to neurotogenesis is a premise of Freud’s argument. I see that idea as the conclusion of Freud’s argument. The main premises in Freud’s logical argument for the seduction theory, to my mind, are that only events the memory of which could cause greater unpleasure than the occurrence of the events themselves are repressible, and that only infantile sexual events meet this condition (when they are remembered under the influence of the heightened sexuality of intervening puberty). And therefore, Freud concludes, only sexual events and specifically infantile sexual events are repressible.

Good points out that the distinction between actuality and fantasy with which Freud became subsequently concerned “significantly complicates” the validity of the argument. (His point would hold for both his and my rendering of that logic). I would put it that, in the light of the power of unconscious fantasy to affect what Freud might have called the “quota of unpleasure” that events yield, Freud’s argument on seduction is rendered importantly incomplete. But I would add that, even with all due regard to the role of unconscious fantasy and conflict (as well as any other further theoretical touchstones), there is a deep psychoanalytic insight in this early Freud about the dynamics and etiological impact of infantile sexual abuse that Freud himself was not able to carry forward after he abandoned the seduction theory. Namely, the insight that there is something in the nature of human sexuality itself, as a sexuality that is inherently developmental, that makes early sexual trauma liable to post-traumatic repetition later in life, and that makes both the early and later events liable to repression. (We too easily forget that the seduction theory is essentially both a developmental theory of sexuality and a theory of repression).

Oddly, several of the participants in the symposium make use of Freud’s idea of deferred effect not only without acknowledging its origin in the seduction theory but as if to challenge the value of that theory. Jacob Arlow, in a paper later in the book, for example, heavily accented that idea that “Trauma is not inherent in the nature of any experience alone” (p. 126). His rhetoric and tone clearly imply that he thinks that with this emphasis he is providing a critique of the seduction theory. He elaborates that early events or states of mind may be minimally consequential “until an event later in life supervenes, an event which by its nature resembles or confirms unconscious concepts and fantasies related to the original trauma. These secondary events in themselves constitute, as it were, a replication of the original trauma” (p. 126). But that is not a critique of the seduction theory, it is a version of the seduction theory itself.

Jay Greenberg is, in my opinion, among the best minds in psychoanalysis when it comes to putting issues in helpful contexts that deepen their meaning. But I am not persuaded by his attempt here to argue that seduction was one of a number of “broad organizing concepts,” of which Freud used different versions throughout his career to frame his vision of human experience. Greenberg notes that in a letter to Fliess of December 12, 1897, two and a half months after the famous “I no longer believe in my neurotica” letter, Freud declares his confidence in the paternal etiology. To Greenberg, this “seems to imply that, despite what appears to be a total renunciation of his former views, Freud continued to believe that seductions of some sort were central to creating the disposition to hysteria. Could we say that Freud never gave up his belief in the idea of seduction itself, but that instead he pursued subtleties and ambiguities of a concept that he had once taken too literally?" (p. 72). While it is true that Freud never gave up his belief in the idea of seduction, the way he retained that idea, for the vast most part, was to either reduce purported events of seduction to fantasies of either maternal or paternal seduction (Freud 1959/1925, 1961/1931, 1964/1933) or to make events of seduction etiologically redundant and therefore nonconsequential as events, as in the Dora and Wolfman cases (Freud 1953/1905, 1955/1918). (See Ahbel-Rappe, 2006, 2009). Greenberg basically gives a more imaginative version of the currently popular idea that Freud never doubted the occurrence of infantile seduction, and never discounted its etiological value. Alas, close study of Freud’s texts does not bear this out.
Both Good and Greenburg conclude their essays with approving nods to Jean LaPlanche’s revision of Freud’s seduction theory into what LaPlanche calls a general theory of seduction. LaPlanche’s idea is that human sexuality is constituted through what we might call an intersubjective unconscious, through the child’s failed translation of enigmatic sexual messages that are sent from parent to child and that are unconscious to the parents themselves. This is not seen as a pathological process per se but rather as the very way sexuality is constituted. This is a compelling view, to my mind. But in elaborating this theory, LaPlanche not only turns away from consideration of the problem of actual sexual abuse, he finds it necessary to disparage and even mock psychoanalytic attention to the specific miscarriage of this constitutive “seduction” that sexual abuse is.

This disavowal repeats the way Freud abandoned his start on a specifically psychoanalytic theory of infantile sexual abuse when he turned to a general theory of human sexuality, rather than allowing the two to illuminate each other. We have not altogether overcome a certain litmus test according to which real psychoanalysts, or at least real psychoanalytic theories, do not have to do with sexual abuse. (To get a few caricatures out of the way, presumably no psychoanalyst thinks that is all we have to do with; no psychoanalyst thinks, per the seduction theory in its original form, that an event of infantile sexual abuse is a necessary condition for psychopathology; no psychoanalyst thinks that referencing sexual abuse is a sufficient account even in cases in which it has occurred).

The papers and discussions in the rest of the book (which I shall consider as a whole) tend to use the seduction theory as a launching point for more general concerns. Parts II and III are constituted by a number of papers addressing “Analysts at work with patients whose lives are characterized by the traumas of everyday life” and “Analysts at work with severely traumatized patients”. (They are followed by two concluding papers and Good’s postscript). Arnold Cooper leads off by declaring that “the actual topic of this conference is trauma—seduction being one version of it that Freud stumbled on early in his career” (p. 111). One of the valuable insights we can derive from Freud’s original seduction theory, and one which is still undervalued today in my opinion, is that patients whose lives seem to be characterized and even determined by a variety of kinds of “traumas of everyday life” may have experienced earlier and more consequential sexual trauma of which they are unconscious. As Greenberg helpfully outlines in his essay, it was Freud’s puzzlement as to why so many relatively minor experiences, and so many different kinds of them, could seem to be so etiologically potent that led Freud from the general trauma theory in *Studies of Hysteria* to the more specific seduction theory in the first place. Thus, I think the rush to redefine the seduction theory as part of a general theory of trauma misses the opportunity to think about what may be distinctively pathogenic about early infantile sexual trauma. Let me be clear with my view here: sexual abuse is trauma, no doubt. But it is not just one trauma among others.

As one might expect, the problem of reconstructing the past figures prominently in the papers and discussions on trauma. A number of the participants (including Anna Ornstein, Marylou Lionells, Scott Dowling, Steven Mitchell) argue for what we might call reconstruction with an emphasis on context. These authors stress that any event, including a traumatic event as reconstructed, has to be understood in a context or multiple contexts, and that what is reconstructed may itself be not only events of the past but the contexts, both intra- and inter-personal, that are theorized and discovered to be significant in having shaped and still shaping the meaning and impact of those events. I presume (I hope) that all psychoanalysts agree with that.

Several other papers reject the reconstructive task, for reasons of a basic sort of epistemological skepticism. Jacob Arlow and Robert Michel say that we cannot know what really happened to analysands in the past, with the clear implication that it is useless to try. Peter Fonagy specifically suggests it is not valuable to know what has happened in patients’ pasts, even if we could. What we need to come to know, according to Fonagy, is people’s implicit, “procedural” models of relating. These are knowable in the transference, and any “mere remembering of events” is itself the “consequence of the lived experience in the transference and incidental to any therapeutic effect” (p. 208, my emphasis). As a discussant, Glen Gabbard agrees with Fonagy that the patient’s past unfolds in the transference–countertransference and “no excavation is required to study it” (p. 228). While Good does not openly reject reconstruction, his preoccupation is with the question whether reconstructions are verifiable and, more broadly, whether a seduction theory is a testable theory. His stance, in effect, is skeptical.

In response to these anti-reconstructive positions, Mitchell and Steven Ellman make different versions of the point that once we cast the net of skepticism, it has a far reach indeed. Do we “know” what our patients unconscious conflicts are? Do we “know” just what is happening in the transference? To my mind the fact of the limits on our knowing mark the beginning, not the end, of the project of reconstruction. The conclusions of reconstructive work, to the extent to which such work is relevant in any particular analyses) are not epistemological certainties and are typically not verifiable. We do not tell analysands what happened to them (another caricature purveyed by
Arlow and Michels). Rather we engage with them in a process of open enquiry and exploration, and work together toward the most truth about the past that we can imagine. That is the stance I believe Freud was trying to take on the matter in 1896. We need careful distinctions between continuous conscious memory, the arrival of remembering after not remembering, reconstruction without an attendant experience of remembering, etc. The reconstructive project, properly conceived, involves all of these kinds of “recall” or “recovery” of the past in the relationship constituted by an analyst and an analysand. I heartily agree with Fonagy that much of what comes to be known of the past in psychoanalysis is something I might call relational forms of experience (his procedural models) that are recognized in the transference–countertransference relationship. But I emphatically disagree with Fonagy in this way: In a complete analysis, “knowledge” of these forms of experience is not an endpoint. Rather the discovery of these forms via the relational couple facilitates the recovery of autobiographical memory, and the recovery of autobiographical memory then facilitates further procedural knowledge, and so the circle of recovery goes.

Leonard Shengold, to highlight the obvious, has been a crucial figure in calling psychoanalysts to the theoretical and clinical aid of victims of severe early childhood trauma, including sexual trauma. His must-read chapter gives due and disciplined respect to the uncertainty patients and analysts always face when they take on the task of reconstruction. Such uncertainty, I would add, is a fact of psychoanalytic life, of human epistemic life. But in this paper Shengold emphasizes the critical point that the questions “did something bad happen in my past?” or sometimes more specifically, “Was I sexually abused?” become urgent in some analyses because they are or become urgent questions for the analysand. For them, to be sure, it is not the “mere remembering” of events that has therapeutic effect but the analyst’s willingness to share in the epistemological and existential burdens involved in trying to know and hoping to be. The outcome of such a partnership for the analysand, when it goes well-enough, is not epistemological “certainty” but what I would rather call phenomenological confidence in herself/himself as the teller of the truth of her/his personal history.

Ellman, like Fonagy and Gabbard, seems to suggest that a focus on the past distracts from the lived world of transference and countertransference. Any method, of course, can be misused defensively. But, as I suggested above, when things go well, psychoanalytic reconstructive work occurs in the context of a productive interrelation of transference-countertransference and reconstruction: the analytic relationship is a vital source of information for the reconstructive effort and what is reconstructed comes alive in and folds back into the analytic relationship. Analyst and analysand live through this circle, or spiral, together again and again and again. Indeed, there is no such thing in psychoanalysis as “mere remembering” but always and only vital processes of remembering and reconstructing that are deeply located in the analytic situation.

The Seduction Theory in the Twenty-First Century offers one opportunity to explore what is at stake with the seduction theory and the question of its contemporary relevance from a variety of perspectives. It is one go at making that landscape more clear. A deep engagement with the volume can help a reader understand better whether and how she or he wants to take a stand within it.

References

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This book is so filled with carefully collected observation, erudition, understanding, and wisdom—all of which can be of use to the psychoanalyst and psychotherapist who works with the severely traumatized—that it will be difficult for the reviewer to capture and fully convey the value of Leon Wurmser’s *tour de force*, *Torment Me, But Don’t Abandon Me*. In some ways, this opening statement reflects my awe at the richness of Dr. Wurmser’s thinking and writing. To me, he stands as a modern version of the Renaissance man: knowledgeable in many languages, steeped in the literature of mankind from the Talmud to contemporary writings, and genuinely versed in most of the psychoanalytic voices. With all that, I do not believe his work is well known to many analysts of any of the dominant strains of psychoanalysis.

I say all this by way of a disclaimer: You cannot rely on my review, but rather will have to read his work first hand. Nevertheless, I will try to give you a little glimpse of his thinking, as expressed in the book under review.

First, he thoroughly references much of the contemporary literature on perversion, sadomasochism, narcissism, and, at least within the psychoanalytic sphere, traumatization. He sees the patient’s torment as always a combination or as he calls it, a complementarity and a dialectic, between inner psychic conflict and trauma. He describes the patient as suffering always in doubles—two points of view—about all that he or she experiences, thinks, and feels. While he acknowledges what may be thought of in current parlance as “splitting,” he brings the inner tension of the patient alive as not only drive and defense, but as layers of defense, conflict and levels of consciousness as well as ways of coping with the trauma making it a broader concept than splitting.

While I will describe the progression of Wurmser’s development of the book of nine chapters, references and index, I first want to discuss his closing chapter: “Technique and Relationship in the Treatment of the Severe Neuroses.” To start with, the term “severe neuroses” alerts us to the way Wurmser thinks about diagnostic categorization, with an implicit invitation to drop common divisions used in diagnosis (such as borderline pathology) and, instead, rely on an understanding of a continuum from less severe to more severe.

Dr. Wurmser espouses his views about technique, which are, expectedly, based on his views about dynamics. For Wurmser, the severe neurotic, with his complementary conflicts and traumas, must be approached with a continuous oscillation between focus on insight and interpretation, on the one hand, and the relationship, on the other. This means for him that there is a requirement for the analyst to be in a relationship with the patient and at least striving for objectivity toward the patient. He speaks of distance and closeness. But also, he speaks quite movingly of the analyst as witness to the patient’s account—often of the remainders of trauma—and of having a real relationship along side a transference relationship. I believe that Dr. Wurmser’s plea for a much more complicated stance of the analyst to the patient highlights a positive advance over which way of working is “better;” Wurmser is making room for a broad and vitally authentic way to be with and work with our more seriously distressed patients, and perhaps all patients. In his “integrative approach” (p. 9), Wurmser regularly includes literary and cultural referents as useful metaphors to enhance concrete experience and understanding. In that regard, that is, the position of the analyst as embracing so many points of view, it is somewhat surprising that Wurmser does not include in his vast literature of citations the more recent work of Leo Rangell on a unitary theory of psychoanalysis (2007; 1997).

At the core of the work, for Wurmser, is analysis of superego conflicts, both intrasystemic and intersystemic, in both structures and functions. Here, the condemnations of the inner judge are often expressed through the imagery and affects of recurring fantasy constructions, that is, scenarios repeated although the cast of characters may change. Each
chapter deepens the richness of Wurmser’s discussion. In the chapter “Sleeping Giant or Fossil?” Wurmser concretely explores the role of conscience and ego ideal in the severely neurotic patient. In chapter 5, “Superego as Herald of Resentment,” in which he expositions on the central role of resentment in the dynamics of these patients. In “The Wall of Stone— Broken Self and Broken Reality,” Wurmser develops an understanding of the many “doubles” that develop, but particularly the double between knowing and not knowing reality and the doubling of the self. In this chapter as in many, Wurmser uses clinical material, sometimes extended process quotations, to demonstrate his points. His discussion of character perversion is profound and thorough. It should be studied carefully by anyone concerned with these often-witnessed and experienced states of mind and action when working with traumatized patients. In other sections of the book he discusses the powerful combination of omnipotence and absoluteness that pervades the minds and actions of these patients as well as the critical role of envy. He lists and describes more about the core fantasies that underlie and fuel the distress and behavior of these troubled patients.

You may wonder at the intriguing title Wurmser chose for his book. In it he captures the dominant masochistic flavor of relationships for the severely traumatized patient in combination with the desperate need to maintain the attachment. In his prologue, however, Wurmser reminds us to anticipate the same dialectic coupled with the opposite dynamic: I will beat you but do not abandon me. Returning again to the final chapter, in which he talks about treatment, the idea I would like to emphasize is his contention that kind of flexible and all encompassing approach he pursues leads to great improvement in these challenging people. I cannot iterate enough how much I recommend this book, but give yourself plenty of time to read it because of the density and intensity concentrated in his writing.

References

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Important contributors to this edited collection, Lanyado and Horne have created a valuable and solid series of commentaries regarding the choice points that arise in child and adolescent psychotherapy rooted in the perspective of the still evolving Independent Tradition of British Psychoanalysis. Overall, the mix of theory and clinical technique is excellent, and is what makes this book captivating and useful. Perhaps the clearest articulation of what exactly is meant by the “Independent Tradition” is in chapter 2, where Ann Horne provides a good foundation for understanding the major tenets of this tradition (formerly known as the British “Middle Group” for their staking out a theoretical/clinical position between Anna Freud (ego psychology) and Melanie Klein). Despite the apparent location midway between these two theorists, it is clear to this reviewer that Anna Freud and more so, D. W Winnicott hold sway in the minds of the authors in this book. Despite the repeated references to the need to evaluate the choice that the child therapist faces between analyzing the transference and providing a Loewaldian “new object” experience in which development can get back on track, it is clear that Horne and Lanyado heavily favor Winnicott’s emphasis on freeing up the patient to find new paths of development as the solution to the repetition of maladaptive patterns. Thus, in an illuminating interview of Anne Hurry (“the prime mover in establishing the Independent child psychotherapy training at the British Association of Psychotherapists in 1982”) in the Introduction, she states:

[W]hat you very often get is a patient who struggles to maintain a transference relation and avoid a developmental one . . . But if you can get through that, then you find the ability in the patient to use you in a different sort of way, to use you to develop rather than to stultify and distort his growth and confirm that all is useless. (p 13)

The remainder of the book is divided into parts, all of which contain actual clinical process, and these are titled “Parent-infant work,” “Latency and Adolescence,” and “Taking the broader view.” While mixed in quality, most chapters within these sections provide ample clinical material and accompanying windows into the mind of the therapist, illuminating decisions, technique and choices.

The central tenets of the Independent theory and technique, and the associated theorists, include these: 1) People are driven primarily by their need for objects (Fairbairn and Winnicott); 2) Aggression is a reaction to trauma, loss or other environmental impingement on healthy development (Winnicott; Kohut); and 3) play as a goal in and of itself, developing the capacity to be creative and flexible (Winnicott). The authors tend to utilize Anna Freud’s technique of illuminating defenses by pointing to the need to have them in contrast to the Kleinian technique of interpreting “deep and underlying” motives, noting that in the Anna Freudian tradition it is crucial to “acknowledge the child’s desperate need to maintain the controlling defence, whilst also recognizing the intensity of the pain that necessitated such a severe and unrelenting defensive structure” (p 130).

The Independent approach is also guided by the belief that insight in the patient develops most fruitfully by the patient herself through the process of play and not through interpretations suggested by the therapist. The therapist prepares the ground for self-awareness by providing a “developmental object” appropriate to their developmental needs. The therapist’s authentic responsiveness within the play is primary. The analyst uses words to assist understanding only after a significant interaction has occurred within the transference. Several of the authors specifically cite Stern et al. (1998) and the experience and use of “moments of meeting,” with the underlying tenet that the therapist always intervenes as a participant-observer (See p. 131-132.).

Affective attunement with the patient, and finding a way to show this attunement, is also central to this process. Clearly this approach to child therapy has deep roots in Anna Freud who advocated for the therapist to be more of a real person in order to address developmental deficits in child patients, and in Winnicott, who emphasized the need for the therapist to be able to play (an oft-quoted reference throughout this book). A subset of this call to well-timed spontaneity on the part of the therapist is the use of humor to highlight defenses. For example, when Horne tells her young patient of her approaching vacation:

[S]he shouted, “Good!” I smiled at her (she had expected something punitive from this outburst).
“Well, you wouldn’t want to miss therapy too much!” She roared with laughter. (p. 227)

Lanyado gives a moving portrait of clinical work with a severely deprived and abused girl now in her adolescence. She shows how authentic engagement by the therapist, through her willingness to be playful and emotionally real, helps the girl melt away her desperately held defences. In an extended description of a particularly vivid play sequence, she relates how, the therapist (playing the headmistress in a boarding school) and the patient (playing a student) instructs her to accuse the student of being “bad” and having a “bad heart.” Lanyado relates her internal process and actual response:

This play was so powerful that before I knew it, I had blurted out “But I couldn’t say that. You’ve got a good heart!” which is something I truly believe about her. I was really surprised by the spontaneous intensity of what I felt at this moment and they way that the words came out . . . . tears inadvertently sprang to my eyes, and I was touched by how deeply she was convinced that I would reject and discard her because I was so angry with her. (p. 143)

She concludes with a discussion of the importance of her willingness to play, something that enable them together to engage with a “powerful creative process,” one that helped to “melt, dissolve, neutralize and effectively antidote the painfulness of the raw and undigested memories and feelings that she carried in her internal world” (p. 146). This is a moving example of the tension that the Independent tradition tries to hold and address, namely (in the slightly different language used by American relational theorists) the tension between allowing transference enactments to develop and creatively and genuinely struggling with the patient to find new ways of relating that can bring them new solutions to painful repetitions of past traumas.

Teresa Baily describes solo work with parents of troubled teenagers. The underlying thrust of the work is to help parents disentangle the feelings, desires and experiences of their own adolescence from those of their teenager in order to more effectively make contact with, contain and aid them. As she states “the therapist’s task is to help unpick tangles, make links, separate out adult and teenage emotions and desires that have become fused into a single mass” (p. 182). It is not entirely clear, however, how she succeeds in helping parents “name, understand and take back projections,” and so on. The closest she comes to explaining this process is by showing how the therapist, by sitting with countertransference feelings of failure and the inability to provide a quick fix, is able to empathize with the reality of being a parent who wishes to control a teenager’s life. The therapist must have the ability to sit with the discomfort of not being able to control and fix and instead contain and reflect upon feelings. Communication and reflection upon feelings and dilemmas is more likely to help the adolescent navigate a secure path towards health.

Several additional chapters also focus on the importance of developing capacities in parents, efforts that in turn impact the child’s development. Dowling underlines the importance of developing a holding relationship with the parent, including with their own past, in order to build in them the capacity to be emotionally available to the child. Hamilton similarly focuses on the importance of eliciting the mother’s reflecting and transforming capacities by revealing the fullness of her own potential. Another aspect of the parenting work, this in Iris Gibbs’ chapter on “A question of balance,” is work with parents to lessen their guilt by understanding the child’s need to project anger and rejection on to her objects. This enhanced awareness allows the parent to step back from retaliation (which can occur when they begin to experience their child as a persecutor) and avoids the dangerous and commonplace re-enactment of rejection. The work involves parent-infant psychotherapy in which the therapist helps the parents tolerate disturbing feelings and the demands of the baby, and also involves psychoanalytic psychotherapy and/or couples therapy for the parents.

In sum, this solid volume provides a lively series of discussions on the Independent tradition in British psychoanalysis, using ample clinical examples to give the reader a window into how the theory is lived out in technique. While Winnicott is clearly the father of this still emerging tradition, it is nonetheless a loose coalition with healthy debate still active. Sternberg nicely summarizes this tension when she notes that the Independent tradition is concerned about shame and humiliation and the vulnerability of the ego ideal, but this does not mean that the therapist should avoid anxiety or interpretation. It does mean using Anna Freud’s technique of interpreting in displacement (e.g., interpreting hidden feelings or motives of baby animals that the child has engaged in a play), as well as sensing when the timing for interpretation is right (when the patient is on the verge of or in the midst of self-awareness), all with the goal of leading the patient to self-understanding, greater internal flexibility and healthier ways of relating and self expression.

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THE DEVELOPMENT OF CONSCIOUSNESS: AN INTEGRATIVE MODEL OF CHILD DEVELOPMENT, NEUROSCIENCE AND PSYCHOANALYSIS, by GIAMPALO SASSO (TRANSLATED BY JENNIFER COTTAM). LONDON: KARNAC, 2008; 300 PP., $42.75. SARA CASALIN, MA

In The Development of Consciousness Sasso builds bridges between psychoanalytic theories and contemporary scientific accounts of neuropsychology. He states that “knowledge of the neurophysiology of cerebral integration is inevitable and requires attentive investigation because it throws light on important aspects of the psychoanalytical concept of development … (p. 239)”. Sasso is not the first author that illuminates the development of children from a biopsychosocial perspective. Different researchers already accentuated the fact that the development of the psyche is influenced by the interaction between the neurobiological predisposition of the infant and the interpersonal experiences with the social environment (e.g., Fonagy, Gergely, Jurist & Target 2002; Schore, 1994; Siegel, 1999). However, Sasso is the first author that attempted to link the “pure” psychoanalytic Freudian theory, as well as newer psychoanalytical perspectives, to neuroscientific findings.

Although neuroscientific findings may not seem close to what clinicians are doing in their daily practice, neuroscience is a field in which knowledge of child development is growing strongly. For this reason, it should be implemented in the science of child psychologists. Sasso’s book is also valuable for psychoanalysts working with adults because he links neuroscientific findings in the field of child development to important psychotherapeutic concepts. What Sasso clearly underscores in his book, is that psychoanalysis cannot operate isolated from today’s neuropsychological knowledge of the brain. His aim is clearly to delineate a new psychological framework for mental health practitioners.

In ten chapters issues in psychoanalysis, neuroscience and infant development are covered. In the next paragraphs, I will summarize and critically discuss the most important themes conveyed to me.

NEUROSCIENCE AND PSYCHOANALYSIS
Sasso devotes a lot of attention to Freud’s Project for a Scientific Psychology (1895)—which Freud himself referred to as “Psychology for Neurologists”—on the one hand, and to recent progress in the field of neuroscience on the other. He attempts to show that neuroscience confirms and revises many of the theoretical ideas of Freud, for example, his ideas about the imitational function of perception; but contemporary neuroscience also disconfirms a few of his ideas, for example, the concept of dreams as the realization of a desire. He summarizes this beautifully by saying that “neuroscience suggests that the Project is neither completely unrealistic nor erroneous (p. 23)”.

Furthermore, Sasso shows the changes since Freud as a result of other theoretical models, especially in the areas of child development and object relations. He measures Freud’s theory against current theories of child development. The behavior of an infant, as revealed by modern studies, is clearly quite different from the way it was conceived in classical psychoanalysis, in which dependence on primary needs and of energy discharge towards inertia are the main notions. Sasso cites important psychoanalytic researchers such as Bowlby, who was the first psychoanalytic researcher that emphasized strongly the innate disposition of the baby towards relations with the object. Freud did acknowledge the importance of the mother in the earliest years of the child, but ignored the relational aspect: the mother “object” was seen as a means through which the baby’s needs could be gratified. Sasso clearly underscores that the goal of the libido is not pleasure, as Freud stated, but the object as such, as Bowlby declared. While Freud focused on the autoerotic function of drives, relational theory assumes that drives correspond to an internal activity that is predisposed towards the object in a relational way. Accordingly, the importance of the
early mother–infant interaction for the neurophysiological development is woven throughout the book. Also, the active baby in search for stimuli as opposed to the passive baby that only receives input, as well as the strong self-regulatory ability of the child, are accentuated.

While he obviously refers to important psychoanalytical concepts as “social fittedness,” (Emde, 1983), “there is no such thing as a baby“ or “good enough mother“ (Winnicott, …), “alpha and beta elements and alpha function“ (Bion), he unfortunately does not explicitly name them. A clearer discussion of these concepts would be helpful to integrate the different approaches attempted in post-Freudian and newer psychoanalytical models with modern notions concerning child development.

**NEW MODEL OF BRAIN DEVELOPMENT**

By formulating a new model of brain development, in which he takes a microlevel viewpoint on infant development and mother–infant interaction, Sasso does the very ambitious, but difficult, task to relate different psychoanalytic theories with new child development models. Because this model forms the core part of this book, I will discuss this in detail.

In his model of reticulum the brain is structural (vertical organization) and dynamic (the cerebral reticulum has its own intrinsic dynamics, capable of interaction with environment). This is what is missing in Freud’s thinking. These dynamic properties, which are not yet present in Freud’s thinking, are the necessary conditions to explain early neural activity from birth. Sasso pinpoints the brainstem as the activator of endogenous dynamics: referred to as subject pole “s” (which, in the Project, Freud called the ego). At birth, the human brain is not fully developed, thus consequently it requires interaction between infant and environment for maturation to take place. Therefore, the basal (endogenous) activation patterns resulting from the brainstem need to be regulated by the mother—referred to as the object pole “o” (the object) —who functions as the external regulator of these internal drives of the child. The brain is defined as a system of “s-o” pathways on a number of different levels, continually integrating the subject pole with the object pole (more on this further on).

Sasso links this with the object-relational development of the child. In explaining the developmental evolution of object representation during mother–infant interaction, Sasso contends that drives cannot be considered without the object because they cooperate immediately after birth with the real properties of the object. In the early stage of life, the object has no complete objectual characteristics. Proto-objectual properties refer to the first information from the mother that can be encoded by the infant, namely through tactile and olfactory-taste (subcortical) channels. At first there is tension coming from the object (tactile stimulation) and also caused by internal tension due to somatic excitation in the child. Then, through several “s-o” processes, which Sasso discusses in detail, real and more complex objectual information of the mother becomes encoded (on a cortical level). Put together, the object initially evolves from a configuration of endogenous and exogenous proto-objectual elements to include an increasing number of exogenous objectual elements. Sasso states that this transformation is clearly the most important process of neural maturation.

But what activates these “s-o” pathways? How does the mother regulate the internal states of the child? And thus, how exactly does object representation develop?

Sasso explains on a neurological level that, from the prenatal period on, through projective (P) and introjective (I) processes between the subject pole and the object pole, information goes in two directions: from internal to external and reverse (thus, “P-I processes”). The skin (tactile stimulation) acts as the first medium where complex mother–child interaction can occur. Even in this very early stage, it can be observed that these activations alternate with a certain systemicity, namely the synchronization between mother and child. This means that in an optimal interaction maternal introjective modulation manages to counterbalance the projective endogenous modalities of the child. In other words, the maternal “P-I dynamics” modulate the child’s “P-I processes,” in such a way that there is an ideal balance between the P and I properties. Gradually, the representational system develops: the external object (mother) becomes internalized and becomes an internal property of the reticulum. In this way, the child becomes increasingly able to intentionally master its own patterns, introjecting the good regulation, which becomes a stable part of the P-I dynamics of the reticulum. Sasso demonstrates for this development to occur, the child has to learn to distinguish his own intentionality from the mother’s, as soon as P-I syntonization begins.

To fully understand the process of object representation, Sasso explains more in detail the vertical organization of the brain. The primary pathways are pathways of sensorimotor integration and tactile and visceral sensitivity. On this level, sensory and perception pathways of external information are still poor in representational elements and there is a certain initial indifferentiation between the subject pole and the object pole in the reticulum (fusional). Gradually, a process of differentiation and integration between subcortical and cortical areas takes place. At first, endogenous proto-object projection is still prominent at the lowest level (main reticulum), then slowly in the upper element (secondary
reticulum) the introjection of an object representation occurs. This is called a vertical pathway. Taken together, projective modalities on the lower levels integrate with introjective modalities on the highest level.

Sasso links this vertical integration to unconscious processes that are replicated in the transference in psychotherapy and distinguishes unconscious memories not caused by repression, versus memory contents as a result of a defense that actually represses the content of the memory. In the latter case, he discusses the main defense mechanisms as activity-passivity, ambivalence, reversal, splitting and displacement via the associative complexity of the secondary reticula and their relationship with the main reticulum. He highlights in this regard is “the hard work of the subject pole . . . in keeping stable associative dynamics that form from multiple, potentially contrasting introjections (p. 187)” from different reticula.

**Pathogenic Classes**

Next to an explanation of an optimal interaction, the author formulates the “generative tree of pathogenic classes,” which provides a framework in which he places main psychoanalytical concepts developed over the course of the last century, such as “autistic phase” (Mahler), “paranoid-schizoid position” (Klein), “false self” and “transitional object” (Winnicott), and “bizarre objects” (Bion). On the one hand, he describes in detail what happens if mother is not sufficiently present to regulate the child’s internal states. In this paranoid-schizoid position, there are many projective proto-object properties of endogenous origins and a recursiveness between strong projections and weak introjections. These are not to be considered predispositions of the child, but as a result of the interaction which is characterized by projective identification as a compensation for the lack of the mother (insufficient introjection). Psychopathology like schizophrenia and borderline conditions are related to this type of process. On the other hand, he illustrates what occurs in the relationship if mother has a very active relationship with the child. In this case, the introjective characteristics are added to the endogenous ones, leading to vulnerabilities for respiratory diseases, food disorders, oral addictions, multiple personalities, hysteric and masochistic developments. Also the class of autistic development is discussed in detail, with three possible autistic dynamics evolving in different ways.

**Effects of Psychotherapy relates to Language Development**

Many objects (real or imaginary) can be encoded in the secondary reticulum. However, all of them depend on the particular object that is introjected, starting from the main reticulum, during the first stages of maturation. Since the brain development depends on the primary patterns that have already become stable in integration, it is difficult to modify the associative structure of the secondary reticula. The language used in psychotherapy modifies these dynamics: verbal interaction can result in an efficient change in the associative structure of the reticula—congruent with what Freud believed. But how can this be explained? Sasso shows how language influences neural maturation in childhood. In this part of “origin of language” Sasso discusses in detail the importance of brain lateralisation, linguistic maturation and associative dynamics and conscious and unconscious mental processes. In short, he states that the language (tertiary) reticulum is driven by the “s-o” dynamics of the secondary reticula and interact with these continually. Also here, the cyclic process between projections and introjections are of central importance. Consciousness evolves through the network of links that the main reticulum has with the redundant reticula. Words provide a more specific contribution to consciousness. Words, even when they have evolved at the cortical level, remain rooted in the initial integration dynamics. Hence, a certain word for example “mother” (p. 206) may represent different meanings for different people, due to the different I-P dynamics as a result of the different relational meanings, established during development, for the person. This is a truly idiosyncratic process. Because words correspond to a whole range of essentially primarily dynamic patterns, it is possible to modify them during verbal communication. This is truly the most interesting part, namely the link between mother–child communication and therapist–patient communication.

Sasso helps us to understand how the mental integration through words, between patient and analyst, occurs. Verbal interaction between patient and analyst causes a syntonization (cfr. synchronization) on the introjective–projective dynamics created by the words in the reciprocal cerebral reticula. It is the tonal modulation—via the linguistic-tonal channel—that can modify the identificatory meaning considerably. I is not sure if Sasso refers to what Fonagy has called “affect markedness” (Fonagy et al., 2002), namely the facial, vocal and gestural—“marked”—display that caregivers make when responding to their babies. Nevertheless, Sasso shows beautifully how language can bring about in the therapeutic relationship a new regulation of the most basal cerebral dynamics. As a potential relational object, the analyst spontaneously stimulates the patient’s reticulum to reanimate it in projective–introjective dynamics. Sasso also explains how we can understand the transference–countertransference and the dynamic–identificatory process in this light. Through verbal and nonverbal aspects of communication the analyst tries to understand what a
certain word means for the patient and gradually shares this with the patient. In this way he attempts to reconstruct for the patient the real meaning of the patient’s mental processes, which are still strongly influenced by defence processes.

Further differentiation of the self—consistent with the early integration of the self—takes place as the secondary reticula change function and become tertiary linguistic reticula. Put together, in psychotherapy conscious understanding is transformed in a change in the unconscious processes. In this way, changes on the neurological level can take place.

I have some questions about Sasso’s clinical approach. In what way does this view correspond to the theory of “mentalized affectivity” (Fonagy et al., 2002), which has already shown to be very influential in psychoanalytic therapy? He discusses psychotherapeutic concepts in general but does not clarify which pathology would benefit most of such an approach. Maybe a few clinical examples could have illustrated this more clearly.

**Final reflection**

The book is very theoretical and difficult to read due to complex schemes and abbreviations, together with a lot of neuropsychological terms not necessarily in general usage. The ninth chapter on “Child Development and the Integration of Psychoanalysis and Neuroscience” gave a clear and welcome summary of important hypothesis in the model of the brain outlined in this book. I was astonished by the very high level of integration and sophistication of the book. The theories of Damasio, Edelman and Tononi form Sasso’s model because they focus on the importance of the brainstem for child development. Additionally, P-I dynamics correspond both with the evolution of Freud’s model and with the theory of Klein and Bion, as well as more current theories of child development. Moreover, Sasso links attachment theory to it, as well as theories of Balint, Rosenfeld and Blatt and Blass. In this way, he clearly want to show how useful careful study of the P-I dynamic can be.

Sasso focuses primarily, however, on neurophysiological processes underlying emotional arousal, but does not discuss important aspects of emotion regulation such as social feedback mechanisms and affect markedness (e.g., Fonagy et al., 2002), attention processes (e.g., Rothbart, 1989) or positive emotions (e.g., Emde, 1991). Also, as already mentioned, Sasso does not always explicitly mentions the theories or concepts he wants to integrate in his model, which makes the book difficult to read. For example, when he discusses the very important process of “syntonization,” he did not cite basic concepts as “affect attunement” (Stern, 1985), “matching” (Tronick, Cohn & Shea, 1985) or “affect markedness” (Fonagy et al., 1992).

Sasso did rightfully cite the importance of transactional models, in which factors of the mother (e.g., psychopathology) and the child (e.g., temperament) interact to predict child outcome. To summarize, this book clearly shows that the child cannot be considered outside the mother–infant dyad, because there is, citing Monica Lanyado and Didier Houzel in the preface of the book, “an inter-subjective interaction, which gradually becomes an intra-subjective experience (p. 6)”.

**References**


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My aim with this report of the Task Force on Public Relations for Psychoanalysis is to generate some of the same enthusiasm and energy in our wider membership for our endeavors as we have within out Task Force. President Mary Beth Cresci established the Task Force in November 2008. We have met by teleconference and in person. Most importantly, the generous and immensely talented senior marketing executive Joe Plummer has aided us. Joe is on the faculty of the Columbia Business School. Among his many accomplishments is that he developed the slogan: “Be all that you can be.” Whatever your feelings about recruitment for the U.S. Army, you have to agree that the slogan “Be all that you can be” is a strong, positive sell. Now we are looking to develop something similarly positive and strong for psychoanalysis.

But let me get back to our fashioning the cart before we harness the horse, though the horse we have panting in its stall is important, the Internet. In several meetings both with and without Joe, our Task Force agreed that we needed to develop a fresh, modern perception of psychoanalysis that shrugs off the outmoded, negative stereotypes of the discipline. CBT, while useful, has taken the high ground as the psychotherapy of choice because its adherents have done an excellent job of selling CBT’s “evidence base” to payers. What it lacks is what is at the heart of psychoanalysis: the relationship between patient and analyst/therapist.

People live in relationship to the external world, to the world of others, and most important to themselves. It is this essence that we are working to conceptualize in such a way that conveys the updated message to the several “publics” (not least APA itself) we wish to reach. As Joe Plummer helped us to realize, archetypes are the central basis on which a “brand” needs to be shaped. “Archetype” not “stereotype,” that “transcends time, place, culture gender and age. It represents an eternal truth…” (Howard-Spink, J & Merriman Levy, M., 2002)

One of the exercises that help our group begin to free up our thinking about how to communicate the value and importance of psychoanalysis was to restrict our discussion to selecting images that we felt conveyed the essence of the psychoanalytic encounter. The images we selected in turn suggested a set of words that evoked key aspects of psychoanalysis, for example, journey, play and work, adventure and so on. When we shared with others the images we selected, however, we realized that the pictures alone were not sufficient and that it was the common experience of selecting the images that helped the group focus on developing keywords to describe psychoanalysis. We hope to demonstrate this exercise and have member participate during the Spring Meeting in Chicago.

In another context, we want to spread the word about what we know about psychoanalysis on the Internet. A good start is by organizing a “wiki” of our own involving a group of interested Division members to ultimately edit Wikipedia entries to better reflect what psychoanalysis is all about. We aim to have at least two “wikis.” One would engage those interested in collaborating to produce a document that could be used in editing entries to Wikipedia. It would be set up so that interested members (all members are welcome to do so) will be able to write and revise a single document as it develops. You will receive an invitation via e-mail so watch your inbox.

The second “wiki,” again open to interested participants, would be for documenting the effectiveness of psychodynamic therapy. A group will collaborate on a written document that could link to other pages that detail nuances covered in the larger one. Such an undertaking enables editing and re-editing until a consensus is reached. Ultimately this would serve as a living, working document on the subject that can be viewed and edited by anyone within the subgroup of collaborators.

We currently have a “Wiki” page set up to enable our members to familiarize yourselves with the “wiki”-editing process. If you join, you will see where the Task Force has come to in preparing something for public dissemination through our website. If you want to participate, let us know either through the Division address (div39@namgmt.com) or directly to me at doctornina@aol.com. Next stop, Wikipedia itself.

So, are you interested? Let us know. Do you have questions or comments? Let us know that too. And don’t forget to let us know your reactions, thoughts and comments about the photographs reproduced with this report. The members of the Task Force are: Steve Axelrod (ex officio), Mary Beth Cresci (ex officio), Elaine Darwin, Tanya Hess, Daniel Hsu, Bill MacGillivray, Sean Murphy, Susan Parlow, Nina K. Thomas (Chair), and Larry Zelnick

REFERENCE
Since 2007, the Multicultural Concerns Committee has aimed to highlight psychoanalytic perspectives that are informed by racial and cultural contexts. This overarching goal has guided all of our activities. The committee formed in 2007, and its members represent diverse backgrounds and perspectives. The present committee members include Usha Tummala-Narra (Chair), David Ramirez, Neil Altman, Ricardo Ainslie, Andrew Harlem, Leilani Crane, Margaret Whilde, Daniel Hsu, Patricia Harney, Kris Yi, and Rachel Barbanel-Fried. Our committee has met once a year during the past three Spring Meetings. The following consist of our major activities that have been initiated since Spring 2007.

1. The committee has proposed to organizing chairs of the Spring Meetings that members of our committee and other Division members who have knowledge and expertise in the area of multicultural issues serve as reviewers of program proposals. Committee members served as proposal reviewers for the 2008 and 2010 Spring Meetings.

2. Several committee members, including Daniel Hsu, Leilani Crane, Ricardo Ainslie, and Rachel Barbanel-Fried have contributed newsletter articles highlighting the importance of addressing diversity issues in psychoanalytic psychology.

3. Margaret Whilde, a graduate student member of the Committee, has begun her role as liaison to the Sexualities and Gender Identities Committee. We hope to continue our collaboration with the SGI Committee in sponsoring an annual reception at the Spring Meeting, and in joint programming that addresses the intersection of cultural and racial diversity, sexual identities, and gender identity.

4. Daniel Hsu has agreed to be a liaison member of the Membership Committee, and will help with identifying ways to improve the representation of diversity within the membership. In the future, we hope to find ways to reach out to graduate students and early career psychologists in particular. The committee is also exploring ways to help new members to create a sense of community and to bring forth new perspectives related to diversity within the Division.

5. Usha Tummala-Narra was appointed by the Board as liaison representative to the APA Committee on Ethnic Minority Affairs (CEMA) in 2008, and continues to participate in CEMA activities. This role involves an effort to have a valuable exchange between the Division and APA governance specifically focused on ethnic minority issues.

6. The committee has been active in organizing invited programs for the Spring Meetings. Our most recent invited panel was entitled, “Inner and Outer Realities of Immigrants: Race, Religion, and Social Class,” and addressed psychoanalytic perspectives on a variety of issues salient to immigrants in the United States. The ways in which immigrant patients and their therapists experience shifts in sociocultural environment and encounter each other’s unique cultural realities was a focus of this panel. Each of the three presenters, Ricardo Ainslie, Andrew Harlem, and Monisha Nayar, explored how identity is transformed through the negotiation of intrapsychic, interpersonal, and societal experiences for both the patient and the therapist. Salman Akhtar, provided a rich discussion of the three papers and highlighted the importance of attending to subtle and imaginative aspects of therapist-patient interactions within the sociopolitical context of immigration. The Committee plans to continue including invited speakers who are prominent multicultural psychologists in Spring Meetings as a way to spur dialogue across disciplines and theoretical perspectives.

7. The committee has been active in organizing juried and non-juried program proposals to the APA National Multicultural Conference and Summit. We are continuing to seek a more visible presence at the Summit so that psychoanalytic perspectives on diversity inform dialogues on race, culture, gender, sexual orientation, religion, social class, and physical disability.

We continue to seek the support of Division leadership and membership as we expand our ways of bringing visibility to the needs of culturally and racially diverse individuals, and to sophisticated psychoanalytic understandings of complex multicultural issues in clinical practice, research, and education.
**EDUCATION AND TRAINING**

**DAVID L DOWNING, PsychD, ABPP**

The primary task of the committee is to work with other elements of the Board, Committees, and Sections to collaboratively assist the Division in efforts to enhance the representation of psychoanalytic perspectives in undergraduate and graduate level psychology curricula; doctoral and masters level practica/externship and doctoral level internship programming; the assessment and treatment of underserved or marginalized patients/populations; to promote psychoanalytically oriented research and scholarly activity; and to encourage, by extension, psychologists to pursue postdoctoral training in psychoanalysis. To develop a series of ongoing panels/symposia for the Spring Meeting to promote the Education and Training Committee’s activities, and support its mission.

Efforts continue at building a resource center of psychoanalytically oriented syllabi; and other academic resources. Additional graduate level syllabi; and, importantly, under-graduate syllabi have been added to the committee’s section of the Division Web site. Theoretical and clinically oriented syllabi have been submitted; significantly, a course on “Empirical Approaches to Psychoanalytical Thinking” has also been submitted as well. Courses include university-based, as well as psychoanalytical institutes. The diversity makes this an increasingly relevant resource for psychoanalytical educators functioning in diverse settings. As ever, the committee chairpersons strongly encourage Division members who teach in graduate or undergraduate academic programs; or practica, internship, postdoctoral, or residency training programs to submit their syllabi to David Downing, for review and posting at ddowning@uindy.edu.

A PowerPoint presentation developed for one session of an undergraduate-level course Psy100: Orientation to Psychology has been updated, complete with notes to accompany the presentation and will hopefully be posted shortly. The accompanying text/notes will assist anyone interested in adopting it for their own use and in their own idiom (unlike a number of PowerPoint presentations, the slides are merely stepping off points). The graphics are awesome, and consist of a faint background picture of Freud regarding the viewer, so to speak.

One of the cochairs of the committee, Dr Downing, is set to survey all graduate programs in psychology on the inclusion (or lack) of psychoanalytic course-work and other related opportunities. An e-mail memorandum and pithy survey have been devised. Graduate students have been enlisted to assist in the execution of this project. This will hopefully augment the extant Web site, accessed through this address: http://psafriendlyuniv.tripod.com. The Division Board has established a link to this Web site, and is found on the Education and Training Committee’s portion of the Division 39 Web site. Committee members are Barry Dauphin, Harold Davis, Andrew Harlem, Valentina Harrell, Nancy Julius, Thomas Ross, Jed Yalof, and Michael Jones.

**GRADUATE STUDENTS**

**TANYA COTLER, AND JONATHAN H. SLAVIN, PhD**

The Graduate Student Committee continues to be active, with new members joining us each year. Currently we have representatives from Toronto, Texas, Boston, Washington, Oregon, Chicago, and New York. We would like to expand the membership of our committee to include more West Coast members. This year, graduate students represented 15% of the attendance at the 2009 Spring Meeting in Austin, Texas. Members of our committee raved about the successful graduate student workshops held by Drs. Bucci and Akhtar, were moved by the live supervision presentation that we arrange each year, and intrigued and informed by the Graduate Student Panel.

The plans for the 2010 Spring Meeting in Chicago have been put into place. We again look forward to this year’s stimulating live supervision with Malcolm Slavin, as senior supervisor, and Darelene Ehrenberg, as senior discussant. The graduate student workshops will be hosted by the keynote speakers Drs. Frank Summers and Muriel Dimen. The Graduate Student Clinical Panel, consisting of clinical papers by graduate students, is entitled “A Wild Ride: Becoming a Psychodynamic Clinician in an Era of Prescriptions and Constrictions.” Finally, we are confident that our outreach initiatives will be successful, and will once again contribute to noticeable graduate student participation and involvement.

This year we have also designated a subcommittee to head up our Web page project. Our members, with the consultation of Larry Zelnick, are actively involved in creating a web page for the Division Web site that is easily accessible, attractive, and informative. This page will include a description of our committee with an invitation to join, as well as links to psychodynamically friendly mental health programs, internships and postdoctoral programs, and a host of other useful information for graduate students.

Overall, our committee continues to be enthusiastic and dedicated to our Division, and we look forward to another successful year of working together as a team.
At the Spring Meeting in San Antonio, Section I presented a panel, Revisiting Freud and the Rat Man: Current Controversies, featuring papers by Jack Novick and Kerry Kelly Novick, and Jane Kupersmidt. The discussant was Gemma Marangoni Ainslie. The Novicks’ paper, “The Rat Man and Two Systems of Self-Regulation,” applied their clinical approach to the Rat Man case, highlighting the hermetic structure of sadomasochistic and omnipotent elements in the patient’s personality, and showing how their concept of an open system might result in a favorable therapeutic outcome in similar cases. Jane Kupersmidt’s “Listening to the Rat Man 100 Years Later, or the Gadfly of Doubt,” is a nuanced study of the patient’s obsessional organization, its perverse nature, and the clinical challenges posed by both. Her rigorous exploration was strengthened and enriched both by scholarly use of recent factual and textual discoveries and by clinical material from her own practice. The discussion provoked by the two papers was ably conducted by Gemma Marangoni Ainslie, whose commentary and questions evoked a productive dialogue between speakers and audience.

Two more Section I members presented papers as part of a panel titled Acculturation, Identity and Catastrophic Change: Integrating Lessons from Psychoanalysis and Literature. Marilyn Charles’ paper was called “Collisions Between Conscious and Unconscious; East and West: Enigma and Transparency.” William Fried presented “Psychoanalysis as an Approach to Anomie.” The discussant was Usha Tummala. Both papers compared the dilemmas and conflicts of their authors’ Indian-American patients with those of characters in contemporary fiction, Haruki Murakami’s Kafka on the Beach, for Marilyn Charles, and V.S. Naipaul’s “One Out of Many,” for William Fried. Usha Tummala’s thoughtful and incisive discussion drew cogent responses from the audience. In addition, Albert Brok, President of Section I, had his paper, “More than Friends, Less than Idealized Objects: Some Thoughts on Optimal Relating,” read for him by Marilyn Metzl, a Section I member, as well as president of Section VIII, due to his convalescence from surgery.

On November 2nd of last year, at the invitation of the Northwestern Psychoanalytic Alliance, William Fried presented his paper, “Minus O: Après Moi L’Abysse, but Whose?” at the 5th Annual International Evolving British Object Relations Conference in Seattle, Washington. At the 4th of these conferences, the previous year, he presented “The Sweet Cheat Gone: Here and There—Elation, Absence and Reparation.”

At the invitation of the Southwest Psychoanalytic Society, the Section I Board travelled to Tucson AZ, on the Columbus Day weekend, to present a program, “Looking at Psychoanalytic Diversity and Controversy: Enactment in the Treatment and In Treatment.” It included papers by Helen Gediman and Batya Monder, as well as a screening and discussion of excerpts from the HBO series In Treatment. Helen Gediman’s paper, “Cutting Edge Controversies: True Contradictions or False Dichotomies?” reviewed controversies currently in the forefront of psychoanalytic theory and treatment, identifying substantive consonances and dissonances. Batya Monder addressed the prominent issue of enactments in her paper, “Enactment: Ubiquitous but Still Undefined,” illustrating the concept with a selection of vignettes. She also delineated some of the disparate ways in which the concept is currently defined and regarded. The part of the program featuring segments of In Treatment was led by Gemma Maramgoni Ainslie and Jane Kupersmidt. It included ample audience participation as will the discussion periods following the two papers.

Several Section I members presented papers at a conference, A Dialogue Between Psychoanalysis and the Arts, as part of the fiftieth anniversary celebration of the Institute for Psychoanalytic Training and Research (IPTAR) in New York City. Donna Bassin presented “Working Through the Grief of War via Documentary Film-Making;” William Fried paper was “Proust and Separation;” Helen Gediman’s talk was “Gender Differences Among Sexual Stalkers: Voyeurism and Erotomania in the Films Peeping Tom and Fatal Attraction;” Danielle Knafo presented “The Mirror, the Mask, and the Masquerade in the Art and Life of Frida Kahlo;” Arlene Kramer Richards paper was “Pearls out of Tears: The Poetry of Irena Klepfisz;” and Isaac Tylim presented “Masculinity and Femininity in the Films of Almodovar.” There was a group show of the works of IPTAR artists, two of whom, William Fried, and Richard Reichbart, are Section I members.

At the Division Spring Meeting in Chicago, Section I’s invited panel will feature papers by Gemma Marangoni Ainslie and William Fried, with Section I member, Lewis Aron as discussant. The Candidate Committee’s invited panel will include Allan Frosch, past president of IPTAR, and member of Section I, as one of the two discussants of a provocative paper by Richard Geist.

The board held its Fall Meeting during the Tucson visit. One purpose of the visit was to create an opportunity for professional and personal contact between Section I
and a group of psychoanalysts who practice in a setting that is divergent from that of most of our membership, and to encourage and facilitate communication and cross-fertilization of clinical, theoretical, and practical thinking among them. Apart from this general consideration, the board was eager to dispel some widely held stereotypes regarding the mission and general composition of the Section. Many members of Division 39 continue to hold a view of Section I as representing a fundamentally Freudian perspective. This view persists, despite the predominantly interpersonal orientation of most of its founders, and the significant variety of approaches represented by its membership. The current board sees as its mission the upholding of standards of training and practice promulgated by the Psychoanalytic Consortium and approved by the Division. It receives support for this function from practitioners of relational, self psychological, interpersonal, classical, Kleinian, intersubjective, and several other schools, all of whom are welcome and comfortable as members.

Speaking of members, the Section’s membership committee, under its chair, Helen Gediman, is engaged in active recruitment. Recently, five new members have been accepted and three more were presented for consideration at the Tucson meeting.

Another of the board’s objectives is to encourage a wider and more diversified participation by the members of the Section in all of its activities, such as committee membership, office-holding, publishing in the Round Robin (including letters to the editor), involvement in panels and presentations, and attending receptions. A special concern is that the newer, younger members and associates respond to this call.

The Section I newsletter, the Round Robin, is thriving under the new editorship of Jane Kupersmidt and associate editorship of Gemma Marangoni Ainslie. More than just a newsletter, the Round Robin is an informal journal that publishes a variety of clinical, theoretical, literary, and critical contributions, as well as personal commentaries. It is sent to all Section I members three times a year, to all Division members, once a year, and is also available by independent subscription.

The Section’s Elections Committee, chaired by Maurine Kelly, has announced the election of Gemma Marangoni Ainslie as president-elect. The committee has also confirmed the nomination of Helen Gediman, Jane Kupersmidt, and Susan Mulliken for member-at-large positions, and Stephen Miller for the position of secretary.

CHILDHOOD AND ADOLESCENCE
DIANE EHRENSAFT, PHD

Section II has been busy the past few years creating and supporting programs around the country related to the treatment of children: one in New York City, another in Chicago, and a third one in San Francisco. These conferences have been helping create excitement about Section II and increase our membership. We are working on various ways to maintain members’ ongoing interest and connection. We welcome all suggestions.

We are in the process of joining with the Journal of Infant, Child, and Adolescent Psychotherapy (JICAP) to plan another conference in New York for early 2010, dealing with child treatment and technology. During the Spring Meeting in Chicago, we are planning a panel presentation on treatment of children who have experienced traumatic life histories, such as abuse, abandonment, and foster care.

Ballots should be in the mail soon, for election of new officers and approval of bylaws changes. Please contact Diane Ehrensaft, our membership chair, at dehrensaft@earthlink.net, for information or to join us.

2009 GRADIVA AWARD
DIVISION 39 WINNERS

Congratulations to the our members who were the recipients of Gradiva Awards this year in the following categories:

Anthology: Brent Willock, Lori C. Bohm and Rebecca C. Curtis for their edited volume, On Death and Endings, Psychoanalysts’ Reflections on Finality, Transformations and New Beginnings, also published by Routledge Press
Psychoanalysis and Groups

Christine Kieffer, PhD, ABPP

As psychoanalytic psychologists, we tend to think first and foremost of our involvement in dyads. We think of our engagements with individual patients and may tend to prefer this mode of encounter. Yet contemporary theory challenges us to contextualize our engagements within a larger domain; and to think of our encounters with one another as a microcosm of a larger participation. This makes the study of group dynamics indispensable to understanding our place as individuals within a larger sociocultural and political milieu. We have come to see that our identity as individuals is continuously constructed within the context of the larger group. Barack Obama, for example, has credited his involvement with community organizing as helping to enhance his empathy for others, as well as providing a touchstone for implementing societal change.

As psychologists, most of us are engaged in one way or another with groups of many kinds: We participate as members and leaders in groups small and large, including study groups, classes, committees and boards of educational institutes, etc. Thus our involvement in groups envelop us: we may feel supported, stimulated, perplexed, frustrated (perhaps all at once) and long to return to the relative calm of our consulting rooms. Yet there is no escape, as the larger problems that we face as group members inevitably touch upon our clinical work. Group participation is unavoidable. It is who we are. Understanding and applying psychoanalytic group principles enables us to function more fully and effectively both as practitioners and as leaders.

Section VII is a place within Division 39 that provides a forum for understanding group phenomena whether large and small, whether organizational, social or clinical. Section VII encourages the application of psychoanalytic thinking to the practice of group therapy in private practice as well as in institutional settings. There are clinical issues for which group therapy may be a decided advantage, for example, for those patients who are suffering the effects of isolation or shame. When transference enactments occur within the group context, for example, it may be easier for patients to understand their impact, since these dissociated patterns are likely to reverberate in engagements with, not only the therapist, but with other patients—and often to the group-as-a-whole as well. Thus, participation in group therapy may augment individual treatment or stand alone as an effective treatment modality.

I hope that you will join us in these endeavors by becoming a member of Section VII. An application to join may be obtained by going to the Division Web site, www.division39.org and clicking on the Section VII section.

Editor’s Report Walk on the Wild Side

Bill MacGillivray, PhD

Join us for the 39th Annual Spring Meeting in Chicago, April 21-25, 2010 for an exciting series of events, with panels, symposia, workshops and social events that are vital in sustaining our psychoanalytic community. While it is great to be a Division member and to receive our journal and newsletter to help keep you informed about psychoanalysis and psychoanalytic practice, it is important to become a full member of the Division by attending our meetings, especially the Spring Meeting. Over the last few years we have made attendance even more of a benefit by offering continuing education credit for many of our activities, including a 4-hour ethics seminar.

Our programs and receptions are designed to make sure that our members feel included and welcome. This inclusiveness extends from graduate students, institute candidates and early career professionals, to cultural, ethnic and sexual minority members, to those of us “from the hinterlands” outside the main centers of psychoanalysis in our country.

While we want members for feel welcomed, we actually want more from you than that: We want you to get involved! Our programs have been designed to allow time for participants to comment and ask questions. Our schedule has been designed to allow time for informal contact and discussion. Our evening events are meant to build connections among our colleagues through sharing a good time, and maybe a drink or two.

I remember attending my first meetings and feeling uncomfortable, knowing almost no one, unfamiliar with the structure and the “culture” of our Division. I remember Morris Eagle and Marty Hyman being especially welcoming. Later on, I came as a representative of my local chapter and at one of the meetings, David Ramirez convinced me to run for office in Section IV. That was how I got started; and that is true for many others involved in Division governance.

It is up to you, of course, whether you get more involved in the Division or not (but watch out for David, he’s pretty persuasive); but be assured you can find your level of involvement and in the process help continue to build our psychoanalytic community. But you’ve gotta get here first! Go to www.division39.org and register today.
LOCAL CHAPTER REPORTS: THE CHICAGO OPEN CHAPTER FOR THE STUDY OF PSYCHOANALYSIS

The Chicago Open Chapter, founded in 1985, is active and thriving with ongoing study groups, seminars, and symposiums. Recent offerings from COCSP include a symposium, “The Implications of the Current Insolubility of the Mind-Brain Problem for the Contemporary Practice of Psychodynamic Psychiatry,” by Richard D Chessick. Dr Chessick is Professor of Psychiatry and Behavioral Sciences at Northwestern University, Training and Supervising Psychoanalyst Emeritus at the Center for Psychoanalytic Study in Chicago. His most recent book is *The Future of Psychoanalysis*. Dr Chessick noted that, even in this so-called era of the brain, there has been no consensual agreement on understanding the genesis of the mind by the brain, the problem that also baffled Freud, the neurologist, at the start of his great discoveries. Especially, there has been no progress in solving what is known as the “hard problem,” namely how neurophysiological processes in the brain can produce conscious experiences, feelings, and intentions that constitute the *qualia*, the various aspects of the phenomena of consciousness. Some of the predominant contemporary positions on the mind-brain problem, from Freud’s *Project for a Scientific Psychology* to the present day, were described and some of the technical vocabulary was explained. Dr Chessick concluded, from this review, that the “mysterian” position or some derivatives of it such as “anomalous monism” or “agnostic materialism” are probably the most plausible, given the present state of our knowledge and capacities. The latter two positions suggest that we simply do not know enough about the physical world of matter at this time but eventually perhaps discoveries about the nature of matter may solve the problem. But as of now, the implication of this impasse is that the introspective data of consciousness are ontologically subjective, pointing to the absolute necessity for our studying this data in its own domain through introspection. The most meticulous and thorough method for this study is psychoanalytic psychiatry, which was specifically devised by Freud for that purpose.

COCSP also published a large, double-issue of its Newsletter/Journal last year. Recent articles in the Newsletters/Journals of the COCSP have included: The full text of the Presidential Address to the International Federation for Psychoanalytic Education, at its Annual Congress in Toronto in 2007 by David L Downing, “Why We Fight: A Brief Comment on Certain Elements of Psychoanalytical Knowledge and Culture,” referencing the “cultural wars” waged against psychoanalysis from without; and the internecine warfare waged against psychoanalysis from within and across the psychoanalytic camps. Additional papers included “The Interpretation of Art: Who Benefits?,” by Stephanie Creekpaum and David L Downing, which is a most interesting examination of an important dialectic within the arena of applied psychoanalysis. Other articles featured discussions regarding the erosion of confidentiality/privilege, by Mary Kilburn, and the efforts at constituting a “respectable minority” position on this matter that has such an important bearing on the psychoanalytic process. Richard Raubolt contributed a book review of *Broken Fathers, Broken Sons*, by Gerald Gargiulo—a very brave auto-biographical work by a renowned psychoanalyst.

COCSP maintains a Web site to assist in public education and to promote psychoanalytic programming in the region. COCSP Newsletters/Journals are archived at http://cocsp.tripod.com. For additional information contact: David L Downing, PsyD, ABPP, 63 East Lake Street, Suite 509, Chicago, Illinois 60601 at 312-266-1665, or ddowning@uindy.edu.

THE DALLAS SOCIETY FOR PSYCHOANALYTIC PSYCHOLOGY

DSPP opened its 2009-10 program focused on the theme Clinical Technique: The Nuts and Bolts of Treatment. Our first event for the year was a presentation, “Evolving Views on Psychoanalytic Technique” given by Gerald Melchoide, a member of the Dallas Psychoanalytic Institute. Dr Melchoide’s talk was intended as a precursor to our Fall Workshop, “Creating a Psychoanalytic Mind: Psychoanalytic Knowledge as a Process,” with Frederic Busch, who has written extensively on psychoanalytic technique. Other presentations for the year will focus on techniques of supervision, techniques of marital therapy, and individual analytic technique.

In addition, the Arts Committee, headed by Denise Humphrey, has planned a number of exciting events including a presentation by a local artist, Adriana Cobo-Frenkel, who will present, in her studio, a talk focused on her techniques in working as a sculptor of marble. We will also cosponsor along with the Dallas Psychoanalytic Center and the Dallas Society for Psychoanalytic Social Work, a documentary film by Ricardo Anslie, a psychologist.
from the University of Texas. His film, *YBasta*, explores the mounting social impact of kidnappings in his native Mexico City. We will also be treated to a tour of the new Dallas Opera House with a focus on the architectural techniques used to create a particular experience of space. We anticipate a very compelling series of events from our Arts Committee.

Finally, our recent elections yielded the following slate of officers for 2010-2011: President-elect: Jennifer Unterberg, Past President: Neil F. Ravella, Secretary: Melody Moore, Treasurer: Rosemarie Rothmeier, Representatives: Melissa Black & Robert Aberg

We invite those with additional interest to visit our Web site, DSPP.com and, as always, we welcome visitors from other societies who find themselves in Dallas.

**Massachusetts Association for Psychoanalytic Psychology**

**Janet Sand, Ph.D.**

The past two years have been ones of renewal for MAPP, beginning with a board retreat with an outside management consultant. We changed our dues structure to one in which all of our offerings and CE credits are free to members, and established a new category of Supporting Member at a higher voluntary dues level. With a renewed focus on finances, including using e-mail more and snail mail less (going green), we are now solidly in the black.

Our monthly program offerings continue to be engaging, with both local and out-of-town presenters. Last year’s presentations ended with Darlene Ehrenberg on “Boundaries and Risks: Working with Erotic Feelings and Fantasies.” Our new season will begin with Dawn Skorczewski, a professor of English and an expert on writing and teaching from a psychoanalytic perspective, offering an experiential workshop on writing for therapists, “From Intention to Execution: Creative Approaches to Clinical Writing.” Always well attended and a good source of new members is a yearly workshop chaired by Michael Healy on “Nuts and Bolts of Starting a Practice.”

Our newly revived education committee has sponsored MAPPMATCH to help our members find colleagues for peer supervision groups. We’ve also offered courses in self psychology, relational theory, and reading Freud, and will offer three courses again this academic year. As well, we’re starting a series of workshops on non-psychoanalytic topics for psychodynamic clinicians, such as cognitive behavior therapy and psychopharmacology.

As we come to our twenty-fifth anniversary, we feel we have a firm foundation as we continue to explore new opportunities for members to engage with our community.

**Pacific Northwest Psychoanalytic Society**

**Bev Osband, Ph.D.**

The Seattle Chapter of Division 39 met as indicated below from September 2008 through June 2009. Each meeting included a clinical presentation by a local clinician followed by a discussion. In addition, the Board of the Seattle Division 39 Chapter held its annual meeting on June 3rd, 2009, to discuss and plan for the 2009-2010 year. The following programs were held last year: “Surrendering to Joy: An Analyst in Love” by Joseph Canarelli; “Hysteria On, Behind, and Beyond the Couch “ by Margaret Crastnopol; “Squiggling in Adult Psychotherapy,” by Susan DeMattos; “Reparation as a Psychoanalytic Idea,” by Shierry Nicholsen; “Ambitions and Ideals” by Robert Bergman; “The White-Jung Relationship; Was the White Raven Really Black?” by Joseph W. Rutte; “Lessons From the Couch; Psychotherapy, Transformation, and Social Advocacy,” by Roy Barsness; and “The Potential Space” by Lindsay Rosen, Cyrus Khambatta, and Scott Davis.

**Vermont Association for Psychoanalytic Studies**

**Debra Lopez, MD**

Thanks to the Education Committee, chaired by Betsy Sprague, and its members Mika Barker-Hart, Brooke Bars, Claire Dumas, Kate Vanden Bergh and myself, two exciting conferences were held this fall. On September 12, Dr. Charles Levin presented “Rediscovering the Therapeutic Aim: The Relationship Between Ethics and Practice.” Dr. Levin has written extensively on matters of ethics and confidentiality as applied to the psychoanalytic community. On November 14, Dr. Mary Target presented “Narcissistic Personality Functioning: A Clinical Understanding Linked to Developmental Research,” discussing the theory of mentalization and how it can inform our developmental model and clinical work, especially as applied to narcissistic character development. Target is among the most highly recognized contributors to contemporary psychoanalytic research and theory. She is Senior Lecturer at University College London, and has active research collaborations in many countries in the areas of developmental psychopathology and psychotherapy outcome.
WASHINGTON PROFESSIONALS FOR THE STUDY OF PSYCHOANALYSIS

Constance Halligan, PhD and Maurine Kelly, PhD

W PSP continues a robust Seminar Program. This year’s Seminars include Concepts of the Self, The Works of Winnicott, Therapeutic Action, Love is a Many Splendored Thing, Psychoanalytic Theory and Technique, Gender and Sexualities, Object Relations Issues in Opera and Classical Music, Attachment Styles in the Works of Shakespeare and the Integration of Hypnosis and Energy Psychology in Psychoanalytic Psychotherapy.

We have continued to reach out and work collaboratively with other psychoanalytically oriented groups in the area. Sally Brandel, our past-president, has been very involved along with representatives from other organizations in establishing a Regional Consortium e-mail list and Web site. Currently there are ten groups involved. Each group maintains a Google calendar, which automatically transfers information about meetings, seminars etc., to a Psychoanalytic Events web page. Each group can handle entering their own information. Therefore, there is no need for an administrative person.

We were also one of the Consortium organizations that sponsored a well-received program with Jane Tillman on “The Effects of Suicide on Clinicians.” This year’s program will feature Patrick Luyten. The topic will be “Mentalization as a Multidimensional Concept: Implications for the Treatment of Patients with Trauma-Related Psychopathology.”

Increasing membership to our individual organization continues to be a challenge. Additionally, we continue to seek ways to encourage service on our Board. In the coming year, we’re asking that a member of each Seminar serve in some capacity on the Board. We continue to look for new and creative ways to bring knowledge of psychoanalysis to the larger community.

WASHINGTON SOCIETY OF PSYCHOANALYTIC PSYCHOLOGY

Cynthia Sparrow, PhD

O ver the past two years, membership in the Washington Society of Psychoanalytic Psychology (WSPP) has increased by nearly thirty percent. Despite our relatively small membership (65) our five Friday workshops have been well attended. We usually have 30-40 participants. The large increase in membership and attendance at our Five Fridays program and three-part seminar series may be due, in large part, to our having developed a Web site (www.wspp-dc.org) and to our increased exposure through a regional e-mail list that we were active in establishing. This list announces meetings, workshops, and classes of all the member psychoanalytic organizations and covers the Baltimore–Washington area. Organizing it was a lively cooperative effort among five of the organizations.

This past year, our Five Fridays continuing education workshops included presentations on the following topics: psychoanalytic theories of love, assessing and regulating anxiety in psychotherapy, relational theory, ethics in psychoanalytic practice, and dealing with shame in psychotherapy. These were presented by Stephan Pasternak and Curtis Bristol, Nancy Reder, Molly Donovan, Richard Ruth, and Michael Stadter, respectively. We also offered a three-session course, “Embodying the Anxieties: Understanding the Mental Pain of Patients with Eating Disorders and Related Difficulties.” This course was taught by Deborah Blessing, was fully enrolled, and very well received.

This coming year’s program promises to be just as stimulating. We look forward to a three-session course with Judith Rovner on Contemporary Kleinian Theory and Technique, beginning in October. The Five Fridays series will include: “When I Fall In Love,” a reprise and extension of their workshop from last year, by Stephan Pasternak and Curtis Bristol; “Written on the Body” (about psychosomatic phenomenon) by Deborah Blessing; “Just Can’t Get Enough” (about sexual addictions), by Lisa Drexler; “The Unbearable Inevitability of Enactments,” by Roger Segalla; and “Couples Work: From Ghosts to Ancestors,” by Sharon Alperovitz.
ANNOUNCEMENTS AND UPCOMING EVENTS

CALL FOR PROPOSALS: PSYSR CONFERENCE

Psychologists for Social Responsibility (PsySR) is hosting a conference, “Toward a More Socially Responsible Psychology,” July 15-17, 2010, in Boston, MA at the Boston Graduate School of Psychoanalysis. PsySR invites proposals for conference programs. Proposed programs should be 90 minutes in length. Most should examine and illuminate the links between psychology and social change efforts by exploring general principles, case examples, or new applications. Sample topics might include: psychology and nonviolent action; building an effective anti-war movement; organizing in the 21st century; overcoming racial, ethnic, and class divides; combating disillusionment in politics; working with vulnerable communities; psychological challenges and pitfalls in coalition-building; activism on college campuses; and so on.

Proposals should be submitted via e-mail to proposals2010@psysr.org. Complete information may be found at www.psysr.org/conference2010.

DEADLINE: MARCH 1, 2010

BOOK PROPOSAL PRIZE FOR A FIRST BOOK ON A PSYCHOANALYTIC SUBJECT

Division 39 and APA Press are delighted to announce the third annual prize for a first book by a psychoanalytic author. The winner receives a $1000 cash prize, certificate of recognition, and guarantee of publication by the APA Press. The aim of this prize is to encourage psychoanalytic writing by Division members who have yet to publish a psychoanalytic book. We look for good writing, originality, as well as clinical and scholarly relevance.

While some previously published material may be included, the proposed book should consist primarily of new work and promise to be an original and coherent monograph. Edited collections of previously published papers are not acceptable, nor are edited volumes of contributions by more than one author. Simultaneous submissions to other publishers will disqualify the entry.

The proposal should consist of:
1) a cover letter with the only mention of the author’s identifying and contact information
2) a full CV
3) a statement of the mission, scope, and potential contribution of the project to psychoanalysis
4) a table of contents; and
5) one, and only one, sample chapter. Submissions are accepted in hard copy only and must be in quintuplicate.

Blind review evaluations are conducted by the Book Proposal Committee, the editor of APA Books, and an Honorary Judge. All submissions for the 2010 award must be submitted by March 15, 2010 to: Book Prize Division of Psychoanalysis 2615 Amesbury Road Winston Salem NC 27103.

Questions should be addressed to either: Frank Summers, Franksumphd@hotmail.com or: Johanna Tabin, jktabin@juno.com, Co-Chairs Book Proposal Prize Committee.

DEADLINE: MARCH 15, 2010

STEPHEN MITCHELL AWARD

Papers are invited for the 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. 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, 2010, and presentation of the paper will be at the 2011 Spring Meeting in New York. Five printouts of the paper should be submitted to the editor, Elliot Jurist, 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, especially those with academic affiliations, 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, Elliot Jurist, at psychoanalyticpsychology@gmail.com

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