FROM THE PRESIDENT

I plan to use this third of four columns that I get to write as president of the Division to update the membership on a number of areas where we have seen some exciting developments in our initiatives. So please take a look. It does contain important information for all our membership.

**QUIZ:** What do the following people have in common? US Senator Paul Wellstone, Steven Cooper, Jessica Benjamin, Jody Davies, Christopher Bollas, Malcolm Slavin, Sam Gerson, Phil Ringstrom, Salman Akhtar, Frank Summers, Muriel Dimen, Stephen Seligman, Marion Tolpin, Jim Fosshage, Ana-Maria Rizzuto, Donnel Stern, Allan Schore, Dianne Elise, Peter Shabad, Ruth Stein, Noelle Oxenhandler, and... [modestly] even me?

**ANSWER:** All of them, and many more, will be speaking at the next Division 39 Spring Meeting, April 2-6, 2003 in Minneapolis. In addition there will be a special performance of *Six Degrees of Separation* at the Guthrie Theater, followed by discussion with analysts and theater staff.

So this is to call your attention to the more detailed announcement elsewhere in this Newsletter about our upcoming Spring Meeting. As you see, the program will be outstanding.

**MORE THAN MEETS THE EYE**

Despite the inherent biases some of us from the East and West Coasts may sometimes have, there is a lot to see and do in the middle of the country. Before I had the opportunity to teach in Minnesota, which I now have many times, I didn’t think there was much out there (aside from my sister, who I imagined stuck in a place where everyone was blonde, terminally nice and said “okie dokie” or “you betcha” every 30 seconds).

But that was before I took a lovely drive through scenic country towns along the banks of the Mississippi, went on a riverboat from historic Stillwater, a town with classic Victorian architecture, and sampled the incredible array of Vietnamese food and Hmong arts and crafts available around the Twin cities.

The Minneapolis-St. Paul area has a very large population of Vietnamese and Somali immigrants, both of whose cuisines are well represented, and the largest settlement of Hmong people in the US. The Hmong are an ethnic, mountain tribal group from Laos, who came here as a consequence of the Vietnam war. Their special crafts, needlework and food are available in various places around the Twin cities.

Okay, I will quit here as I don’t work for the chamber of commerce, but I wrote this to call attention to those who might not know just how interesting, multicultural, and scenically beautiful this area really is. And on top of that, the program rivals all of the best Division 39 Spring meetings we have had. So, if you are planning to submit a panel or paper, you won’t be disappointed in the setting or the audience. Do plan to join us at the next Spring Meeting. Linda Giacomo and her co-chair, Tom Greenspon have done an incredible job already.

Speaking of incredible jobs, I want to thank once again Elaine Martin and her wonderful committee for the recent New York Spring meeting. The program illustrated the range and depth of perspectives represented in Division 39. Our ability to come together under one psychoanalytic tent is remarkable. And we are most fortunate that Elaine Martin has agreed to co-chair the Division’s Program Committee this year, and take over as chair when Jaine Darwin assumes the presidency in January.

**The APA Presidency**

One of our members, Laura Barbanel, is running for president of APA and the Board of the Division has unanimously voted to strongly support her candidacy. And Laura, who came in first in the nominations, has a real chance of winning, if we back her strongly. Her victory
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would be more than nice for psychoanalytic psychologists. It is vital. Practice, especially of the kind that we do, work that values the individual and does not try to develop recipes for treatment, is under siege. We need someone as APA president who really understands what we do and why.

Laura is currently Professor and Program Head of the Graduate Program of School Psychology at Brooklyn College of CUNY. She is on the faculty of the Manhattan Institute for Psychoanalysis and an Adjunct Faculty Member of the Derner Institute of Adelphi University. She maintains a clinical practice in psychoanalysis and psychotherapy. She has an extensive record of service to the Division and APA. Take a close look at her statement elsewhere in this newsletter.

So when the APA ballot comes out, please vote and rank Laura number 1. This is vital in the arcane Hare system of voting APA uses. And there are two other practitioners running, James Bray and Kathleen McNamara. It would help the Division to rank them after Laura.

NATIONAL MULTICULTURAL CONFERENCE


As our profession and our patients grow more diverse, we must evaluate how to adapt our theory and practice to meet the challenges of this pluralism. The conference, organized by Divisions 35, 44, 17, and 45 of APA drew over 900 registrants in 2001. We want all Divisions and attendees to be aware of our serious commitment to diversity. In addition to our sponsoring role, we will show our support by holding our Winter 2003 Board meeting there on January 24, 2003, following the conference. We want to encourage our membership to attend and to be a voice in this dialogue. The last conference sold out quickly, so we urge members to sign up as soon as the registration is announced. We will send the information out on our listserv as soon as it becomes available.

THIS IS IMPORTANT: ON THE WEB

By the time you get this newsletter, work will have already begun on our new website. The web services will be provided by PsyBC. The web contract was awarded after a public solicitation of providers, careful review by our Internet Committee chaired by Larry Zelnick, and the decision on the contract was made by the Board on the basis of the quality of the proposal, in a blind review. As it happens, PsyBC is run by one of our members, Dan Hill, so we doubly benefit from a great provider as well as someone who knows our field from the inside.

The web construction is part of a broad based strategy to use the internet to increase services to members, decrease expenditures on our publications and mailings, increase our sense of community, and facilitate the efficiency of our working groups. Among the features you will find on the new website will be an online membership directory that will always be up to date (you will be able to change your own data entry at any time) and will save us the $20,000+ that we spend on printing and mailing the directory. And this database may serve as the basis for a referral service we may institute in a future iteration of the site as it evolves.
Other features will be more immediate access to our newsletter and its archives, abstracts of our journal, a members only section that will allow us provide you with important, “in-house” information, subsites for each of the Sections, a content management system that will allow us to maintain the site by ourselves thereby saving on maintenance costs, and up to date information about our conferences and other activities.

I want to emphasize that the site has the potential to pay for itself and quickly allow us to divert funds that now go to the post office and printers to services that directly benefit all of us. We can only accomplish this goal if we have your email address. Rest assured that we will never sell them and will only send you important announcements. If you have not already done so please send your email address to Ruth Helein at div39@namgmt.com And do keep in mind that the printed directory you will receive in the coming months will be the last one to be mailed. For the future, our directory will be always up to date and available on the web to all members.

**BYLAWS CHANGE**

Recently the membership voted by the required 2/3 majority to pass two bylaws. Both are important for the Division. The first enables psychologists who are licensed by their state, but who are unable to join APA to become full members in Division 39. How can this be? Certain states, such as California, fully license graduate programs to grant degrees, but for one reason or another, those institutions are not accredited by the regional higher education accrediting organization. Some choose not to apply for a variety of reasons. But their graduates are nevertheless doctoral level, licensed psychologists. APA does not permit any graduate of an institution not regionally accredited to join, ever. There is no remedy. So this by law change, which is permitted by APA, allows these licensed psychologists to become full members of the Division, although they may not hold APA sanctioned office (e.g. they cannot be on the APA Council).

The second bylaw establishes a two year term for the president, commencing with Jaine Darwin’s term. Advocated for a long time by past-president, Maureen Murphy and others, this will be a welcome change for the Division (well, maybe not for Jaine, but she has agreed). The presidency does take a lot of work, a lot of time, even I finally admit that! This change will enable future presidents to do more than learn on the job and then exit before they can see things through.

**COMMITTEES**

One of the commitments I made on assuming the presidency was to strengthen our committees by clarifying their charge, insure that they were real working committees that did more than exist in name only, and appoint graduate students serve on as many of them as I could.

We have been at least partly successful. We do now have graduate students serving on almost all committees, and most of them are hard at work on their tasks. In the next newsletter I will update the membership on what some of our committees have accomplished. For the moment, if you are going to APA in Chicago, look for the program on the teaching of psychoanalysis on the undergraduate level sponsored by our Education Committee and for a special program organized by our graduate students on what we have to “unlearn” when we enter the field. It is very gratifying that we can count on our graduate students for some of the most interesting and provocative programming.

Best wishes for a good summer!
A truly exciting psychoanalytic event is coming to Minnesota, the American Psychological Association Division of Psychoanalysis (39) 23rd Annual Spring Meeting with Keynote Speaker Steven H. Cooper. Come join us and hear several inspiring and provocative speakers covering issues quite relevant to the times in which we live including among others:

- **Hope & Idealization** with Steve Cooper, Sam Gerson & Phil Ringstrom
- Invited Speaker: U.S. Senator Paul Wellstone
- **Cultural Identifications and Clashes in the Therapeutic Relationship: Holding Hope in the Face of Cultural Divergence and Convergence** with Salman Ahktar, Lisa Desai, Xiaolu Hsi & Usha Tummala-Narra
- **Psychoanalysis as the Creation of Possibilities** with Christopher Bollas & Frank Summers
- **Is There Hope for Sex?** with Ken Corbett, Muriel Dimen & Stephen Seligman
- **Topic re: Hope, Self Reflection & Subjectivity** with Jody Davies, Peter Shabad & discussant.
- **The Forward Edge** with Marion Tolpin
- **Jungian & Other Perspectives on Hope** with Allen Bishop, Lionel Corbett, John Dourley, Don Kalsched & Lallene Rector
- **Topic re: A Comparative Clinical Case** with Jim Fosshage (Self Psychology) & Donnel Stern (Relational)
- **Panel** with Alan Sroufe & June Sroufe
- **Topic re: Trauma & Neuroscience; Bringing the Body More Deeply Into Psychoanalysis** with Allan Schore
- **Topic re: What Sustains Hope: Power of Language and the Internal Object** with Ana-Maria Rizzuto
- **Non-biological Parenthood: Wave of the Present, Hope for the Future** with Diane Ehrensaft, Noelle Oxenhandler, Theresa Reed & Barbara Waterman
- **Representations of Women in Film and Art** with Marilyn Charles & Danielle Knafo
- A “Hopeless Case” with Malcolm Slavin & discussed by Jessica Benjamin
- **Refashioning the Self: Passionate Possibilities and Possible Passions** with Dianne Elise, Elaine Freegood, Adrienne Harris & Debra Roth
- **Topic: Childhood Fantasies: Holding Hope Through Traumatic Childhoods** with Judith Kaufman & Sandra Kiersky
- **Dialogues of Sexuality in Development and Treatment: Possibilities & Limits in Psychoanalysis** with Jody Davies, Noelle Oxenhandler, Stephen Seligman, Jonathan Slavin & Ruth Stein
- **Daddy & Papa Film & Roundtable** with filmmaker Johnny Symons & Dennis Debiak, Diane Ehrensaft & Toni Heineman
- **Six Degrees of Separation Guthrie Theater Performance** followed by discussion with analysts and theater staff.

### Fun Facts and Places re: Minneapolis/St. Paul

- International Airport just 15 minutes from downtown Minneapolis.
- Mall of America-largest U.S. retail & entertainment complex (seven Yankee Stadiums would fit inside!) featuring **Camp Snoopy Indoor Amusement Park** with roller coaster and water flume & Underwater Adventures Aquarium (see walleye & sharks while walking through underwater tunnels!)
- Tony Award winning Guthrie Theater, The Children’s Theater Company, Theatre de la Jeune Lune (unique combination of mime and acting) & 33 other theater companies plus entertainers such as Garrison Keillor & his **Prairie Home Companion (Lake Wobegon)** at the Fitzgerald Theater.
- Minneapolis’ famed 2nd Floor Skyway system connecting 52 blocks of downtown making it possible to live, eat, work & shop (no sales tax on clothing!) without ever going outside!
- World Renowned Minnesota Orchestra & St. Paul Chamber Orchestra
- Walker Art Museum’s Minneapolis Sculpture Garden is the largest U.S. urban sculpture garden.
- Mayo Clinic in nearby Rochester, MN and scenic country towns with antiques and unique shops.
- Minneapolis was named as one of the ten best gay, lesbian, bi-sexual & transgender cities in the U.S. by **Advocate & Out** magazines and is a vanguard for legislation for partner rights and health benefits.
- Metrodome- a climate-controlled arena that is the only sports facility to host the Super Bowl, World Series, and the NCAA Final Four Basketball Championship
- The Mississippi River with walking bridge 6 blocks from conference, scenic towns, drives & boating.

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Leadership
My long history of service to psychoanalysis includes two decades of involvement with Division 39. I have been the Division’s parliamentarian, a member of its board of directors and on its executive committee. As one of the division’s representatives to the APA Council of Representatives, my leadership there was recognized by my election to the Board of Directors of APA. In each of these roles I have been a strong advocate for psychoanalysis.

My years of work in Disaster Relief through NYSPA’s DRN prepared me for the relief work that I have been active in following 9/11. This work, including a firehouse project that I helped organize, has been widely published, including in the Psychologist-Psychoanalyst and the APA Monitor. As a member of APA’s Board of Directors, I am on its Subcommittee on Psychology’s Response to Terrorism and its Task Force on Psychological Resilience.

The breadth of my experience as a psychologist, as a psychoanalyst and as an administrator, the depth of my understanding of APA and the creativity of my vision for all of psychology, combine to make me uniquely suited for the role of president of APA. I would be the first person who has served on the division Board of Directors to be elected to this position.

Vision
Psychologists and psychoanalysts rose to the challenge in the disaster of September 11th and continue to do so in its aftermath. In meeting the public need, psychology has been recognized by the public in a way that it never was in the past. The power of trauma has been acknowledged and the possibility of healing has been sought. Psychology has been acknowledged in this because it represents health rather than pathology. APA, as the representative of psychology as a profession and as a science has to have as its agenda, the development of the appropriate responses to the current psychological needs. I have worked on the expansion of roles for psychologists, particularly the delivery of psychological services as health care, an approach that the division has been actively fostering for the past decade. Several innovative programs for the delivery of psychological services, including the firehouse project with the Fire Department of NYC, have been developed with my leadership.

Healing and assisting in building psychological resilience is the agenda that I would like to foster as President of APA. It is, most broadly, the agenda of bringing psychology into everyday life. This agenda, of bringing the principles of psychology and psychoanalysis into everyday life and making psychology a primary health care profession, are important to the future of our profession. We have a window of opportunity at this point to expand the role of psychoanalysts with the recent official APA recognition of psychology as a health profession. It is an opportunity that we must seize.

As a practitioner, an academic and a trainer of several generations of psychologists, with a long history of involvement in advocacy and in governance of the association, I am certain that I can advance this agenda as president of APA.

Background
Laura Barbanel, EdD, ABPP, is Professor and Program Head of the Graduate Program of School Psychology at Brooklyn College of CUNY. She is on the faculty of the Manhattan Institute for Psychoanalysis and an Adjunct Faculty Member of the Derner Institute of Adelphi University. She maintains a clinical practice in psychoanalysis and psychotherapy, with expertise including clinical issues associated with infertility, family problems, grief and trauma. Dr. Barbanel is a fellow of APA and a Diplomate of the American Board of Professional Psychology in psychoanalysis. Her research interests are in the psychological issues related to immigration. She has taught internationally and has organized several international psychoanalytic conferences.
THE APPEARANCE OF THE OTHER IN THE ATTACKS OF SEPTEMBER 11

DAVID LICHTENSTEIN, PHD

In November 2001, Section V set an essay competition that was open to all members of Division 39. The purpose was to seek constructive applications of psychoanalytic knowledge to the problems that erupted on September 11. A prize was offered of $1000.

Interestingly, few essays appeared by the deadline of February 1, 2002. There was a significant response, however, when three months later, the deadline was extended to March 1. The Essay Competition Committee of Ghislaine Boulanger, PhD, Barbara Dusansky, PhD, ABPP, Johanna Krout Tabin, PhD, ABPP, and Henry Seiden, PhD, ABPP felt that when the announcement was first made, it was too soon after the calamity for people to feel ready to write about it.

All the essays were thoughtful, as one might expect from members of the Division. The prize went to “The Appearance of the Other in the Attacks of September 11” by David Lichtenstein, PhD In it, Dr. Lichtenstein recognizes that fears, grief, and anger must be expressed, but points out that may not be enough for healing. He explores the reasons that healing can still be limited by a defensive reaction to the almost incredible enormity of the deeds that memorialize September 11.

“An Architect’s Dream” by Elisabeth Young-Bruehl puts a session with a patient on September 11 into the context of the subjectivities of both patient and analyst. The flexibility of technique required by the extraordinary circumstances and the depth of psychoanalytic understanding they evoked made this account relevant and outstanding. This essay was accordingly given an Honorable Mention with a prize of $200.

Both of these essays can also be found on the Section V website. Also, valuable vignettes from other essays will gradually be posted there. Johanna Krout Tabin, PhD, ABPP, Chairperson, Section V Essay Committee

The attacks of last September opened a space for the other which has yet to be repaired. In addition to mourning the tragic loss of life, the challenge of that otherness demands extraordinary psychic work.

Many of us, watching the attack from the streets of New York, worked hard to grasp its meaning even as it was taking place. That people were intentionally responsible only became clear when the second plane hit. Before that it was a common impression that we were witnessing a tragic accident. So radical a sense of otherness, of an incomprehensible difference, would be attached to conscious intent, that many first rejected that possibility. “No one in his right mind could possibly do a thing like that!” Akin to the not-I, a sense of not-We emerges, that is, not we civilized, rational human beings. We (human beings) don’t do things like this. It is other than human, inhuman, to act this way. Of course it was an intentional attack by rational people, although even now this seems too strange to be true. Religious trances and notions of evil cultic devotion are proposed as explanations for incomprehensible actions. The work of otherness confronts us still. Psychoanalysts, if they can help at all, can encourage and foster a certain working through of this otherness. A coming to terms with human acts that are tragic and criminal but nevertheless, still human. My writing here is meant to be a contribution to that effort.

The other (das Andere) can be found as a psychoanalytic concept in Freud, but was not much developed there (cf. Laplanche, 1999). It appears in Lacan (1998) and in the work of other French psychoanalysts (Laplanche, 1999). On the most basic level, the concept refers to the alien character of the unconscious from the point of view of the conscious self, the unconscious as other. However, it also has been used to convey the sense that someone or something is acting from that alien place, i.e. that there is an other there in that other scene that is the unconscious. The other as a who not just a what. This conceptualization generates intriguing questions about the relationship between the other as an unconscious entity and the other (der Andere) in the interpersonal sense, i.e., other people. The dynamic interplay between the two senses of the other, that the unconscious other affects and is affected by our experience of others, should not lead us to conflate the two. To do so is to lose an appreciation of the force of the unconscious in our mental lives. However, the two senses of the word are too close to keep neatly apart. The other is an entity of the mind and draws upon its unconscious structure. It is not an entity of the social world except insofar as social relations are filtered by the light of unconscious mental processes.

One way to describe the goal of psychoanalysis is that it enhances our ability to get along with the other, as that which speaks from the place of the unconscious. The attacks on September 11 put this ability to a rigorous test. Reflecting on the meaning of this view, on what is meant by the other in this context and the subjective difficulties engendered by it, offers an opportunity to work through our recent experience as the targets of these attacks.

In point of fact, getting along with the other can never be taken for granted in human life. It is only the ongoing work of culture that enables it to take place at all—human nature doesn’t guarantee it—and it is the unique place of psychoanalysis within the array of cultural practices to be
knowingly directed toward this end. According to this view, psychoanalysis is a theory and practice primarily concerned with the subject’s relation to the *other*.

The italicized form *other* may be used to distinguish it from the more mundane sense of the other, as when we speak of the other party in a conversation. The ordinary other is like us, a more or less familiar speaker or actor, another person like our self. The *other* in the formal sense used above, however, is always characterized by radical difference. When used to refer to an unconscious wish, for instance, it is *other* insofar as it is not recognized as one's own. It is strange, unfamiliar, wholly unlike one’s recognized wishes. Once that constitutive difference is bridged, it is no longer unconscious and no longer *other*. The *other* in this formal sense is that which is radically other, that is constituted by some apparently unbridgeable difference. Any other person may be experienced as *other* at a point where there is perceived to be a fundamental or constitutive difference. It is thus a social event, common enough, that rests upon a psychic fulcrum.

Sexuality is important in psychoanalysis because it presents the subject with a primary and inescapable constitutive difference. It is the confrontation with this difference and the repression of infantile bisexuality that grounds unconscious sexuality. The other sex becomes *other* and the subject is more or less dumfounded by this rupture until bridges are constructed and the difference, although never vanishing, ceases to be unbearable. The *otherness* of the other sex remains in effect but through a certain working through including that done in psychoanalysis, that *otherness* may be less absolute and hence less threatening. An element of this work is seeing in oneself elements that were taken to be wholly other, an identification with the other sex where previously there had been only radical disjunction.

Likewise the radical difference inherent in the separation between self and other is initially constitutive in its very form, infant and mother, and, we surmise, more or less unbearable for the infant until the various bridges of thought and language and the mechanisms of identification develop to cross the gap. The I and the not-I are formed and the latter is associated with the *other scene* that is the unconscious. The fundamental gap between self and other remains, beneath the bridges as it were, with the potential to reopen. In living as social beings we are always confronted by the potential *otherness* of the other. It is one of the things we negotiate, like sexual difference, more or less well. Here is the parallel between getting along with the not-I as the other person and the not-I as the *other*, the unconscious.

It is relevant here to consider how, for the infant, the not-I is the receptacle for all that is bad. The origin of the *other* as not only radically different but inherently threatening is in this split between the I and the not-I and the assignment of destructive potential to the latter.

The shift from other to *other* as a gap opening in interpersonal relations, occurs often enough in ordinary life. For example when someone close happens to say something that one finds utterly inconceivable. There may be a break, a rift in the familiar status of mutual understanding and the *otherness* of the other is suddenly experienced. The gap may be bridged over with further dialogue or perhaps left open as we tolerate a certain level of *otherness* in all relationships. Such common rifts are characteristic of intersubjectivity. No one goes through life as a seamless experience of fellow feeling and untroubled union. The best that we can achieve is that such rifts not be too disruptive, cause too much anxiety, defensive or symptomatic reactions.

Once convinced that someone...would do a thing very much like that, indeed had done this very thing the observer was at that moment struggling to understand, there was a gap, a rupture, so profound in the sense of the other, that all efforts to bridge the gap seemed doomed to failure.

On a grand scale, such was the case on Sept. 11. Once convinced that someone, worse still several people acting together, would do a thing very much like that, indeed had done this very thing the observer was at that moment struggling to understand, there was a gap, a rupture, so profound in the sense of the other, that all efforts to bridge the gap seemed doomed to failure. Such futility often accompanies the confrontation with someone who is psychotic: nothing can be done he/she is insane. When an act seems inherently inconceivable all efforts to conceive meaning may be abandoned.

Instead the gap may be papered over with absolute proclamations of one sort or another that take the place of any real work toward meaning. The use of the word “evil” served this function in the initial days after the attack. “Terror” has come to be the lasting signifier serving not as an occasion for a progressively more articulated discourse regarding the social, historical, and political meaning of our current crisis, but as a substitute for that articulation, a condensation that can serve, symptom-like, to convey meaning only if it is allowed to open further discourse not if it is taken as the end point, the truth in itself.

One consequence of this symptomatic condensation of thought and language is a constriction in the political realm. The psychic and the social interact here in ways that psychoanalysts need to make clear. The word “terror” (or its variants in “terrorism”, “terrorist”) taken as a self-evident truth leads to such absurd formulations as the War on Terror.
What can that mean? Terror is a human affect that is often considered a reasonable response to conditions of war. Thus to fight a war on terror is so absurd on the face of it that one must wonder what is going on when such phrases appear. Of course one know that what is actually meant is not a war on terror per se but a war on those who incite terror. The ellipsis is familiar in its form: the War on Crime, the War on Drugs, the War on Poverty. In each case there are terms left out that allow for a convenient abbreviation, but also a risk of distortion. The war on drugs was perhaps the best example: no one was ever sure quite what it meant even now when it has been declared a failure. What we need in the place of such phrases as the War on Terror is an enduring effort to find historical meaning in the actions of those we are opposing as well as in our own actions.

Like the work of psychoanalysis to find meaning in nightmares, in repetitive self-destructive symptoms, in seemingly useless inhibitions, work must be done to recognize human actions in the otherness of violence. Human actions that, therefore, have meaning, even if they must be condemned, punished, and stopped from recurring. It is the task of psychoanalysts to support a certain articulation of meaning. An articulation that lessens the threatening character of the other. Through this articulation difference is no longer constituted as radical and unbridgeable but rather as the difference that exists among links in a chain. The elements are distinguishable but not by virtue of a fundamentally different status. The unconscious wish or the unthinkable actions of another are rendered are rendered conscious and thinkable. Their difference exists but not as radically other.

Thought and speech may stand as substitutes for actions but there are times when acting is in fact the best course. Acting to stop criminals, to punish murderers, to protect innocents, is such a time. However, when that action is accompanied by the sort of work of articulation that allows the sort of linking just described it is fundamentally different than when it occurs under the cover of meaningless slogans and obfuscatory simplifications that preserve and indeed perpetuate a sense of radical otherness. Punitive actions in the context of radical otherness have no claim of proportion. They risk becoming unlimited, a risk too often realized in history.

Mindless revenge and jingoistic calls to absolute war offer no traction, no footholds, for the slippery work of meaning. Without that work, those who seek to redress their pain or loss, simply pass it on with the dim awareness that such a game of hot potato must inevitably lead to more suffering for all. To situate police and/or military action within a context where the punishable offenses are recognized as categorically human actions, no matter how they may violate moral and legal rules, allows the punitive action to remain ethical even if it must involve violence.

Those who planned and carried out the attacks of September 11 and those who provided them and continue to provide them with support are misguided criminals. Their moral and political errors can be described and refuted. Their continued action must be prevented; however, viewing them as pure evil, or as madmen, or as inhuman closes off the important recognition that they are, in fact, all too tragically human. To see their tragic human proportion allows us to better stop them from acting in the future, to punish them where appropriate and in a manner that is appropriate and protects us from an enduring specter of the other.

Just as it may be the analysts role in therapy to inquire into a particular fear, to encourage the analysand to explore the actual dimensions of the threat and consider whether it is reasonable to allow that fear to play such a powerful and controlling role in life. So it is the psychoanalysts function in the social discourse to encourage the demystification of social fears. That killers exist is profoundly distressing. That they are human, not monsters; that they are cruel, misguided, and dangerous but not pure evil in the metaphysical sense is not only the source of some comfort, it is the basis of a subjective rebalancing, a restoration of equilibrium, removing the specter of the other from our understanding of the other.

Much has been written about the affective responses to the attacks of last September and of the role of psychotherapists as guides and counselors in the process of understanding and abreacting these emotions. What I have presented above is not meant to reduce the importance of that work of fostering the expression of fears, anger, and grief. However, the abreaction of emotion alone is not sufficient. There must be a framework of meaning for that expression. That framework, I propose, is the gradual movement from the appearance of the other as wholly alien to recognizably, tragically human.

References

During the eight months she has been in analysis with me, my patient has often dreamt about our work. We go on journeys together, we build new houses or renovate old ones, we make nice meals for a child—herself. In these dreams, she usually appears both as she is now, a widow in her forties, childless, an architect, and as a child whose age often points us to the developmental meaning of the dream. The dreams both recreate her past and recreate how our work has brought her past newly into her present experience. Several times she has remarked that she doesn’t really understand, or really feel, something we have said about her childhood in a session until she dreams about it afterward. The interpretation of dreams is a new discovery for her, a new way of being and being intimate, talking more freely than she can otherwise: “Real life makes me choke up, it’s too confusing.”

On September 11th, the real life “Attack on America” was confusing beyond anyone’s dreams. But three months later this patient and I reached some clarity about our experiences of it—some clarity that needed interpreting a dream together to emerge. This story, a story of and about psychoanalysis and September 11th, began on a clear, bright January day, when my patient came in saying, “The night after our last session, I had another of those dreams of the dream together to emerge. This story, a story of and about psychoanalysis and September 11th, began on a clear, bright January day, when my patient came in saying, “The night after our last session, I had another of those dreams of the therapy process.” Then she settled onto the couch and rushed into it, excited by the thinking she had already done about it, and interpreting it further as she went.

The first part featured us on a journey in the countryside, where she and her husband had renovated the weekend house that she had sold soon after his death six years ago because going there alone was too painful. In the dream, she was surprised that she had joined me so quickly, traveling by train, “right up the Croton-Hudson line, zip.” She was impressed that I knew so much about the place where we would be traveling and could answer all her questions. Pausing to interpret this amazement and awe (her idealization of me), she suggested that this part of the dream was a direct representation of how amazed she is that our work has so quickly allowed her to believe that she can live without her husband, that she can stop drowning her sorrow—her life—in alcohol and tranquilizers. Her train trip was her detox, zip.

But the second part of the dream was “not so totally positive.” Along with a girl and a boy, children of friends of mine, she and I went looking for a house or a site to build a house. The four of us climbed up to a high place that looked out over a wide area. But she was concerned because, although we were in the countryside, there was a bleak industrial city down on the plain below us. Black smoke billowed into the air and drifted toward us. She did not want the children to be “polluted,” so we turned to go back down from the high place. Then she became very concerned that the children did not have rubber-soled shoes, so they might slip. As we descended, being very careful, other people filed up, headed toward the high place.

“That was it,” she concluded. “And I think those people coming up were the patients coming after me last time, because I passed one in the hall when I left—that always makes me feel lonely and afraid of losing you.” I asked how old the children were and what more she could tell me about them. The girl was about ten, she wasn’t so sure about the boy, she said, “about the same.” Then she left the topic of the children and went on to interpret this second part of the dream: it signaled that our work is not going to go quickly, there may be more trouble. Coming down from the high place is coming here to my office, where she might stumble, the children might be hurt, even though she hopes it will be safe, not polluted, “quieter, more natural.” I stayed with my line of inquiry, feeling from her concern about the children’s safety that her ten year old self would give us the core meanings of the dream. “You and Tommy are in the dream, but Alex is absent,” I observed, alluding to the brother with whom she is close now and the one from whom she is estranged. When she was ten, Alex had his first schizophrenic episode and turned violent, punching her whenever he got the chance, making her afraid to be at home. Her parents, overwhelmed, with no mental health knowledge, did nothing to protect her. She had to find safety at school and in her grandmother’s house. As an architect, she has designed many schools, and made many old buildings newly safe.

“So it was a wish? For Alex to be gone? I did want him gone. Up until then he was pretty normal; athletic; with lots of friends. I only have one memory from before that time of being punched, knocked out cold, but I don’t know who did it. I know I was younger, because we didn’t move upstairs until I was six or seven and this was before, in a time when I don’t remember being afraid of him. But I certainly didn’t have any real relationship with him, or with anybody else in my family, except maybe my mother. And certainly my grandmother.” She went on to describe how the central problem of her life when she was six and seven was that she got moved around in her school classes. She had wanted school to be what it mostly was, a haven, a stable, predictable refuge from her angry father, her beleaguered, depressed mother, and the two brothers. Many details came forth about being moved around and skipped forward on two different occasions because she was so gifted, a phenomenon in her working class ethnic neighborhood and a bewilderment to all
in her family except her grandmother, who hardly spoke any English but was able to be unequivocally a proud promoter of her.

Then her reminiscing turned to her mother and to Christmas Eve a year before her mother’s death, which came, finally, only a few months before her husband was diagnosed with the disease that, very rapidly and painfully, attacked and killed him. Her husband had made a video of that Christmas Eve—she still has it—and she thought that maybe if she looked at it she would be able to remember more about her mother, whose miserable last years had been the main topic of the session that preceded the dream. The possibility of putting her husband’s video in the television clearly disturbed her, and she changed course, asking me directly: “So, what do you think of this dream?”

I paused, considering whether to comment or wait for her to go on. After a silence of several minutes, in which her desire for me to join her in interpreting the dream was palpable, I steered a middle course, not interpreting, but commenting in a way that I hoped would bring out more of the dream thoughts: “When I am the guide and protector in your dreams, we are usually at the country house, which was so safe and so associated with [your husband].” “At the beginning of the dream, you were more of a guide than a protector. If I wanted to know something, I asked you. You knew the place, and the children, and I didn’t. I thought it was a positive dream—I could see things, views, that I hadn’t seen before. But I was anxious about the shoes—and I am still anxious about being here, about the therapy process.” I waited, and then said: “We were up high looking down on a city set strangely in the middle of the countryside, and smoke came billowing up from it—coming toward us. That smoke feels to me like reality.”

“Oh! My God. You’re right. It was that smoke. It was the World Trade Center. And the smoke coming right over to us, up high in your window. Oh, my God!” She lay still in stunned silence for many minutes and then said: “The thing I remember most vividly about being here with you that day was that when we were going to leave you asked me if my shoes were comfortable for walking, because I might have to walk all the way home, if the bus wasn’t running. That’s where the worry in the dream about the children’s shoes came from, isn’t it? . . . I think I wanted to take care of them as you had taken care of me. Protected me.”

O n September 11th, my patient had been in the subway headed downtown for her ten o’clock appointment with me when the World Trade Center Towers were hit. As she got off at my stop on the Lower East Side of Manhattan, the public address system informed her that there would be no further subways going below 14th Street. As she exited onto my street, people were screaming, pointing at the black smoke billowing out of both the Towers. She ran to my building, passed my nine o’clock patient in the hall, and came into the office ashen-faced, trembling. I had just come back into the office from the private section of my loft, where earlier the nine o’clock patient and I had watched the second plane hit 2 World Trade Center. When we greeted each other, I was sure that the Towers had been attacked by terrorists, but my patient was totally confused. As in the first part of her dream, when we joined each other for the journey, I knew more than she did.

I invited her into my private space to watch the television—the first of many boundaries that we crossed together that day. While the news anchors were reporting, we walked over to my windows and watched the black smoke growing thicker and thinner, blowing south, away from us. Finally, my patient asked me, trying to grasp what was happening, “We are being attacked, aren’t we?”

We spoke very little while we stood at the window watching the two Towers burning. The sirens from police and fire vehicles racing to the scene were so loud and so incessant that speaking through them was nearly impossible. I had discovered earlier that I could not call out on my phones, but we continued to have the television, and I told my patient that we should just stay, together, by the news source, and listen for any instructions or orders to evacuate. While I was closing the windows to keep out the smoke, which had begun to come east, toward us, the south Tower imploded.

My patient stared at the horrific fountain of white dust and black smoke and said “That is not possible. I don’t think that is possible.” Her thoughts on one level were technical, architectural. But, like a mantra, she repeated the denial again and again. I couldn’t speak. Then the second Tower fell. I remember trying to overcome my own incredulity by methodically putting together the pieces of news I was hearing from the TV and what my eyes told me: “Hundreds and hundreds of people must be dead, in the buildings, and now under the buildings.” And she asked, in a child-like voice, “Are we gong to die, too?” I never once thought that I personally was going to be attacked; but my patient immediately assumed that she would be—that we would be. I remember saying to myself explicitly: “You have to be as calm as possible for her, be a good mother, be her grandmother.” This instruction gave me a steadying sense of purpose, for which I was deeply grateful, and deeply solaced. Then and through the day, I heard in my own mind the voice of my intellectual mentor and teacher, the central figure in my ego ideal, who was steadying me while I steadied my patient. Three generations of care.

Into the middle of the afternoon, we watched the television together, and my patient came to know a great deal about me and my life as the incoming phone service was partially restored. Because I could not call out, I had to ask the friends and family members who could get through the jammed, uncertain circuits to call others on my behalf.
Patients called in to say they were all right, to see if I was all right, and to make arrangements. My patient was very discrete, and asked me no questions about any of the calls. She expressed no desire to contact her close brother or her friends. I offered to make sandwiches, but neither of us could eat.

At about three o’clock, we decided to leave my building together. This is when I asked her about her shoes, and gave her a bottle of water and a moist towel to cover her face if the smoke blew again in our direction. I wanted to walk the ten blocks or so west to St. Vincent’s Hospital, to respond to a televised appeal for my blood type, and to see if my counseling services were needed in the ER. Also, we had learned from the TV that there might be a bus on that side of Manhattan, above 14th Street, which my patient could take home. So our journey together crossed another boundary as we walked through the streets, which were weirdly peaceful, closed off to all but emergency vehicle traffic. People were talking excitedly over their lunches at the outdoor East Village cafes, in the beautiful clear, warm weather. But there were also clusters of people at almost every corner talking somberly, tearfully, gesturing south toward the plumes of smoke, embracing each other.

Near St. Vincent’s, in the huge crowd that had assembled to give blood and to offer their help to the hospital staff receiving the injured (there were so troublingly few survivors), my patient and I parted. As she left, she asked “May I come back at my usual time? I will walk to your office if I have to.” I said I hoped I would see her but that we would at least have a phone session. “Call me before then if you need to, but don’t worry if the phones go down again,” I said, keeping my worry that there would be further attack to myself. “May I hug you good-bye?” she asked. I put my hand on her shoulder and said that we would talk about this time and her feelings when she came back. “I know,” she said, teasingly, “not about your feelings, just about mine.” She had known then that I would put the normal frame of our work back in place, and she had both wanted that and wanted our time together to go on and on—as she told me later.

In January, as she continued associating to her dream, my patient grew more and more impressed by how many of the details in the dream related to September 11th. These details were like day residue from a day that fell out of time, a day stretched beneath all the time intervening. Suddenly she asked me “Do you ever think about that day?” This was typical of her. We had talked about September 11th many times, often focusing on her reactions to the brief obituaries in the *New York Times*, which she read in identification with all the widows quoted in them. She had wanted to ask whether I thought about being with her that day, but she could not be so direct. My patient is very afraid that while she thinks about me and our work constantly, I only think about her when she is in my office. Being “totally, totally dependent” on me makes her afraid, angry, grateful, thrilled—a vast range of emotions; it expands her, opens her, but it scares her to feel all these emotions when she has been, for nearly six years, in her widowed mourning, so traumatized.

I said, simply, “Yes, I do think about that day.” “I often think when I’m awake about how lucky I was that I was here. I almost can’t imagine how I would have reacted if I had been by myself.” I felt badly that the patient who was here before me left, and I wondered what happened to him. I think he was one of the people coming up the hill at the end of my dream. Where was he when the buildings fell?” “He got home safely,” I said, thinking that she was fearing again for the safety of her close brother. Some later associations to the boy child in the dream taught us, though, that she had feared not just for her close brother but for her husband, who was in age “almost the same”—and who had certainly needed protection from the deadly pollution that killed him.

After a long pause, she went on: “I just think I would have had a—I don’t know. . . . It would have been very different if I hadn’t been here. I was able to stay as calm as possible. It was like you were my grandmother. I would have been really traumatized. I don’t think I was traumatized.” Listening to her, I felt that what I had said to myself on September 11th must have been in some way—a kind of thought transference—conveyed to her: “You have to be as calm as possible for her, be her mother, be like her grandmother.”

Even taking into account how much my patient needs to assure herself and me that she is getting well and doing well, that her life and her dreams are “positive” now, that the time of drinking and drug-taking is behind her, I think her assessment that she was not traumatized by the events of September 11th is correct. She was protected, housed, by me in my house, by me and my house inside her. She was like the British children described in Anna Freud’s reports on her wartime residential nursery, whose ability to live untraumatized right through month after month of the Blitz was rooted in their secure attachments to nursery workers who were, themselves, calm and reassuring. The children were frightened, shocked, upset, but not traumatized: their senses and egos were not overwhelmed, paralyzed, rent; their secure attachments were not destroyed. They did not collapse, implode.

But, although my patient was not traumatized, her earlier traumata were reactivated. In retrospect, I can see that September 11th propelled her into a regression, a regression of the sort Michael Balint called a “benign regression,” which allowed her to recreate in her dream her earlier traumatizations. Her husband—her loss—was represented in her dream by her search for their safe house, by the other child, and in her transference love of me. Her schizophrenic brother, the terrorist of her adolescence, was present in his absence as she wished him gone, dead. But it was also clear
In a trauma, the ego is breached, knocked out in whole or in part, with all kinds of possible symptomology marking the loss of function and the splitting, as Freud saw. But this piercing of the “stimulus barrier” is also—and perhaps more importantly, although less emphasized in our theory since Freud—a sudden separation, a breaking of relatedness, a terrifying experience of “I am alone.” How trauma in this relational aspect can be prevented is what my patient’s dream, the very possibility of the dream, taught us. The dream recaptured a situation in which something horrible and potentially traumatic happened but my patient’s ego responded by expanding, taking the events in, and entering into a stage of benign regression which became a state of openness to another human being. Such a regression cannot be entered into alone; another person, who is trusted or represents trust, must be either physically there or psychically there, completely available, an auxiliary ego protecting, housing, the threatened ego. The ideal place for this to happen is in a psychoanalysis, but it can, September 11th taught all of us, happen right in the middle of the horrifying, terrifying traumatic event itself, and the other person can even be a stranger who, perhaps only for a brief time, offers the unconditional relational shelter, the protective architecture.

Many, many hundreds of people died in and under the Trade Center buildings on September 11th, more than any of us could have imagined, and many thousands of people were traumatized, at all degrees of intensity, and to degrees of transience or permanence that we will not know about for a long time. But there was also much trauma prevention, and this impressed everyone, although it was seldom called what it functionally was, trauma prevention. Everyone tried to describe it, giving it different names and using different vocabularies. Most frequently, it was noted as a sudden welling up of kindliness, friendliness, courtesy, generosity, self-sacrifice, compassion—a countersurge of relatedness in the surge of destruction and death, separation and loss.

I think of this trauma prevention as an instinctual drive to connect manifesting itself. It brought people to their phones and cell phones to speak their love and to get love; it brought people to communicate with people they had long been out of touch with, or with strangers; it brought people to go to their neighborhood fire stations and police precincts to tell the surviving fire and police people how moved and grateful they were for the courage of the living and the dead; it brought people to memorials large and small, planned and impromptu. People sought emotional, relational shelter and when they found it they allowed themselves to regress into dependency. So there was for a time after the horror something child-like, innocent, simplified, in many people’s—the lucky ones’—lives. And they were moved to give in kind to others the sheltering they had gotten. My patient, as an instance, had given me for Christmas, 2001, a leather-bound notebook in which, she had suggested, I could write my dreams.
THE DEVELOPMENT OF MY VIEWS ON PSYCHOANALYTIC THEORY

Robert R. Holt, PhD

Everyone who has tried to contribute to psychoanalytic theory must have been influenced to some extent by his personal experiences, and I am no exception. In the course of my personal analysis, I became convinced that the wish to understand and to be able to cope with my neurotically difficult, paradox-ridden mother was an unconscious source of my interest in a psychology that gave insight into such people. A bookish boy, I first encountered such a psychology in Karl Menninger’s *The Human Mind*, when my parents got it as a Book-of-the-Month.

I didn’t read further, but when I went to college I immediately enrolled in introductory psychology. It was so dull and the departmental faculty to generally lacking in obvious luster that I was nearly put off. I did take a chance on one follow-up, Hadley Cantril’s course on social psychology. It proved to be such an intellectual adventure that I chose psychology as a major and Cantril as my mentor. (Another obvious bit of subterranean influence: my parents divorced when I was under 4, and for many years I searched for a substitute, nurturing father.) Cantril was the only member of the Princeton faculty who did not have a negative and dismissive attitude towards Freud and assigned some reading in his work. He got me excused from the experimental lab course and had me learn research method by working on problems that interested me, like what it did to a person to have his name changed (as mine was when my mother remarried shortly before I started kindergarten.) Under his permissive sponsorship, I parlayed that project into an honors thesis on the psychology of personal names, quite unaware that it was to become one of the first contributions to a new branch-or twig-of psychology, and got thoroughly hooked on the addictive delights of research.

Cantril sent me to Harvard to study with his own mentor, Gordon Allport. I innocently assumed that the latter would be as warmly caring, informally relaxed and friendly as the former. Despite his democratic values and decency, Allport seemed shy and distant, not at all inclined to take me under his wing though polite and helpful. Nevertheless, I spent a year trying to make something out of an idea for a thesis that he suggested, only to feel desolated by his negative reaction to the plan I came up with.

It chanced that the legendary Henry A. Murray had just returned from an extended leave and was said to be starting up a new group project like the one reported in *Explorations in Personality*. So, heart in mouth, I went to see him, presented my nascent proposal, and was bowled over by his enthusiastic response: He would sponsor my dissertation and urged me to join the team. So began a wonderful immersion in a remarkable institution, the Harvard Psychological Clinic, and group of like-minded people, all more or less psychoanalytic in outlook (as Allport was not) and inspired by Murray’s dynamic leadership. Just below Harry in an implicit hierarchy were the glamorous and enigmatic Christiana Morgan and that paragon of self-control, intellectual rigor, and New England gentlemanliness, Robert W. White. Next came Fritz Wyatt, Jurgen Ruesch, Elliot Jaques, and Silvan Tomkins, who became my roommate and close friend. Finally, the graduate student assistants; those who were in the inner circle included Leo Bellak, Daniel Horn, and myself.

Those two and one-half years working with this core group, plus others almost equally stimulating, were one of the great experiences of my life. Shortly before it began, however, I had a grand mal seizure resulting in a Mass. General workup by the great neurologist Stanley Cobb, who recommended psychoanalysis. I began in the fall of 1940 with a recent graduate of the Boston Institute who left town after one year, turning me over to Felix Deutsch. At once, what had been a boring and largely fruitless endeavor became exciting and eventful. I was able to change in a number of gratifying ways, terminating in February 1944. That same week, I passed my doctoral oral and got married to a graduate student of sociology, Louisa Pinkham. Through her, I had been able to join an informal, after-hours seminar on psychoanalysis and the social sciences that met in the home of her thesis sponsor, Talcott Parsons, and included Ives Hendrick, Edward Bibring, a couple of younger analysts, the anthropologists Clyde and Florence Kluckhohn, and another graduate student, Freed Bales.

So, though I was under a prohibition against reading in the core literature for most of my graduate study, I absorbed a good deal from people who had been trained in psychoanalysis but had open, eclectic, and above all investigative outlooks, and of course from my own therapeutic experience. That and my diagnosis (idiopathic epilepsy) kept me on the sidelines as a 4-F when war broke out. At the same time, however, I had earned some money as a survey research interviewer and had one brief but intense dive into that field. That seemed the best way I could get into “war work”: I joined the Division of Program Surveys (in the Department of Agriculture in Washington) and for two years worked on helping the Treasury Department find out how best to sell war bonds. It happened to include first-rate training in quantitative, reliable content analysis of free verbal texts, for our central tool was not polling but interviewing.
My wife joined me after completing the didactic part of psychoanalytic training; she was one of three social scientists to whom the Boston Institute had given their first Sigmund Freud Fellowships. Together we enrolled in some evening courses at the Washington School of Psychiatry (with Sullivan, Fromm, Clara Thompson, Frieda Fromm-Reichmann, David Rioch, and Ernst Schachtel, from whom I got a good introduction to applying psychoanalytic ideas to interpreting the Rorschach test). Two years of that exposed me to the interpersonal point of view from some powerful spokespersons, but I still inclined more to Freud.

Early in 1946 after the war’s end, and on Murray’s recommendation, David Rapaport recruited me to join the staff of Karl Menninger’s School of Psychiatry and residency program at the VA Hospital in Topeka. There I learned diagnostic testing from Rapaport himself—a hard taskmaster, but another intensely charismatic teacher who in time became a dear friend and mentor. His approach to diagnostic work was explicitly grounded on psychoanalytic theory, of which he had an unequalled mastery, and he also directed a Research Department at the Menninger Clinic which was devoted to attempts to test and extend the theory. He took Louisa on to his research staff, which included Merton Gill, Sibylle Escalona, Margaret Brennan, Roy Schafer, Paul Bergman, and soon Benjamin Rubinstein.

It is difficult to convey the intellectual excitement of the atmosphere in Topeka then, the sense that we were part of an audacious attempt to integrate all the clinical disciplines and solve the core problems of mental health with Freud’s great insights. A Menninger School of Clinical Psychology was started under Rapaport’s leadership, conjointly with Kansas University, and half a year after my arrival I found myself on its faculty, along with my good friends Marty Mayman and, later, Roy Schafer, supervising the clinical training of a dozen bright and promising young psychologists. They included Philip S. Holzman, Herbert J. Schlesinger, Harry Levinson, Riley Gardner, and Arthur Kobler.

About a year later, Rapaport asked me to join him in a major research, which we called “the selection project.” He and Karl Menninger had decided to seize the opportunity of running the largest psychiatric residency program anywhere, the Menninger School of Psychiatry, to try to learn how to select young physicians for professional training. Grant funds in hand, he was able to hire first me, then Lester Luborsky, and finally William Morrow as its staff. He encouraged us to restudy the problem, develop and execute a new design. It occupied me for my remaining six years in Topeka, mostly on his Research Department staff, continuing to do some clinical work as a diagnostic tester but mainly in research.

A formidable intellect—one of the few authentic geniuses I have known—with old-world manners and reserve, Rapaport held his staff to the highest standards and tolerated no sloppiness, pretense, or superficial compliance. He demanded respect, but could also be warm, charming, funny, and after one had proved himself, intimate. He was the single greatest influence on my whole career, my model as a thinker and scholar, and someone to whom my debt is incalculable. In many ways he taught me, opened doors for me, shared his personal experiences, supported my personal and intellectual growth, helped me through difficult times in my personal life—altogether, the kind of friend one is lucky to encounter once in a lifetime. (See also Holt, 1967 and 1989, Chapt. 1, and 1993.)

One way he helped was to introduce (and recommend) me to thinkers he knew and respected, like Erik Erikson on one of the latter’s visits to lecture in Topeka. I admired Erikson enormously, and enjoyed conversations when we occasionally met, but it was through his books that I came under the influence of his broad outlook, combining psychoanalysis with psychosomatics, cultural anthropology, sociology, and history. Hearing him bring all these points of view to bear on the understanding of real people in case conferences at Riggs was revelatory. Later, when Robert J. Lifton invited me to attend his yearly psychohistory conferences in Wellfleet, I had at least annual interchanges with him until his death.

Soon after my arrival in Topeka, overestimating the significance of my encounters with psychoanalysis recounted above, Rapaport persuaded the Topeka Psychoanalytic Society to take me in as a (dues-free) Research Member. I was able to attend and participate in all meetings of the Society, and to audit any of the Institute’s seminars. It was the best of opportunities: I could and did sample every teacher and course, participating fully when I found it useful and otherwise quietly dropping out. In five years I read what the regular candidates read, was able to argue points with everyone from Rudolf Ekestein and Hellmuth Kaiser to Bob Knight and both of the Menninger brothers, not to mention Rapaport himself. Thus, I got a thorough grounding in the classical Freudian literature but was able to be as critical as I liked without any unpleasant consequences.

David (as Rapaport permitted me to call him after a couple of years) set up a program of psychoanalytic research training fellowships for foreign clinicians, which brought in a number of stimulating people. Luckily, he assigned to me the task of helping a promising young psychiatrist, Benjamin Rubinstein, a Finnish Jew who was eager for psychoanalytic training and possessed a powerful, restless intellect and a wish to do research. Nothing much came of his project with which I tried to help except a firm friendship that lasted and deepened for the rest of his life. I have told the story of that relationship and its influence on my theoretical thinking.
elsewhere (Holt, 1997) so I will not repeat it here. I followed him to New York in 1953 and we were able to maintain close personal and intellectual contact thereafter. To jump forward in time a bit, shortly before his death a group of his friends and colleagues decided to honor his forthcoming 80th birthday not with the usual Festschrift but by collecting and publishing his papers (Rubinstein, 1997). The main task fell on me, with some help from Morris Eagle and Hartvig Dahl, with the result that I spent several years reading and re-reading all of his output, with a steadily growing appreciation of its profundity. Since Rapaport’s death, then, I must count him as the principal influence on my theoretical thinking.

Rapaport left Topeka five years before I did, in 1948, but we continued to correspond frequently about the progress of the Selection Project and our other mutual interests. He expected to be shown working drafts of any paper written by a student or colleague of his, which he would return with many notes, questions, comments, corrections, and suggested extensions. Since he was willing, I did the same for him, as did Merton Gill and a good many others. What an intense learning experience! Actually, his example taught me that I could get as much as I gave by repeating this practice with my own students. Needless to say, it was an enormous privilege to be able to read and comment on successive drafts of what turned out to be many of his classical contributions to psychoanalytic theory. That was particularly true of The Structure of Psychoanalytic Theory (Rapaport, 1960). Trying to help him think through the most fundamental issues and assumptions of psychoanalysis was an education in itself.

How could anyone have gone through such an apprenticeship with such a man without absorbing both his profound respect for Freud’s achievement and the corollary assumption that it was worthy of the most dispassionate scrutiny and scientific testing? He taught me his quasi-Talmudic style of reading and re-reading the corpus of Freud’s output, his demand for absolute clarity of theoretical reasoning (an ideal, I hasten to say, unattainable in practice), and his belief that any theory must ultimately lead to some kind of confrontation with empirical observation if it is to be useful.

Back to the personal for a moment: With the breakup of my first marriage, I went back into analysis in Topeka with William Pious, who helped me a great deal. Yet there remained difficulties in my relationships with women, not to be overcome until after a third bout of treatment, this time in New York with a gifted though not widely known woman, Charlotte Feibel. With her help, I was able to make a good second marriage and to survive its tragic ending when my wife died a year and a half later. I can’t say in any detail how my total of about eight years in psychoanalytic treatment affected my theoretical work. It should be evident, however, that I had a real immersion. I overcame two serious psychosomatic symptoms and deep difficulties in interpersonal relationships, and am convinced even though I cannot prove it that I would not have been able to do so without psychoanalytic help. Nothing else can give such a deep conviction that it works and that there must be something valid about its theoretical understructure. Though all my analysts were Freudians, they were quite different, technically as well as personally. The three most important of them did not follow the classical rules rigidly and made no attempt to indoctrinate me in the theory; indeed, they discouraged discussion of theoretical issues from the couch.

When I was offered an Associate Professorship and the chance to direct a new Research Center for Mental Health at NYU in 1953, my first move was to get George S. Klein to join me. We had become good friends in Topeka, where he arrived a couple of years after me, joining Rapaport’s Research Department and, unlike me, entering psychoanalytic training as a regular candidate. (By the time that became possible for psychologists, I had already skimmed the cream off the theoretical education available there. Always somewhat ambivalent about learning to do therapy myself, I was also advised by Pious against it.) But George also left Topeka a couple of years before me to seize the opportunity to work with Jerome Bruner at his Harvard Center for Cognitive Studies. He agreed to come and be Director of Research, leaving the administrative work to me, though after a few years we became Co-Directors. What a great partner he was! He brought a thorough background in experimental psychology, years of varied research work, and a restless curiosity coupled with teeming creativity. He could spin off ideas at a bewildering rate for new research projects in the area we had decided to tackle, the psychoanalytic theory of thinking. He had completed full training at the New York Institute and kept up a small clinical practice—credentials I lacked. He also had a charismatic quality I envied, which drew the best students to him wherever he was. He too had been apprenticed to Rapaport, who maintained a fatherly interest in our joint venture. Like me, his basic outlook was Freudian and we shared a distaste for orthodoxy together with a faith that psychoanalysis could be made a real science.

It is hard to say how much George influenced the development of my ideas about what needed to be done with the theory. He tended to leave the library work to me, as I deferred to his greater expertise in the lab. Yet of course he had a strong desire to contribute to theory, and we continued the habit of reading and commenting on one another’s drafts of all kinds, even though we produced only one joint theoretical paper (Klein & Holt, 1960). Towards the end of his tragically foreshortened life, however, when he became convinced that one could simply dispense
with metapsychology and build the clinical theory into a complete system, I could not follow him, especially when he flirted with hermeneutics. I found Rubenstein’s (1976) arguments convincing, that the clinical theory alone was incomplete, and any substitute for metapsychology should be a “protoneurophysiology.” That is, it should be stated in psychological terms, but should be consistent with the rapidly advancing brain sciences.

George’s forte had been experimentation, while mine had been diagnostic testing. The TAT had been my favorite test, but when Bruno Klopfer approached me in 1952 and asked me to contribute a theoretical chapter to his forthcoming Rorschach book (Klopfer, Ainsworth, Klopfer, & Holt, 1954), I agreed. I had been giving a course on theories of personality to the residents and to the graduate students in the Menninger School of Clinical Psychology, so it was an interesting challenge to start from the theories, asking what each might suggest about aspects of personality that could affect responding to inkblots. When I got to psychoanalysis, I focused on a paper of Hartmann’s (1950) in which he suggested that you could tell how neutralized cathexes were by the degree to which the associated content was remote from raw instinctual aims. That translated rather directly into a way of scoring the libido or aggressive content of responses as more socialized or more primitive. Some encouraging early results encouraged me to continue, especially when I realized that what Hartmann had called non-neutralized was included in Freud’s primary process. Next, it struck me that much of what Rapaport had taught about the different kinds of schizophrenic “verbalization responses” to the Rorschach were varieties of condensations, displacements, contradictions, and other formal aspects of primary process thinking. And when, to my surprise, I found many of these supposed indicants of primary process in the Rorschachs of relatively normal psychiatric residents and college students, I looked more closely to see how they might differ from the similarly-scored responses of psychotics. The differences were plain to see and made good sense. In short, I had come upon a way to distinguish what Kris called regression in the service of the ego from pathologically regressive thought products.

So the emerging scoring system seemed just what our program of research on disordered thinking needed. I put it through many revisions and extensions, hewing as closely as possible to Freud’s own richly detailed clinical descriptions, and applying the emerging instrument to subjects in our studies of subliminal perception, dreaming, drug reactions, etc. Now, 50 years after its beginning, I am about to publish a massive monograph (Holt, in press) presenting the final scoring manual, a summary of the major findings of over 200 researches using it (mostly those of others, especially my students), and the theoretical yield of all this work, which I at least find impressive.

Rapaport was a great enthusiast for metapsychology, a subject to which he devoted not only many of his publications but numerous psychoanalytic seminars. Fortunately, most of the ones he gave at the Western New England Institute were recorded and transcribed, and I studied them carefully, especially in the years after his death (1960) when I began teaching a course on the development of Freud’s thought in NYU’s graduate program in clinical psychology. Even before he died, I had begun to raise with him serious questions about the tenability of the concept of psychic energy. I dug into a thorough review of metapsychology, in a series of papers later collected (Holt, 1989). Regrettfully, I had to conclude that it was beyond saving by revision, updating, amendment, whatever. A fresh start was necessary, and the prospect was daunting.

Meanwhile, I looked into each of the new schools of psychoanalysis of which I became aware, but turned away from each as soon as I saw that none of them reacted to Freud’s major theoretical errors and challenged his metapsychology. Not being a working clinician since 1960, I was probably insufficiently impressed by the clinical usefulness of many innovations.

It is tempting to dwell on the golden era of the Research Center for Mental Health (approximately 1955-1970), when George and I assembled an outstanding staff, raised enough grant money to fund many exciting researches, and contributed to the research training of numerous students in NYU’s well-esteemed clinical program. Suffice it to say that it completely convinced me that coordinated programs of theoretical and empirical research were vital to the future of psychoanalysis, and that it was on its way to becoming a genuine science.

Shortly before leaving Topeka, I had been much taken with a visiting lecturer, Ludwig von Bertalanffy, and George and I were impressed by his paper on open systems (1950). I gradually became more aware of General Systems Theory, and in 1961 on returning from a year at the Center for Advanced Study in the Behavioral Sciences I stopped off in Michigan to see my old friend Jim Miller and his Mental Health Research Institute. He told me about the exciting work that was to result in his landmark book, *Living Systems* (1978). At about this time, through a former student I made the acquaintance of Anatol Rapoport and learned that he was a major figure in the general systems movement. But when I finally joined the Society for General Systems Research in 1976, I got there through a detour into metaphysics! My attempts to understand Freud and to figure out how such an awesome intellect could have made so many avoidable errors led me to look into the basic assumptions that seemed to underlie his work. Maybe it was what Erik Erikson called his world view, or what Gerald Holton (1973) called themata.
(I owe to Bob Lifton’s Wellfleet meetings the chance to get to know Holton and his stimulating approach to the study of scientists’ ways of thinking.) Searching in the NYU library for books on world views, I came across Pepper’s (1942) remarkable little book, *World Hypotheses*. He convinced me that I needed to consider Freud’s philosophical assumptions—about the nature and origin of the universe, about knowledge, reality, the mind-body problem, the problem of free will, ethics, the existence of God—in short, the classical issues of metaphysics. That led me to the hypothesis that many of Freud’s errors stemmed from his having absorbed major elements of two fundamentally different world hypotheses, which Pepper calls mechanism (including scientific realism) and animism (the outlook of religion and much of humanism). Reading more Pepper, I found that just before his death he had hailed the systems philosophy of Laszlo (1971) as the most comprehensive and defensible world hypothesis yet. That brought me back again to General Systems Theory; I read more, joined the society, and became convinced that it pointed the way to a new assumptive underpinning for psychoanalysis.

During the last decade, I have become interested in complexity theory and the related dynamic systems outlook of Thelen and Smith (1994), which seems to be the form into which GST has reorganized itself. Indeed, the concept of self-organization is central to these emerging disciplines, and helps fill the gap left by the necessity to kiss the old structural point of view goodbye. A recent book (Palombo, 1999) shows how some of these new ideas can be applied fruitfully to psychoanalysis. Moreover, recent developments in the fast-moving field of the brain sciences make it look as if the time is nearly at hand when analysts generally will recognize the need not to propose theories that cannot be reconciled with contemporary knowledge about the brain and its biochemistry. In short, we must all adopt the position long ago advocated (under the unfortunately tongue-twisting name “protoneuropsychology”) by the prescient Benjamin Rubinstein. I have done what I could, in my forthcoming monograph, to restate the psychoanalytic theory of thinking in this spirit.

That’s the current status of a very idiosyncratic and unfinished journey, an approach to theory that many practicing psychoanalysts who read it will doubtless feel is quite far from the reality with which they struggle daily. But, as well as I can reconstruct it, that’s how it has gone for me.

References


Coming To Terms With Sexual Abuse  Richard B. Gartner, PhD

On January 1st of this year, I became President of the National Organization on Male Sexual Victimization (NOMSV at www.nomsv.org) for a two-year term. I had no idea that within weeks of my assuming the presidency there would be an explosion of interest in the subject of male sexual victimization because of the scandals involving the Catholic Church.

In the past few months, I have become a media spokesperson in a far more active way than I ever imagined. Numerous newspapers and other media journalists have approached us for comments on pedophile priests and their victims. Interestingly, a number of the stories we worked on were killed by editors. My sense is that the media, like the public at large, is more comfortable thinking about the effects of the scandal on the Church than about the effects of sexual abuse on boys. As I write this in late June, however, there has been a shift in media attitude. Journalists have made more serious attempts to find out about what happens to victims, and this has resulted in longer interviews and some television appearances for me and some of our members, including men who were abused by priests.

My connection to NOMSV goes back to 1994, when I was present at the constitutional convention in Columbus, Ohio, that formally created it. However, NOMSV’s roots go back further, to 1988, when a group of therapists from different parts of the country who were working in isolation with male survivors of sexual abuse decided to have a conference in Minneapolis. Since then, we have had a series of conferences, approximately every other year, in Tucson, Atlanta, Portland (OR), Washington, Columbus, San Francisco, Vancouver, and New York. They have included a heady blend of participants: therapists who work with male survivors, male survivors, therapists who are themselves male survivors, survivors’ families and loved ones, and other professionals who work with male survivors (researchers, law enforcement and corrections officials, criminologists, attorneys, educators, clergy, journalists, and students). Our conferences have always been exciting and filled with emotional immediacy, in addition to offering professional training and also healing to survivors. (Our next conference is scheduled in Minneapolis on September 18-22, 2003.)

NOMSV’S mission statement is: “Dedicated to a safe world, we are an organization of diverse individuals, committed through research, education, advocacy and activism to the prevention, treatment and elimination of all forms of sexual victimization of boys and men.” To this end we have organized healing retreats for male survivors, advocated for male survivors in state legislatures, responded to media, encouraged research, and established our website. In a recent seven-day period, the website had over 70,000 hits worldwide. I invite you to visit it. It contains a variety of resources, including bibliographies, articles, a Discussion Forum and chat room for male survivors, and a Resource Directory of professionals who work with male survivors. I encourage anyone who has an interest in treating this population to apply to be in the Resource Directory. This can be done on line, and you do not have to be a NOMSV member to be listed, although of course we welcome new members. Others in the field who are NOMSV members or who have participated in recent NOMSV conferences include Mary Gail Frawley-O’Dea, Richard Kluft, Christine Courtois, Elizabeth Hegeman, Neil Altman, Laura Davis, Ernesto Mujica, Eli Zal, and Karen Hopenwasser.

My own interest in male sexual victimization goes back to the 1980s, when a male patient began to recall memories of severe sexual molestation by his father. I had little understanding of sexual victimization, and read what I could in the literature. At that time, there was very little available, and what there was mostly related to women. While these books and articles acknowledged the existence of sexual abuse of boys, they did not focus on it, and the reader was left with the impression that it is rare and that its treatment is very similar to that of sexually abused women. That did not match my own impressions, which became stronger when I started a group for sexually victimized men after I could not find one in New York for my patient. As I began to understand how masculine gender socialization and concerns about homosexuality intersect with a man’s capacity to process sexual victimization, I began to write about my views in a series of five papers given at Division 39 (Psychoanalysis). These papers led to my writing Betrayed as Boys: Psychodynamic Treatment of Sexually Abused Men, which was published by the Guilford Press in 1999. I became a member of NOMSV’s Board of Directors in 1998, was Program Chair for its 2001 conference in New York, and started my term as President this year. Had anyone told me twenty years ago that this would be the arc of my career, I would have thought them ridiculous!

Richard Gartner is a psychoanalyst in New York City. He is Supervising Analyst, Faculty, and Founding Director of the Sexual Abuse Program at the William Alanson White Institute for Psychoanalysis. His book Betrayed as Boys: Psychodynamic Treatment of Sexually Abused Men (Guilford, 1999) was runner-up for the 2001 Gradiva Award for Best Book on a Clinical Subject given by the National Association for the Advancement of Psychoanalysis (NAAP).
Psychoanalysis Informs Catholic Bishops on the Long-term Effects of Sexual Abuse

Mary Gail Frawley-O’Dea, Ph.D

Three hundred and thirty American Catholic Bishops and Cardinals gathered in June in Dallas to confront the sexual abuse scandal rocking the Church. At the semiannual meeting of the United States Conference of Catholic Bishops, the clergy heard comments from an unprecedented number of lay people before passing a new Charter for the Protection of Children and Young People. As one member of the laity, I addressed the Bishops during the nationally televised opening meeting of the Conference. I also participated in earlier meetings of the Bishops Ad Hoc Committee on Sexual Abuse.

My first experience of the Conference was to sit in on the Ad Hoc Committee’s meeting with about a dozen adult survivors of childhood or adolescent priest abuse. The victims had come to convey to the bishops their sense of betrayal, pain, and outrage, both at the vicinizations they had suffered as young people and, perhaps even more, at the cover-up they felt too many bishops had executed in order to protect priests at the expense of victims. The stories were wrenching and the bishops were wrenched, clearly moved and shaken by what they heard.

Later that evening, I was privileged to be included in the Ad Hoc Committee’s meeting to complete the final draft of the proposed Charter. I was admittedly surprised and uplifted by the respect and openness the bishops offered me. At this point, the Ad Hoc Committee was determined to do the “right thing” and welcomed professional advice and counsel.

The Conference opened the next morning with a strong and challenging address by Bishop Wilton Gregory, the President of the United States Conference of Bishops. Bishop Gregory defined the sexual abuse scandal as perhaps the gravest crisis ever facing the Church. Further, he placed responsibility for it squarely at the doorsteps of abusing priests and the bishops who covered up for them. Gregory was followed by Scott Appleby, PhD of the University of Notre Dame, a writer about the Catholic Church and modernity, and Margaret Steinfels, editor of Commonweal, a liberal Catholic lay magazine. Both spoke about the need for greater lay participation in Church affairs, particularly as an antidote to the clericalism that can separate the hierarchy from the people of the Church when it is allowed to operate unchecked.

The next speakers were four adult survivors of priest abuse who presented the impact on their lives of their earlier sexual traumas. While each was enormously eloquent and stirring, Michael Bland, PhD, a former priest himself, perhaps touched the Bishops most when he poignantly talked about his lost vocation, tearfully informing the assemblage that, while they had lost him as a priest, his abuser still functioned as a priest. As I gazed around the room while the survivors spoke, I saw some bishops weeping and some holding their heads in their hands. Others, of course, sat in what appeared to be stony defiance but they were far fewer than I might once have expected.

My turn to present arrived at the end of what already had been a long morning. As I discussed the long-term ravages of early sexual abuse and outlined suggestions for healing, most bishops sat at rapt attention. Many, many of them approached me individually that afternoon and thanked me for telling them what they believed they needed to hear.

On Saturday, June 15, the Conference passed the new Charter via secret ballot. The vote was 239-13 for the Charter, a testament, I think, to the Bishop’s responsiveness to the speakers they heard on opening day. The text of the Charter and copies of all the statements made the opening day of the Conference, including mine, are available on the website of the United States Conference of Catholic Bishops at www.usccb.org. My speech also appears on the website of the National Organization on Male Sexual Victimization at www.noms.org. While the Charter will be only as powerful as its implementation, the document is admirable in its clarity and stated intent to protect children from abusive clerics.

In addition, it unambiguously shifts the Church’s protection priorities from priests and bishops to children and young people. Further, the Conference of Bishops has established a National Oversight Panel, headed by former Governor Frank Keating, to supervise diocesan compliance with the charter across the country. If the Catholic Church is successful in battling child abuse through determined application of the Charter, they could become national leaders in fighting the exploitation of children everywhere, setting an example for other organizations and communities to follow.

My experiences as a “public psychoanalyst” left me with great gratitude for my training and great pride in the profession I represented in Dallas. I also walked away with many new impressions of an old Church, more conscious of the paradoxical threads of profound decency and profound arrogance woven through the fabric of the American Catholic Church. Finally, I appreciated first hand the best and the worst of the media’s treatment of the news. At its best, the media forced the Church to hold itself

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PSYCHOANalytic RESEARCH: PROGRESS AND PROCESS

RAYMOND A. LEVY, PsyD & J. STUART ABLON, PhD, Editors

Our first column is an interesting report about Maternal Reflective Functioning and its implications for Attachment Processes. John Grienenberger has utilized data from Arietta Slade’s Pregnancy Project to write this report.

Our second column is a report of our preliminary findings in our home-grown study of Brief Psychodynamic Psychotherapy of Panic Disorder at the Massachusetts General Hospital. We have been able to show that a 20-24 session psychodynamic psychotherapy for patients with Panic Disorder is an effective treatment. We will report further concerning the process variables that were present in our treatments that correlate with positive as well as negative outcome.

Also included in this issue is a response to a recent article in this section by Elizabeth Banon and colleagues on early transference interventions by Greg Novie.

We are planning to write a column about the belief among mainstream mental health professionals that psychodynamic psychotherapy has not been proven to be an effective treatment for many disorders. We are requesting that the Division 39 readership forward to us via e-mail <rlevy2@partners.org> your ideas about why this is true. There have been generations of studies revealing the effectiveness of psychodynamic psychotherapy and yet there is a consistent call for evidence of its usefulness. We would like to have your ideas to discuss and give back to the readership in a future column. Also, if you find research to be unimportant or not very relevant to your work as analytic clinicians, we would like to hear from you. Thank you in advance for your time and ideas.

MATERNal REFLECTIVE FUNCTIONING, MOTHER-INFANT AFFECTIVE COMMUNICATION, AND INFANT ATTACHMENT: IMPLICATIONS FOR PSYCHODYNAMIC TREATMENT WITH CHILDREN AND FAMILIES

JOHN GRIENENBERGER, PhD & ARIETTA SLADE, PhD

INTRODUCTION
Developmental research has increasingly sought to uncover the intersubjective foundations of early cognitive and emotional development. Recent theories emphasize the importance of the parental capacity to comprehend the developing mind of the child and to communicate this in a manner that gives the child a sense of his or her own mind (Fonagy, Target, Gergely, & Jurist, 2001; Slade, 2002). This capacity is thought to be closely tied to the quality of the regulatory functions provided by the parent. In other words, the parent must rely on an emerging understanding of the child’s mind in order to effectively engage with the child at the level of behavior.

The study reported here was conducted as a part of the Pregnancy Project, which is headed by Professor Arietta Slade at the City University of New York. The Pregnancy Project has sought to explore various aspects of early mother-infant attachment relationships, with a particular focus on the intergenerational transmission of attachment. The present study is one of a number from our lab examining the relation between maternal reflective functioning and attachment processes (Grienenberger, Kelly, & Slade, 2001; Slade, Grienenberger, Bernbach, Levy, & Locker, 2001). This particular study examines the link between maternal reflective functioning and the quality of mother-infant affective communication. Affective communication is considered as a potential predictor of the quality of infant attachment.

MEASURING MATERNAL REFLECTIVE FUNCTIONING
The construct of reflective functioning (RF) was developed by Peter Fonagy and his colleagues at the University College London (Fonagy, Target, Gergely, & Jurist, 2001; Slade, 2002). This capacity is thought to be closely tied to the quality of the regulatory functions provided by the parent. In other words, the parent must rely on an emerging understanding of the child’s mind in order to effectively engage with the child at the level of behavior.

The original RF measure was designed for application to the Adult Attachment Interview (AAI) (George, Kaplan, & Main, 1984); thus, RF referred to parents’ capacity to reflect upon their experiences with their own parents as these pertained to their experiences as children. In
the present study, we examined parents’ capacity to reflect upon their child’s internal experience and upon their own experience as parents. We interviewed mothers using the Parent Development Interview (PDI) (Aber, Slade, Berger, Bresgi, & Kaplan, 1985), which was designed to assess a parent’s representation of her child, herself as a parent, and her relationship with her child. Unlike the AAI, which assesses representations of past experiences, the PDI elicits representations derived from an ongoing relationship with the child. The level of RF was determined using an adaptation of Fonagy and his colleagues’ RF scoring criteria (Slade, Grienenberger, Bernbach, Levy, & Locker, 2002).

Essential to maternal RF is the capacity to recognize that her child has mental states. But it is her capacity to link this awareness of her child’s or her own internal state to behavior or to other internal states that is the hallmark of true reflectiveness. Here is a hypothetical example of a mother responding to a question about times when her child feels distressed: “He had a fit at the pharmacy (behavior) because it was late afternoon and he was exhausted and probably hungry by that point (physical state). We had been out for several hours, and I think he was tired of it and wanted to just go home (mental state).” Here is a more complex example in which the mother makes multiple links between the mental states and behaviors of both herself and her child: “He occasionally gets really angry (child’s mental state) for reasons that I don’t really understand (link to mother’s mental state). He sometimes tries to tell me something, and I respond, but it turns out that he really wanted something else (child’s mental state). I get really confused (mother’s mental state) when I don’t know what he is asking for or what he is feeling (link to child’s mental state), and it gets harder to figure out the more he starts to tantrum (child’s behavior). I may try to pick him up, but then I realize that he doesn’t want that at all because he is in the midst of feeling angry (appreciates child’s mental state). When that happens, I realize that it is me who has the need to hold him and make him feel better, but he wants nothing of it, so I will put him back down (making the distinction between her own needs and those of the child).

**Measuring Disruptions in Affective Communication**

The quality of mother-infant affective communication was assessed by the Atypical Maternal Behavior Instrument for Assessment and Classification (AMBIANCE, Version 2) (Bronfman, Parsons, & Lyons-Ruth, 1999), which tracks maternal disruptions in affective communication during the Ainsworth Strange Situation. The AMBIANCE measure was developed by Karlen Lyons-Ruth and her colleagues at the Harvard Medical School. The Strange Situation is a standardized videotaped experimental paradigm during which the infant is exposed to a number of stressors that are designed to elicit his attachment behavioral system. The AMBIANCE measure was developed in order to assess the various types of maternal behavior that have been hypothesized to be associated with infant disorganized attachment. This instrument differs from most previous measures of maternal behavior because it focuses specifically on moments in which the mother disrupts or intrudes upon the mother-infant interaction in ways that are disregulating to the child. Prior measures have tended to focus on maternal sensitivity or responsiveness. In essence, the AMBIANCE measure is able to track instances in which there are breakdowns in the mother’s ability to contain the infant’s negative affect. The AMBIANCE measure is made up of the following five dimensions: 1) Affective Communication Errors; 2) Role or Boundary Confusion; 3) Fearful, Dissociative Behavior; 4) Intrusiveness or Negativity; and 5) Withdrawal.

**Procedure**

The subjects were forty-four middle-class mothers and their infants. The data included scores of maternal RF, scores of maternal disrupted affective communication, and infant attachment classifications. Maternal RF scores were derived from transcripts of the PDI. Both the maternal disrupted affective communication scores and the infant attachment classifications were derived from the Ainsworth Strange Situation procedure.

**Hypotheses**

The study’s first experimental hypothesis predicted that mothers rated as higher in reflective functioning would be less likely to evidence disruptions in affective communication. The study’s second hypothesis predicted that mothers of disorganized or otherwise insecure infants would have higher levels of disruption in affective communication than would mothers of secure infants.

**Results**

Results provided significant support for both of the study’s major hypotheses. Maternal RF had a strong negative correlation with maternal disruptions in affective communication (r = -.474, p<.001). This correlation represents a large effect size. Thus, a mother’s capacity to reflect upon her infant’s mental state is inversely related to the degree to which a mother responds to her infant’s distress with behaviors that are characterized as intrusive, hostile, frightening, or withdrawn.

The quality of maternal behavior was also shown to be a very good predictor of infant attachment. Mothers with high levels of disruption in affective communication were more likely to have infants classified as disorganized, avoidant, or resistant, whereas mothers with low levels of attachment were more likely to have infants classified as secure.
disruption in affective communication were more likely to have infants classified as secure (p<.01, moderately large effect size). Each of these results will be discussed in relation to the implications for developmental theory, psychoanalytic theory, and clinical treatment.

**DISCUSSION**

There has been an increasing emphasis in the attachment literature upon the centrality of affect regulation within early caregiving relationships. This has provided a strong theoretical basis for understanding individual differences, at both the behavioral and the representational level, as alternate manifestations of a particular style of affect regulation. The literature in the area of reflective functioning, however, goes a step further. This work suggests that reflective functioning not only evidences the quality of affect regulation, but that it can also help determine a person’s ability to regulate affect. Painful affect becomes manageable, in part, because the person can see painful feelings, or disturbing thoughts, as merely mental states, rather than concrete realities, thus opening the possibility for modulation and change over time.

Fonagy’s theory of reflective functioning was developed with special consideration for Bion’s (1962) concept of affect containment. Fonagy suggests that secure attachment is the direct outcome of successful containment, namely the parent’s capacity to both reflect the infant’s internal state, as well as represent that state for the infant as a manageable image. Insecure attachment evidences failures of containment that differ in terms of the defensive compromises adopted by the caregiver (Fonagy, 1996; Fonagy et. al., 1995). The reflective functioning scale for use with the PDI was designed to evaluate the caregiver’s ability to openly reflect on complex and often uncomfortable mental states without the over-intrusion or the breakdown of defensive processes.

These same kinds of parental difficulties are also thought to exist at the level of the behavioral interactions between parent and child. The mother must not merely demonstrate that she understands the child’s anger, fear, or distress, but she must communicate this behaviorally in a way that serves as a model for the child, thereby indicating that he can have a similar experience of mastery (Fonagy and Target, 1998). With some caregivers, there is a failure of affect mirroring, but the caregiver is able to clearly maintain a parental role, and thereby demonstrate stability and mastery for the child. With others, there is an abundance of affect mirroring but a lack of the necessary calmness and confidence on the part of the caregiver. Finally, with some parents there can be critical breakdowns of both mirroring and mastery, as infant distress becomes a trigger for the caregiver’s own unintegrated and chaotic internal states.

A highly reflective mother is one who can become interested in what is going on in her child’s mind; she understands that knowing this is critical to being a “good enough,” sensitive mother. By reflecting on her own as well as the child’s experience in a variety of ways, she gives him a sense of who he is in a way that he can integrate and internalize. In effect, she provides him with a coherent story that makes sense of his internal experience. The infant’s developing a coherent, secure, sense of self depends not only upon his mother’s capacity for mentalization, but also upon her capacity to behaviorally respond to his affective state, particularly his distress, in ways that are containing and sensitive. The AMBIANCE measure focuses specifically on negative or disrupted maternal behaviors. This approach is different from prior approaches to coding the mother-infant interaction, which have typically focused on sensitivity, responsiveness, attunement, and acceptance. As noted by van IJzendoorn (1995), attempts to designate maternal sensitivity as the vehicle of intergenerational attachment transmission have been moderately successful at best. Our results suggest that aggressive and intrusive, and/or fearful and withdrawn behaviors, as well as miscommunications and misattunements may be more likely than maternal sensitivity to be critical in attachment transmission. When mothers respond in ways that disrupt mother-child communication, via behaviors that are frightening, hostile, withdrawn, or misattuned, child disorganization and insecurity are the result. These results raise a number of fascinating and important questions about the specific role of maternal aggression and unavailability in infant development.

One of the major hypotheses of this study concerned the relation between these two critical variables; specifically, we proposed that a mother’s RF in relation to her child would provide a buffer against the emergence of negative cycles of behavior during times of infant distress. Stated another way, we thought that those mothers who were able to openly reflect on their child’s affect and intentions would be better equipped to handle infant vulnerability without becoming overwhelmed by their own unintegrated fear or hostility. This was indeed confirmed by our results. Thus, we can conclude that maternal RF plays a critical role in helping mothers to provide integrated responses to infant distress.

In discussing the implications of the theory of reflective functioning for adult psychotherapy, Fonagy (2000) contends that the ultimate goal of treatment is to help the patient find meaning in his own and other people’s behavior. He suggests that the therapist’s technical efforts and therapeutic stance should be guided by an attempt to help the patient locate himself within the mind of the therapist as an intentional being. In other words, the patient must experience the therapist as someone who thinks about him as a thinking and feeling person. It is the patient’s internalization of the therapist’s interest in mental states that fosters the patient’s developing curiosity toward the contents.
and mental processes within his own mind. This same notion can also be applied to work with parents. Not only can the parent-infant or child psychotherapist demonstrate interest in the mental states of the parent, but she can also show this same curiosity regarding the mental states of the child. The parent and the therapist can struggle together, within the context of a safe and containing relationship, to understand the child’s thoughts, feelings, motivations, and behaviors. As in any good treatment, it is the therapeutic process itself, in addition to the insight that has been gained, that becomes integrated into the patient’s personality and can be utilized in an ongoing way.

Henry Krystal (1988) has written about patients who suffer from alexithymia, or the inability to see their own affects as signals. These patients find affect intolerable, and seek to avoid it by whatever means necessary. The results of this study demonstrate the importance of recognizing and tolerating painful affect not only in oneself, but also in the other. This leads to a further elaboration on the conceptualization of alexithymia, one in which affectively laden mental states, in either the self or the other, are experienced as if they were real threats to the basic well-being of the individual. It is not simply that the child’s distress stimulates similar feelings in the mother, but rather that the mother distorts or projects onto the child’s experience, and the child’s mental states are then felt as if they were real, concrete, physical threats. Thus, the maternal response may be characterized by fearful withdrawal, counter-aggression, or dissociation in order to defend against traumatic impingement upon the basic integrity of the self. Psychoanalytic theorists have described these kinds of behavioral enactments as driven by an underlying dread that has variously been referred to as annihilation, disintegration, or fragmentation anxiety (Bromberg, 1998; Brothers, 1995; Coates & Moore, 1997; Davies & Frawley, 1994; Kohut, 1984; Scharff & Scharff, 1994; Shane, Shane, & Gales, 1997; Winnicott, 1960). This kind of anxiety, by its very definition, is uncontained, unsymbolized, and unavailable to reflective modulation. Why would the child’s mental states be so disorganizing to the mother? One explanation can be found in the psychoanalytic theory of narcissism (e.g. Kohut, 1977). These dyads may be characterized by a lack of differentiation between the mother and her child. In essence, the child may serve as a narcissistic extension or a self-object for the mother, and thus when the child becomes distressed, it is overly disruptive to her. Furthermore, current psychoanalytic theories of intersubjectivity (e.g. Aron, 1996; Benjamin, 1988, 1998) have focused attention on the patient’s “recognition” of the other. A fully developed capacity for intersubjectivity is characterized by the recognition of the unique subjectivity of the other as separate from oneself. Difficulties with the recognition of the infant’s unique and separate subjectivity lie at the core of low maternal reflective functioning.

A somewhat different psychoanalytic theory of intersubjectivity, which has been proposed by Robert Stolorow and his colleagues (e.g. Stolorow & Atwood, 1992; Stolorow Brandchaft, & Atwood, 1987), is also applicable. Stolorow has developed a theory that highlights the impact of the observer on the observed. Stolorow’s notion of intersubjectivity emphasizes the inextricable nature of the subject from its context. This model presents a radical critique of the classical notion of the “isolated mind” of the infant developing with relatively little impact from the interpersonal surround. Although Stolorow does not reject the notion of dynamic intrapsychic experience, he sees the intrapsychic as existing within, and highly impacted by, the broader environmental context. Thus, for the mother to fully appreciate the intersubjective nature of the parent-child relationship, she must be able to acknowledge the profound influence that is inherent in what she does, how she thinks, and who she is with her child. Mothers with low reflective functioning are unable to grasp the powerful impact that their thoughts, feelings, and behaviors can have on the infant’s emotional experience. The application of psychoanalytic intersubjectivity theories to the parent-infant attachment relationship brings attention to an important paradox that is fundamental to the maternal experience. This paradox involves the challenges inherent in the mother’s attempt to reconcile the simultaneous separateness as well as interconnectedness between her own mind and the mind of her child. Therefore, the difficulties that can emerge in attempting to fully engage with the mental states of the infant (at either the representational or the behavioral level) may be related to the mother’s struggle to fully appreciate the strength of intersubjective experience while at the same time remaining aware of the fact of her infant’s separate existence.

The theory of reflective functioning provides one possible explanation of the manner by which some mothers are able to contend with this paradox. If the mother is able to gradually develop an appreciation for her infant’s mental states, then she will become increasingly aware of the uniquely subjective manner by which her child experiences the world. This will enhance her awareness of his separateness, which can ultimately help her to tolerate the intensity of the closeness that is necessary for the optimal development of the infant’s emergent selfhood.

Psychodynamic treatment has always sought to address the gaps in a patient’s narrative or the content that remains unspoken or avoided, as such markers have been understood to represent important areas of psychic conflict that are in need of interpretation and elaboration. However, interventions based on psychodynamic theory have often
been criticized for failing to emphasize the problematic behavior of the patient. These findings illustrate the powerful connection between a person’s inner world and their observable behavior in the external world. This research provides substantial support for psychodynamic treatments; particularly those aimed at enhancing the patient’s ability to reflect on mental states in both themselves and in others.

References


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Psychodynamic psychotherapy techniques are commonly used to treat a variety of mental disorders, although psychodynamic psychotherapy is not considered an empirically validated treatment (EVT) for Panic Disorder. There have been few empirically based studies of psychodynamic treatment for Panic Disorder. It is difficult to study psychodynamic treatments using traditional clinical trials methods because treatment manuals have not existed in the past. Milrod, Busch, and their colleagues created a manualized treatment and an adherence scale for their Panic Focused Psychodynamic Psychotherapy (PFPP) (Milrod, Busch, Cooper, & Shapiro, 1997). The study of PFPP along with the ongoing study Brief Psychodynamic Psychotherapy for Panic Disorder (BPP) being conducted by Drs. Ablon and Levy at Massachusetts General Hospital may help to bring empirically tested psychodynamic treatments to the forefront. Empirical evidence supporting psychodynamic techniques as effective forms of treatment could pave the way for psychodynamic treatment to become an accepted and viable treatment option for Panic Disorder. Our research group at Massachusetts General Hospital now has preliminary data supporting the efficacy of such treatment.

There are only two accepted standard forms of treatment identified by the Panic Consensus Statement, 1991. Cognitive-behavioral therapy and medication treatments have shown promising short-term results for Panic Disorder (Busch, Milrod, Cooper, & Shapiro, 1996). However, relapse rates for psychopharmacological treatments range from 70% to 90% after attempts to discontinue medication (Busch et al., 1996). Cognitive-behavioral therapy has lower relapse rates. It is difficult to assess these rates because many of these patients also frequently receive some form of psychopharmacological treatment (Busch et al., 1996). Some patients cannot tolerate medications or exposure techniques. Other Panic Disorder treatments need to be formulated and empirically tested so that clinicians will have a variety of treatment options.

The Brief Psychodynamic Psychotherapy (BPP) study being conducted in the Department of Psychiatry by the Psychotherapy Research Group at the Massachusetts General Hospital is a naturalistic treatment research study, i.e., there is no treatment manual. A naturalistic design was chosen in order to replicate what occurs in clinical settings. BPP aims not only to research the outcome of psychodynamic psychotherapy but also to discover the specific processes involved in the therapy that bring about change. Using Enrico Jones’ Psychotherapy Process Q-SORT (Jones, 2000), which was created for this specific purpose, the natural occurring patterns in psychodynamic psychotherapy for Panic Disorder will be identified and correlated with outcome. The Research Group has begun to study the process variables involved in these treatments and findings will be available in the near future.

Our study of Brief Psychodynamic Psychotherapy for Panic Disorder consisted of 20-24 weekly fifty-minute therapy sessions. Every four weeks, both the therapist and the subject completed a variety of outcome measures. Participants complete an initial diagnostic screening to determine eligibility. All eligible subjects had to have a minimum clinician-rated severity level of “moderately ill.” Subjects with comorbid disorders were included as long as they were not actively suicidal, psychotic, or abusing substances.

For the study’s purposes, we included both subjects who were currently taking medications at the time of their initial screening interview and those who were not taking any medications. Subjects who were treated pharmacologically had to be taking the same medication and dosage for at least two months prior to entry in order to be included. Participants were not permitted to change their medication type or dosage throughout the course of the study. Our population consisted of 6 (38%) participants who were currently taking psychotropic medications and 10 (63%) participants who were not taking medications at study entry.

Diagnostically, our study of brief psychodynamic psychotherapy attempted to adhere to the strict Diagnostic and Statistical Manual of Mental Disorders IV-Text Revision (DSM-IV-TR) guidelines for Panic Disorder. The DSM-IV-TR diagnostic criteria state that, “the essential feature of Panic Disorder is the presence of recurrent, unexpected panic attacks followed by at least one month of persistent concern about having another panic attack, worry about the possible implications or consequences of the Panic Attacks, or a significant behavioral change related to the attacks” (American Psychiatric Association, 2000). These diagnostic criteria have been problematic in many cases. Many patients who experience panic attacks for many years do not feel as though their panic attacks are “unexpected.” They are accustomed to knowing the specific situations in which they will experience a panic attack. Some patients described their attacks as being unexpected at first; however they soon became aware of the specific environmental triggers that indicate an oncoming attack. It is important to realize that although the subject may understand the environmental triggers, in most cases they still do not fully comprehend the psychological meaning of their attacks. This is important because by definition a psychodynamic understanding of Panic Disorder requires that the attacks are not “out of the blue”, although their meaning.
may be out of their awareness, and that the attacks have significant underlying psychological meaning.

Our subject sample consisted of 16 participants, 15 (94%) women and 1 (6%) man. All 16 participants were between the ages of 24-55. The mean age of our subject population was 35.

Seven (44%) participants reported having suffered from Major Depressive Disorder in the past. However, at the time of the initial screening only 1 (6%) participant met criteria for current Major Depressive Disorder. Seven participants (44%) reported currently having GAD. Panic Disorder with Agoraphobia was also displayed by a majority of our participants: 11 (69%) of our sample met diagnostic criteria for Agoraphobia. Another interesting finding is that seven subjects (44%) reported that they had suffered from separation anxiety as a child.

Our group of clinicians consisted of four psychiatric residents and psychology trainees and three experienced doctoral level psychologists. We met weekly to discuss cases in the context of a group supervision, listening to tapes of the actual therapy sessions.

We focused our clinical attention on forming a therapeutic alliance for the purpose of discovering the meaning or meanings of the patient’s anxiety while attending to their unconscious functioning and fantasies. We found that the most common defenses included reaction formation, undoing, and passive-aggression, all ways of handling anger that the patients found threatening or unwanted.

The subjects with co-morbid severe personality disorders were struggling with separation anxiety, fragile object constancy, the fear of loss of the object, an inability to soothe oneself, and a strong desire for merger. We found that the anxiety and panic of another group of subjects was mediated by guilt, usually from the subjects’ relationship to one or both of his or her parents.

Preliminary analyses indicate that patients in our study achieved statistical change on all primary symptom outcome measures from the beginning of therapy to endpoint (termination of psychotherapy). When examining the results from termination of therapy to the 6-month follow-up period, all participants maintained statistically significant change on all primary outcome measures. That is, six months after treatment stopped, all patients remained as well as at the end of their treatment. Of the 16 treatment completers, eight (50%) achieved remission of Panic Disorder (defined as a Clinical Global Impressions Scale score of normal or borderline mentally ill).

Clinically significant change represents another important way to assess treatment gains. Of accepted methods for establishing clinically significant change, the most stringent involves comparing a subject’s endpoint score on a measure to the mean scores on that same measure for dysfunctional samples and normative samples. Clinically significant change is said to occur when a subject’s endpoint score places them closer to the normal mean than the dysfunctional mean. By these criteria, when using a measure of global symptomatology [the Hopkins Symptom Checklist 90 - Revised: (HSCL-90-R), (Derogatis, 1994)], 56% of patients in this study achieved clinically significant change. Sixty-eight percent achieved clinically significant change on a measure of specific symptoms of anxiety [the Anxiety Sensitivity Index: ASI; (Peterson & Reiss, 1992-1994)]. These impressive rates of clinically significant change were all maintained at the six-month follow-up period.

In summary, patients treated with Brief Psychodynamic Psychotherapy for Panic Disorder showed marked improvement across all outcome measures and the majority also achieved clinically significant change and remission of Panic Disorder. Our results suggest, therefore, that brief psychodynamic psychotherapy is an effective treatment for Panic Disorder. More empirical testing needs to be conducted, however, in order to replicate and confirm our study’s findings. Other investigators (Milrod, Busch, Leon, Shapiro, Aronson, Roiphe, et al., 2000; Milrod, Busch, Leon, Aronson, Roiphe, Rudden, et al., 2001) are currently conducting a comparative trial of Panic Focused Psychodynamic Psychotherapy (PFPP) (Milrod et al., 1997) by randomly assigning subjects to either PFPP or an existing empirically validated treatment for Panic Disorder. The most significant limitations of our study are small sample size (N=16) and the lack of a comparison group with random assignment to treatment conditions. In an attempt to mirror clinical reality by using a naturalistic design, patients were also allowed to continue taking psychotropic medications during the study. Exploratory analyses suggest that brief psychodynamic psychotherapy was as or more effective for patients not taking medication as it was for patients already treated pharmacologically for Panic Disorder (Otto, Pollack, Penava, & Zucker, 1999). However, our limited sample size does not provide sufficient power to examine this variable statistically.

Future analyses of these data will focus on the application of the Psychotherapy Process Q-sort (Jones, 2000) to audiotapes of selected sessions from each treatment. This measure can be used to describe the process of the treatments empirically and to identify process correlates of treatment outcome.

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Tal Katzenstein, BA, is currently enrolled in the Ph.D. program in Clinical Psychology at the University of California at Berkeley where she also is involved in psychotherapy process research. She is the former Research Coordinator in the Psychotherapy Research Program at Massachusetts General Hospital.
I read with interest your recent article in Psychologist-Psychanalyst on early transference interpretations with male patients, a continuation of your previous work with borderline patients. A daunting task to be sure and I commend your efforts. It is too easy to criticize such a line of research as ignoring powerful non-verbal aspects of the clinical encounter. The importance of psychoanalytic research requires us to try to arbitrarily separate out component parts, as artificial as they may be. For example, the words of an interpretation can be received in countless ways depending on the manner in which delivered, the ambiance or atmosphere of that day’s session, etc. With borderline patients such non-verbal aspects are all the more powerful as signifiers of the state of the alliance and the course of the therapy at any given point.

In working for years with borderline patients in both psychoanalytic psychotherapy and psychoanalysis, I can relate to the appreciation of how sensitive such patients are to transference interpretations. Your line of research suggests a desire to improve technique to minimize damage to the therapeutic alliance. My reading of your article gave me the sense of the importance you place on maintaining the early alliance. In this view there is an on-going tension between giving interpretations and providing supportive comments as “buffers” to assuage hurt feelings. One could look at as a careful nitrating of the “dosage” of interpretation (the bad tasting medicine) and the controlling of unwanted side effects, i.e. rupture of the alliance. We can further specify rupture as anger or disappointment in the therapist, a failure of empathic attunement. Your reference to Freud highlights this tension as well. He viewed insight from transference interpretations as the mutative agent in psychotherapy but “the unobjectionable positive regard for the analyst” is “the vehicle of success.” How are mutative agents and vehicles of success different? As was usually the case with Freud black and white answers weren’t his focus as much as the heuristic value of questions and conflicts such as this. I think you have zeroed in on one such conflict - How do we try and stay emotionally close and yet give patients feedback about how they are relating to us, feedback we feel is mutative?

I am unclear about the idea of moment-to-moment changes in the alliance. Being able to assess this by raters reading transcripts of course leaves much data unavailable and you make note of this. Your assumption seems to be that maintaining the alliance early on in treatment is the overriding goal of the therapist. This is consistent with a self-psychological perspective on technique where breakdowns in the alliance are seen primarily as failures on the therapist’s part, failures of empathic attunement. A common pitfall from this perspective is the therapist getting a little itchy to make what he considers to be a clever interpretation. Your research inserts itself into that mental space between the time we think of such an interpretation and make a decision to give it or not. It would seem you are encouraging us to think about the possible determinants to giving it or to be ready to follow it up with a more supportive comment. It is a measure of clinical skill, I think, to do that but to occasionally say something spontaneously without such internal dialogue and analysis. Maybe an important point I’m trying to add to your important discussion is that could it be just as important to focus not only on how to avoid ruptures but also on how ruptures are repaired. In my work with borderline patients I have come to see such importance.

Reading your article inspired me to think about the nature of early transference interpretations. As my title indicates I argue for a position of regarding such interpretations as necessary from the beginning of treatment. My reading of your paper gave me the impression that you feel that maintaining the alliance is an important, if not the most important goal in the early part of treatment. Do you feel that’s the case? Freud’s belief (which you mentioned) that the mutative and curative element in psychoanalysis is insight from transference interpretations makes no reference to the importance of maintaining the alliance. I think your work is an illustration that Freud saw only a limited horizon, one privileged by language and intellectual understanding. The ensuing years of psychoanalysis have been an expanding of that horizon, most emphatically in the direction of the non-intellectual aspects of the encounter. Relational and intersubjective theorists have made Ferenczi’s notion of mutual analysis almost plausible. Relational theories, propelled at first by Kohut and self-psychology, emphasize, as you do, the importance of the alliance. I think this is largely done at the expense of transference interpretations and the privileging of intellectual aspects. Indeed, supportive measures often derive their power from the tone of our voice rather than the content of our words.

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Evolving Domains

Psychoanalysis in Dialogue with Science, Culture and Technology
22nd Annual Spring Meeting, New York City, NY, April 10-14, 2002
Panel and Paper Summaries

A Clinical Evaluation of the Role of Medication in the Treatment Process

Johanna K. Tabin, Bertram P. Karon, & Patrick B. Kavanaugh, PhD

Dr. Kavanaugh’s introduction was titled, Does A Little Bit Of Sugar Make The Medicine Go Down? He observed there are certain fundamental questions that are inseparable from considering the role of medications in a psychoanalytic discourse: What is the basic nature of the person, how does one understand the human mind, and what is psychoanalysis? How we might answer these and other such questions speaks to our core beliefs, values, and ways of thinking about people and life. And ultimately, our answers are inextricably linked with the philosophical beliefs and values by which we understand and interpret the so-called mentally ill of our society.

Increasingly, our psychological institutions understand and interpret people in ways that lead to medication as the treatment of choice for the more severe mental illnesses. If a bio-medical model of psychology or psychoanalysis is advanced as an empirical and causal science of mind, then its scientific propositions must be held to, and meet, the evaluative standards of both medicine and science. There is a growing body of literature in the scientific community, however, that unequivocally asserts that the research underlying atypical antipsychotics is scientifically and medically unacceptable; that the nature of the triangulated dialogue between our psychological institutions, the neurosciences, and the pharmaceuticals has been economically, and ethically, corrupted; and that the role of the atypicals in the treatment of severe mental illness is a form of medical fraud. The question was raised: Is the dialogue between our psychological institutions, the neurosciences, and pharmaceutical corporations tomorrow’s version of Enron in the psychological community?

Drs Tabin and Karon addressed two questions: What is the therapeutic effectiveness of the atypicals and, what is the effect of medications on the analytic process? Citing extensive empirical data, they called into question the effectiveness of psychotropic drugs as therapeutic agents; spoke to some of the possible communications when we participate in either prescribing or referring for medications; and were in agreement that schizophrenic people are best treated without medication, if certain anxieties can be tolerated. As a community of citizens, professionals, and scholars we might do well to reconsider our received biologic assumptions, knowledge, and wisdoms.

Dr. Tabin’s paper, Psychotropic Pharmaceutical Prescription and Counter-Transference, explored some of the counter-transference pressures that an analyst might encounter. It asked what may interfere with an analyst’s trust that unpleasant ways of experiencing the world are unconscious choices which feel beyond the person’s control for understandable reasons; so that instead it seems there is a defect in the person’s brain that determines how the patient feels, requiring a change that the analyst accomplishes with the magic of medication-taking over control from the person’s inside.

Granting that a psychoanalytic therapist’s conscious intention in wanting a patient to use psychotropic pharmaceuticals is to offer the patient the best of science, it is prudent to examine the quality of science involved. Recent evidence (from several cited sources) is that the so-called placebo effect is misunderstood as something of merely superficial significance. This effect would more accurately be called a “signal for self-healing.” Fisher and Greenberg’s work reveals that substances given to subjects in order to create a control group are about as effective as the prescribed substances, if the control group can detect them as “active.” Anecdotal experiences of positive responses by patients to prescribed substances must be understood in psychological light.

A case was presented in which the author, in spite of some accustomed clarity as to the use of prescribed drugs, felt medication was in order. With hindsight, it became clear that anxiety on the part of this analyst obscured recognition of a profound transference that actually took place. Prescribing psychotropic pharmaceuticals is an enactment, and like all enactments a sharp signal from the unconscious that rather than to act, we have something to learn.

Bert Karon, in his paper, The Effects of Medicating or Not Medicating on the Treatment Process, discussed the empirical data that indicate schizophrenic patients are best treated without medication. If the patient, therapist, or
setting require it, medication can be used, but should be withdrawn as the patient can tolerate. Anti-psychotic medications diminish affective reactions making behavioral control easier to attain, but the lack of affective reactions slows down underlying therapeutic change. There is increasing evidence of neurotoxicity. Benzodiazepines can be addictive, and interfere with the transcription of short-term memory into long-term memory. SSRIs do not make patients fat, as do older antidepressants; but they do make some patients suicidal or homicidal, and are less helpful in the long run than therapy. Medication should be discussed with depressed patients, but not used. Physician or nurse patients often discuss medication to avoid the real subject. There is no such thing as an endogenous depression or a spontaneous anxiety, if you pay attention to unconscious material. Psychiatrists are often careless about side effects, and ignorant of withdrawal effects. Advice on how best to withdraw patients was presented.

Long-term follow-up data show that thirty percent of

schizophrenics completely recover within twenty-five years unless they stay on their medications, in which case there are improvements but no complete recoveries. The dopamine and viral theories of schizophrenia were critiqued. Patients avoid therapy or lie when they stop taking their medication because they are afraid they will be hospitalized, given ECT, or forcibly medicated if they tell the truth,

Deikman and Whitaker demonstrated that inpatients can be better handled psychotherapeutically without medication than in a well-staffed medication ward, but that research has been ignored.

Dr. Karon concluded with specific case examples and general guidelines to help in the treatment of severely disturbed individuals. He reported on the treatment of a “hopeless” schizophrenic who was taken off medications and treated psychoanalytically; he became a good husband and father and achieved an international reputation as a scholar.

### Whose Body Is This Anyway?: The Engagement of Assisted Reproductive Techniques in the Psychoanalytic Setting

Eileen A. Kohutis, Ph.D

Chair: Judith Gurtman, PhD ABPP
Presenters: Linda G. Klempner, PhD
Eileen A. Kohutis, PhD

Throughout most of human history, women have had little choice about pregnancy. They came of age, married, and had children—or they didn’t. A “barren” wife—Henry VIII is the notorious example in our culture of the intensity of the wish that the wife be seen as the barren one—was a great disappointment to her husband. Children were one of the few ways women could ensure a place for themselves in the world; a failure to achieve motherhood was a profound social and financial liability.

Now a woman’s destiny is far less determined by the vicissitudes of her biology. With assistance from infertility specialists, it is possible for women to have children when their less-than-robust reproductive physiologies might otherwise have condemned them to childlessness. Social and political changes have given women far greater freedom to choose whether they wish to be mothers or not. Among all these new possibilities, the options for ambivalence are legion, and ambivalence about motherhood certainly exists. It is no longer considered the ultimate answer to the problem of female infertility, but many new questions are being raised about how women feel about motherhood and what it means to them if they choose not to have children.

Two papers, addressing different aspects of reproduction and from different theoretical perspectives, were presented. The Alteration of Psychoanalytic Neutrality in Two Cases of Multifetal Pregnancy Reduction—Success or

Failure? by Linda Klempner examines from a self-psychological viewpoint some of the complexities encountered by the analyst and patient when sophisticated reproductive techniques are employed. Assisted reproductive techniques (ART) separate sexuality from reproduction forcing new definitions of a woman and fertility. The “high tech” reproductive choices are now available to resolve infertility complicate the experience and psychology of the feminine self and the personal meanings of pregnancy and motherhood. At the same time, these choices expand the hope and possibility of the wished-for child; the drama of ethically challenging decisions and the dangers of heartbreaking outcomes escalate.

The twenty-five percent of couples utilizing ART, who are faced with the preterm complications and mortality associated with multiple births, may choose Multifetal Pregnancy Reductions (MPR). MPR or “selective reduction” is a process whereby the life of one or more fetuses is terminated in order to decrease the risk to the mother and the other fetuses. This physical, emotional, and ethical challenge triggers omnipotent fantasies in patient and analyst. For some patients, this crisis sets in motion a series of powerful feelings highlighting old repetitive themes. Self-restoration, self-regulation, and selfobject ties may be difficult to restore. Further, it requires the psychoanalyst move beyond old definitions of neutrality to an active, dyadic model in order to further the rapid decision making required for MPR.

Two case vignettes illustrated the dilemmas faced by analyst and patient. The first case, a long-term treatment, includes the dream work before and after her MPR. The patient’s anxiety increased as the experienced trauma disrupted her self-regulatory and self-esteem capacities. Interpretation
and therapeutic action enabled restoration and strengthening of self-obj ect experience. The second case, a brief but intense treatment, dealt with a fragmented self-state. The patient used the opportunity to understand core strivings and dilemmas in order to rapidly restore self-cohesion and self-regulation.

Eileen A. Kohutis takes a contemporary classical approach in her paper, To Be or Not To Be: Questioning Motherhood. After a solitary attempt at in vitro fertilization, a woman came for treatment for help in figuring out whether or not to have a child. She was seen weekly for about six months in psychodynamic psychotherapy. Although she said that she wanted to have a child, her statements and behaviors indicated the contrary. As the treatment continued and she began speaking of wanting to try another attempt at reproduction, she abruptly terminated her psychotherapy.

The therapist considers this case a therapeutic failure: she was not able to see past her conventional expectation that this patient really did not want a child. Had she recognized earlier in the treatment that the patient felt otherwise, interventions could have been made to help her explore these feelings. The usefulness of the role of countertransference in helping patients resolve issues around fertility is discussed.

The audience raised some thought-provoking questions, which were directed to the panelists by Dr. Gurtman. Hopefully, studies will continue to explore the interface between reproduction and psychoanalysis. While medical technology can enable a woman to conceive, it is unable to resolve her ambivalences about conception and its limitations.

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**ON PRESENCES AND ABSENCES: ALIENATION, DISSATISFACTION AND NEGATIVITY IN A WORLD OF AFFLUENCE AND INSTANT ACCESS**

In his 1942 book *The Myth of Sisyphus*, Camus argued that, like Sisyphus, we are engaged in a never ending uphill struggle to create meaning, to understand ourselves and the world, as we and the world keep changing. What is remarkable in the myth is not only Sisyphus’ determination and effort, but his belief that he could reach the peak and his expectation, that once he reached the peak, his past transgressions would be forgiven. In, The Familiar Strangeness of Being: Feeling Estranged and Dissatisfied with Self and World, Ionas Sapountzis argued that what is also remarkable is that one can discern in the field of psychoanalysis the same Sisyphanean determination in the analysts’ efforts to create meaning. Embedded in all theoretical paradigms is the same positivistic expectation that obstacles can be overcome, and understanding can be achieved, and that once these objectives are reached, one’s experience of oneself and the word will be transformed.

As prevalent, indeed formative, as this belief has been in our field, there is a growing realization that therapy can be a very uncertain, elusive, even idiosyncratic, process, in which the therapist and the patient try, with varying levels of success, to construct different meanings from past events and mutual enactments. The original belief in “curing” or “restoring” through the uncovering of repressed truths has been criticized, and increasingly, emphasis has been placed on enabling patients to become more aware of what they experience with self and others.

This trend matches the changes in the world, where multiple voices and different perspectives are not only becoming more and more prevalent but run counter to long held assumptions. There is a growing sense that the world is more complex than we once believed, and that despite our efforts our life theme, the essence of what and who we are, will remain unknowable to us. The fact that we, as therapists, notice, confront and interpret does not mean that we fully understand what we felt we understood. Likewise, the fact that we have a sense of what any given exchange, enactment, or projection may signify, does not mean that we are able to understand the individual in his or her totality.

In working with patients in various states of estrangement and negativity, one often notices an almost manic search for certainty, that belies their inability to tolerate the unfamiliar, the different. Their difficulty to tolerate the negative or the unknown, points to a core fear of feeling ineffective, of experiencing themselves without a background of safety. The dilemma we are faced with is not simply understanding versus not understanding—after all such a frame presupposes that there is “an” understanding, a hill to be reached—but tolerating how partial and elusive, how momentary our understanding often is.

In her presentation, Alienation and Identity: On the Functions of Negativity, Dr. Lombardi argued that the concept of negativity is intricately involved with the creation and destruction of the links between subject and object, and me and not-me experiences. Negativity from early on was regarded as a necessary element to the constitution of the self, as a fundamentally creative process that is coexistent with the emergence of the ego.

Andre Green made a distinction between negative negativity, which is experienced as a void or absence and is related to the concept of the dead mother introject, and positive negativity, which allows for the separation between me and not-me experiences to occur, and for symbolization to take place. For Green, normal aspects of the negative are constitutive and creative, while pathological aspects of the negative result in the fading of the symbol and place the mind under the threat of annihilation.
Dr. Lombardi presented the case of a talented young man who had retreated into a state of negative negativity where loving feelings would turn with terrible suddenness to hate, and aspirations and yearnings to self attacks and paranoid anxieties. This man had stripped himself of the constitutive functions of negativity, and sought to destroy any symbols or creative inclinations that he experienced. If the long absence or toxic presence cannot be contemplated or mourned, if the negative cannot be symbolized then, in Dr. Lombardi’s words, “non-existence takes possession of the mind, and the symbol fades.” For this young man it was the void that became real.

The challenge a therapist faces in working with patients in such a state of negativity is to treat their negations as symbols, in order to create a space where the patients could simultaneously experience the negative that is necessary to the constitution of the self, and the positive links that are needed to become hopeful.

In his discussion, Dr. Wilner observed that the topic of presences and absences is fraught with epistemological and ontological concerns. There is the danger of reifying these words and treating them as absolute realities rather than as phenomenological experiences or theoretical constructs. There is also the danger of treating these concepts dichotomously, as if there is a clear and discernible distinction between them, instead of regarding them as overlapping concepts, as elements that may exist and not exist, be present and absent simultaneously.

Dr. Wilner used the character of the Lone Ranger as a metaphor of how simultaneously present and absent we experience ourselves to be, whether as therapists or patients. Just like the Lone Ranger, the masked mystery rider who appeared from nowhere without any discernible links to the past, we as therapists frequently experience thoughts and associations that seem to come out of nowhere. Our understanding, like Lone Ranger’s appearance, is partly hidden and partly present, partly unconscious and partly conscious. Like the Lone Ranger who could have lost his identity had he revealed his identity, so the therapist would lose his identity as the “dreamer who understands the dreams” if he chooses to eschew the flow of fantasies and associations that cannot be accounted for, if he chooses to dismiss the unknown and personal, and instead, retain in his consciousness only what is linear and predictable.

Living, being creative, searching for meaning requires, as James Grotstein remarked, that we enter in dialogue with our unknown parts, the unknown partners that constitute our unconscious. One has to search for the absence in the present, one needs to seek for the present in the absent. Thinking, dreaming and exploring are the only paths we have, to avoid becoming what Hannah Arendt called, “superfluous beings,” to avoid feeling alienated and empty, searching for certainties that deprive and deny.

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A CASE OF A FOUR-YEAR-OLD BOY WITH HYPERLEXIA

MICHAEL S. OBSCHERNEIDER, MA

This presentation focused on the interrelationship between the neurological and emotional difficulties of a four-year-old boy presenting with Hyperlexia and the application of a psychodynamically oriented psychotherapy in treating his peculiar condition. Hyperlexia can be defined as a speech-language disorder with significant problems in language learning and social skills, often accompanied by a fascination with letters, patterns, numbers and logos and precocious reading and writing. Treatment focused primarily on the boy’s psychological conflicts and relationships, rather than on implementing the typical language and education strategies for Hyperlexia. Results of the treatment support the hypothesis that Hyperlexia can be usefully conceptualized as a compromise formation arising from biological predisposition and severe emotional stress or trauma. General issues pertaining to the conceptualization, diagnosis and treatment of Hyperlexia were also addressed.

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Three questions are central to what we call character in psychoanalysis: First, what does the patient wish for, fear, and value, and to what extent are these motives conscious or unconscious and conflicting (the central question first raised by classical psychoanalysis)? Second, what resources—cognitive abilities or deficits, access to affects, capacity for affect regulation, and capacity for impulse regulation—does the patient have at his or her disposal to get his or her needs met and adapt to environmental demands (the central question first raised by the ego psychologists)? And third, how does the patient experience the self and others, and to what extent is s/he able to enter into intimate, mutual relationships (the central question at the heart of object relations theory, self psychology, and relational psychoanalysis)? The question of character raises the question of how to classify it. In psychoanalysis, we have tended to rely on the “master clinician/theoretician” model, in which a great observer uses clinical examples to describe a set of character styles. An alternative way of building on this clinical tradition involves, rather than expecting a single theoretical giant to peer across the hundreds of patients he has seen to build a classification of character, is to quantify the observations of hundreds of clinicians, each describing a patient, and to use statistical procedures to identify the major personality constellations common to subgroups of patients—that is, to isolate patients who show similar patterns to one another. Doing so is leading to new understandings of character and its origins, by quantifying data on both the developmental and family history of patients and their personalities, and searching for theoretically and clinically meaningful patterns. Among other findings, these data support the psychoanalytic view that separations in the first five years play a substantially greater role in the etiology of character pathology than later separations, which have few characterological correlates in adolescents or adults, but that sexual abuse, particularly in the context of earlier pathology in the care taking environment, can play a substantial role in shaping and distorting character throughout childhood.

The larger conference addressed clinical and theoretical issues in numerous panels where the definition of psychoanalysis was more or less assumed. This panel, made up of distinguished analysts questioned the very definition of psychoanalysis, asked who gets to be called a psychoanalyst, what training makes a psychoanalyst, and endeavored to answer the question what does the analyst know about with authority? As such the panel was something of a meta-panel, since the matters under consideration were so basic as to define the nature of what psychoanalysis is and how it is practiced. Douglas Kirsner, author of the invaluable Unfree Associations, a history of the operation of four American Psychoanalytic Association training institutes, began with a highly critical view of the “unwarranted claims to knowledge” made by analysts in the absence of scientific support. Dr. Kirsner indicted the training analyst system for the “annointment” of senior analysts who reached their privileged status not because of their technical or educative skills but for wholly political reasons.

Otto Kernberg added his own concerns regarding the current state of psychoanalysis. He too was critical of “rigidity, conservatism, and the abuse of power” in institutes. He urged the development of clear standards for training. The need to develop research skills as a part of training he called an “essential task.” Robert Wallerstein discussed the organizational structure of institutes and their curricula. Feeling that psychoanalysis must avail itself of developments in allied fields, such as in cognitive sciences, he supported the move of institutes into academic settings “in order to survive.”

Lewis Aron discussed the model of the New York University Postdoctoral Program as meeting several of the demands for reform called for by the other panelists. He highlighted the university setting, “academic freedom” and a curriculum that allows for a study of comparative psychoanalysis. Aron stressed how the operation of “Postdoc” is different from the formalism of other institutes in its ability to meet the differing needs of students.

Discussion among the panel members, and with the audience was remarkable for the degree of concurrence on the key issues in training and organizational structure that are in need of change. High on the list were the development of scientific standards to test psychoanalytic knowledge claims, and an overhaul of the way in which candidates are selected, taught, and evaluated. In a comment from the floor Dr. Jonathan Slavin shared his experiences in crafting a curriculum at the Massachusetts institute. Another comment raised the issue of the exclusion of social work practitioners from certain institutes.
In her paper, *That Was In Another Country, And Besides...*, Gladys Foxe described the countertransferential collision and collusion between a patient descended from German Nazis and an analyst descended from German Jews. Ms Foxe shared a session from an extended psychoanalysis in which patient and analyst, struggling with projections and memory, came to recognize their roles and obligations as agents of a history whose forces almost overwhelmed them both.

The patient’s personal life had always evoked associations with the analyst’s own. But years into their work, the Holocaust, which had played a part in each of their stories, broke into the treatment, and the burden imposed on the transference/countertransference dynamics threatened to collapse the psychoanalyst’s familiar working world. When Ms Foxe suggested that the patient express a few associations in the German of his childhood, a window opened on core material that might never have been accessed otherwise.

Patient and analyst were at once bonded and factionalized by the emerging appositions in their histories as the Holocaust reverberated internally and transgenerationally, leading to aggression, regression, and turmoil.

Combining a theoretical paper with videotaped interviews, Elaine Schwager addressed *The Intergenerational Effect Of The Holocaust For Children Of Survivors And Children Of Nazis*. The subjects’ comments about the effects of their parents’ trauma—silence, victimization, and complicity—illustrated how trauma is carried psychically from one generation to the next in children of both perpetrators and victims.

Dr. Schwager contended that conventional theories of internalized objects, attachment, etc., do not sufficiently encompass the depth of this experience: it has often been said that the Holocaust breaks down the language and terms by which we think, and the common response of silence and denial by victims and perpetrators alike has been well documented. Yet their experiences were profoundly internalized and puzzled over by their children, who translated what was unspoken into symptoms of guilt, despair, and depression.

What is internalized, and consequently transferred and projected, is much greater and more complex than standard psychoanalytic categories. These charring experiences find a permanent home in the memory of the victims and perpetrators and are passed on to their descendants.
This panel, conceived in the Spring of 2001, underwent reconsideration after September 11th. Originally intended as an examination of the emotional factors “luring” the therapist to work with the victim of trauma, it acquired even more urgency as psychoanalysts rushed to offer their services in the wake of 9/11.

In his paper Oh Boy…. Here Comes Another Do Gooder: The Problem of Boundaries in PTSD Work, Dr. Sergio Rothstein critically examines the assumptions that guide post-trauma interventions, particularly Crisis Intervention Stress Debriefing (CSID), in the context of what psychoanalysts have learned over the years about essential conditions for helping people suffering psychological distress. He compares the conditions in an acute trauma center with the structure and relationship that analysts have learned to be necessary for treatment. He notes the need for a pre-arranged time and place, an understanding of the nature and limits of the relationship, and a modicum of consent and that the person offered help has a right to know, who the therapist is, what is being offered, what safeguards are in place. By the same token the therapist must feel that he or she has a sense of who the person is and some clues as to how to relieve the distress in an unhurried, respectful and thorough manner. The therapist must also be assured that he or she has a working relationship with the patient. Among these is the knowledge that he or she will be able to stop the work at a reasonable and prearranged point in time, and have the opportunity to work further at a time in the not too distant future. Virtually all therapeutic dialogue is built on the assumption of choice, indeed requires that the client have the right to choose to receive help. The way in which we listen therapeutically is born of the relationship we establish with our clients over time in circumstances which are both predictable and conducive to the limits of the relationship, and a modicum of consent and that he or she has a sense of who the person is and some clues as to how to relieve the distress in an unhurried, respectful and thorough manner. The therapist must also be assured that he or she has a working relationship with the patient. Among these is the knowledge that he or she will be able to stop the work at a reasonable and prearranged point in time, and have the opportunity to work further at a time in the not too distant future. Virtually all therapeutic dialogue is built on the assumption of choice, indeed requires that the client have the right to choose to receive help. The way in which we listen therapeutically is born of the relationship we establish with our clients over time in circumstances which are both predictable and conducive to the patient’s speaking candidly.

A crisis site has few if any hallmarks of a situation that might elicit trust, candor or confidence in the process. We are not asked explicitly by the victim of a disaster to render service, and we do not have the luxury of assessing whether or not our assistance will be helpful. Rothstein considers the engagement of many survivors and their families under these conditions to be a tribute to the “demand characteristics” of the situation and the power of the media in “blessing our efforts as acts of heroism rather than acts of folly.”

CSID is based on the assumption that experiences will be recounted in a protected context and the process of recalling the events in a safe and nurturing environment will reframe the experience and its recollection in a more controlled way, thereby lessening the chance of suffering later symptoms of PTSD. The data, such as there is, does not support this assumption. Rothstein concludes that psychoanalysts are well advised to regard participation in crisis centers in the context of being good citizens volunteering time rather than clinical intervention and need to consider the clinical requirements necessary for a psychotherapeutic intervention.

Dr. Nina Thomas draws on her extensive experience working with massively traumatized individuals to evoke the unconscious resonances in the therapist’s unconscious. In her paper, The Call of the Unconscious, she describes the work with traumatized patients as involving inevitable re-enactment within the analysis of the original traumatic experience including the exchange of roles of victim, torturer, bystander, survivor and witness between patient and analyst. She considers not only these roles but also the issues that underlie them, those of trust and betrayal, isolation and abandonment, pain and avoidance, safety and danger and how these are replayed and exchanged between analyst and patient. She asks the question, given the demands of treating traumatized patients, who would want to do this work and why?

Dr. Thomas avers that in working with a traumatized patient we are simultaneously attracted and repelled. The story of that survival compels us to learn something about ourselves. The pull comes from identification with the victim as well as the perpetrator of violence. The repulsion stems from our disavowal of those identifications. The victim of trauma retreats into isolation, the therapist is compelled to enter her world by the unconscious desire to heal her own early attachments. Work with the traumatized patient provides a space for the effort to re-establish both good and bad object ties. The work involves an intricate exchange of identification and dis-identification, recognition and non-recognition, empathic attunement and empathic failure involving the ongoing formation and dissolution of a boundary. The simultaneous owning and disowning of parallel experience as well as the intensity of experience that accompanies the work contributes to making this work different from that with non-traumatized patients. Trial identifications offer the opportunity to play out different roles and to practice in a way analogous to childhood role play. In engaging trauma from a distance we are able to become engaged in the struggle between the split off parts of our patient and therefore engage our own splits at a safe remove.

In her paper, From Voyeur to Witness: A Necessary Transformation, Dr. Ghislaine Boulanger observes that both therapist and patient are struck thoughtless by massive trauma and that this initial state of incoherence might be a necessary condition of the healing process. She explores
Des Pres’ description of “literalness of life in extremity.” Krystal’s “numbing of self reflective functions” and Bion’s observations of “holding at bay the dark and somber world of thought.” Boulanger explores the relation of meaning to thinking and the disruption of both by the transgressive nature of trauma. Using clinical material, she describes the loss of the self as interpreter of experience.

She proceeds to develop an understanding of what happens between the patient and the analyst in psychodynamic treatment of massive trauma that allows the patient to recover the thinking self that collapsed during the trauma so that the self who can make meaning of experience is restored.

Using rich clinical material, she demonstrates it is in a long-term therapeutic engagement that the opportunity to process and to contextualize and therefore to make meaning of the disaster that has struck becomes paramount. She elucidates making meaning as a key to the treatment process. In treatment, through the process of projective identification there is an opportunity for the survivors’ unbearable states of mind to be projected into the analyst in the hope that they will be transformed into something more bearable and returned. The receptive clinician works with the unbearable state of mind that has been forced into her psyche opening up a world of countertransference possibilities leading to a reversal of psychic numbing.

The analyst’s forcing herself from the role of spectator to active participant is accompanied by the disorganizing beta elements being transformed into alpha elements. Finding her own subjectivity, the analyst starts to locate the patient as a subject. Finding her own mind, she dares to question without fearing that she will inflict further harm or trivialize the patient’s experience. The willingness to bear witness to the survivor’s experience; to recreate, share and expand an intersubjective field that had been rendered uninhabitable by catastrophe enables the process of meaning making to begin.

**NEUROBIOLOGY OF EMPATHY FAILURES IN NARCISSISTIC PERSONALITY DISORDERS**

**MARY PAIGE PSYD**

The goal of this paper is to synthesize some of the explosive new developments in neurobiology and neuropsychology with the already rich material available in psychoanalysis regarding pathological narcissism. The “Decade of the Brain” has brought boundless new areas of knowledge about the way our brain works. Psychoanalysts know a great deal about the mind but very little of the brain. They have been hesitant to welcome brain research for fear that mental phenomena would be simplistically reduced to nothing but brain cell synapses. This fear is beginning to subside, and a rich cross pollination between the two fields is beginning to happen. This study is offered as a further synthesis of these diverse areas of scientific research.

My hypothesis is that pathological narcissism is a pervasive developmental disorder of emotional development, not unlike pervasive developmental disorders of cognitive development. On a psychological level, it is a failure to form a mature superego, which coincides with the lack of a mature ego structure. From a Kleinian perspective, there is a failure to tolerate both paranoid and depressive anxiety, caused by an excessive death instinct, which I argue is the result of a neurobiological vulnerability in the brain.

Cognitive neurobiology theorists describe the capability to quickly understand the complex mental processes of other humans, or the “theory of mind,” as a pre-wired capacity in each human brain intended to preserve us as a species (Fletcher et al., 1995; Baron-Cohen et al., 1994). Persons with autism and Aspergers Disorder fail at this task in a global fashion. I suggest that the same pre-wired brain function that is non-functional in autism and Aspergers is involved to a more subtle degree in the failure of empathy in pathological narcissism.

I propose that during fetal development, the brain can incur subtle damage that interrupts the wiring that underlies the foundation for empathy and the capacity for the modulation of the affect of shame. This damage may or may not be aggravated by the infant’s interactions with the caregiver as each of these capacities comes “online” during the second year of life. With these two essential capacities—empathy and smooth shame modulation unavailable to the toddler, the groundwork is laid for a narcissistic disorder. Furthermore, if the brain incurs additional damage, such as small amounts of lead poisoning during gestation, the resulting aggression can foster malignant narcissism. It is hypothesized in this paper, and this is the central idea of this paper that the self-centered, self-referential, exploitative and entitled behavior of the narcissist is an outgrowth of the lack of empathy and the haughty, arrogant, hypersensitive reactivity is a defense against the inability to modulate shame.

From a psychoanalytic perspective, when the capacity for empathy is missing or badly restricted and integrated shame modulation is absent, Kernberg’s 1975 description of pathological narcissism occurs as a collapse of the ideal self, the actual self, and the ideal object into one pathological self. I believe that further damage to the brain colors the collapsed ideal self, ideal object, and actual self creating the most malignant form of narcissism. Pathological and malignant narcissism can develop despite good enough parenting.
At the Division 39 Conference this year the Graduate Student Committee Co-Chairs had the pleasure of chairing and discussing a panel of particular interest to graduate students: one addressing the dynamics of the supervisory relationship. The focus of the panel was on the actual dynamic process of supervision, aiming to begin a collaborative dialogue between supervisors and supervisees regarding the unfolding relationship from within which patients receive care and guidance.

The supervisors and supervisees included Spyros Orfanos, PhD, of Long Island University, and his former supervisee Megan Clary, MA; and Nancy McWilliams, PhD, and two members of her on-going group supervision at Rutgers University, Craig Callan, PsyM, and Kevin Moore, PsyM. The panel co-chairs and discussants were Kimberly Kotov, MA, of CUNY, and Tamara Feldman, MEd, MA, of Widener University.

In order to allow for spontaneity in the presentations, supervisees did not inform supervisors in advance regarding which patients they would present. Supervisees presented a brief synopsis of a case, supervisors offered feedback, and then the entire panel offered thoughts and feedback regarding the case. Audience members also responded with insightful thoughts. Feedback particularly focused on the process of the supervisory relationship, and what insights might be helpful in understanding the case.

Both cases were presented thoroughly and with compassion for the patient, but elicited very different emotive and cognitive reactions from panel members. Discussion revealed a possible gender difference in relation to material presented as well as in relation to when individual panel members felt moved to comment. The experience of aggression was a particularly salient difference between the two cases, and seemed to contribute to how easily supervision flowed. In addition, it was noted that the level of the patient’s psychological organization seemed to impact the comfort level of the supervision—the more disorganized and actively aggressive the patient, the more the supervisee was confronted by others who wanted to point this out.

However, the discussion regarding these experiences was both lively and contained. In the final reflections offered by panel members, the importance of the supervisor’s ability to offer safety and acceptance while the supervisee exposed his or her own process in understanding the patient was seen as a key component in making this “live” supervision possible. Thus, the development of our own understanding of case material within the supervisory relationship seemed possible because supervisors could be counted on to be supportive guides.

This panel was the first of its kind at a Division 39 conference. Because of so much positive feedback on the event, and the possibilities it offers to understanding the supervisory process, the Board of Directors of the Division has proposed that the panel be instated as a yearly standard. This, perhaps above all, speaks to both the need for such exploration, and the success of this panel’s group work in exploring the dynamic possibilities of the unique supervisor-supervisee relationship.
"MEET THE AUTHOR" PRESENTATIONS

JANICE S. LIEBERMAN, PHD

BODY TALK: LOOKING AND BEING LOOKED AT IN PSYCHOTHERAPY (NORTHVALE, NJ: JASON ARONSON, 2000)

In Body Talk: Looking and Being Looked At in Psychotherapy, I discuss the concurrent development of body narcissism and language and present clinical examples of how our culture’s emphasis on “the perfect body” impacts those with narcissistic issues. An increasing number of patients in psychotherapy, male and female alike, express anxieties and obsessive concerns about their bodies—thinness, being toned, etc. Less concerned with issues of gender and sexuality than with the narcissistic cathexis of the body and ways of shoring up the body ego, these patients require a specific responsiveness from their therapists. I recommend that the traditional emphasis on patients speaking and therapists listening be balanced with an increased awareness and understanding of the many visual cues and communications exchanged in therapy. I stress the important role of vision in the development of identity formation and self-esteem and discuss such issues as mirroring, the “gaze,” the “gleam in the eye,” feeling invisible or falsely mirrored as well as learning early on to attach positive and negative values to one’s appearance. These patients use the therapist as a “spectator” whose focus on their bodies helps supplement its insufficient cathexis and repair feelings of deficit. I recommend the therapist use concrete language rather than metaphor, this “linguistic attunement” necessary for optimal clinical work.

In this book I discuss the development of body narcissism and obsessive concerns about appearance and present clinical examples that illustrate how our culture’s emphasis on “the perfect body” impacts those with narcissistic issues. Vision, language development, and the development of body narcissism are intimately connected. This connection manifests itself clinically in the kind of language patients use. There is a link between the “concrete” and the “visible,” and I provide some speculation about how this link develops. I make technical recommendations and give specific examples of my work with patients who use concrete language to express their preoccupations with what can be concretely seen, and who are primarily concerned with issues around their own or others’ appearance, usually about being “thin enough.” I demonstrate that there can be an important mutative function in seemingly mundane interventions. The analyst should use (apparently) “simple” language that is close to that of the patient, rather than a “translation” of it into more abstract metaphoric terms. I speak of a linguistic attunement of analyst with patient, parallel to the better-recognized affective attunement, and equally necessary for optimal analytic work.

Howard Covitz, PhD

OEDEDIPAL PARADIGMS IN COLLISION: A CENTENNIAL EMMENDATION OF A PIECE OF FREUDIAN CANON (NEW YORK: PETER LANG, 1998)

Howard Covitz led a discussion of his book Oedipal Paradigms in Collision: A Centennial Emendation of a Piece of Freudian Canon surrounding his contention that models of the Oedipus complex cannot be considered independently of views of the healthy polity or of the well individual and may even be assumed to intercalate with ethico-religious and literary images of the good life.

It was argued that while in the natural sciences, it may be reasonable to assume that researches are independent of such loosely defined constructs as value, meaning and notions of good and evil or right and wrong, in the psychological sciences, such theoretical neatness may be considered a luxury, at best, and that, in general, one cannot specify a developmental growth towards wholeness (as in theories describing the resolution of oedipal dynamics) that is independent of the definitions that boundary this very notion. Dr. Covitz discussed how, in originally offering an alternative, gender-free model of the Oedipus grounded in thinking about attachment, he had presumed that his model led him toward a certain Weltanschauung.

Covitz went on to suggest that his view has since altered and his sense now is that a world view predates the coming together of the various constituent parts of any given model and leads the way toward it. The discussion closed with questions of whether or not it is the readers’ right to know the idiosyncratic Weltanschauungen of authors and whether it is not reasonable for researchers in this area, therefore, to prespecify their world views, particularly in those situations, such as arguing for any given developmental paradigm, where theory is so inextricably intertwined with differing views of the sanguine life.
Salvador Dalí had to stretch and maneuver his talents to include not just visual images, but also (secret) written words. Salvador’s symbolization through artwork and language may be seen as fantastical avenues to his inner reality and to our aesthetic responses towards art. Dali was constantly re-creating himself in fluid images, never static, never clear. But when we look at his art, we are only seeing a portrait of an interaction, a single moment in time. Each painting, each written sentence, each aesthetic experience exists and then falls to death. This moment of time is one that is blurry and above the reality of the artist, the art itself, and the purveyor of the art; it is the place where surrealism resides, but also resists.

Perception of art was first investigated by cognitive processing of forms and shapes, colors and textures. Gestalt psychology asserted the figure/ground phenomenon—that objects are viewed as being in contrast to the background where they reside. But this idea of perception is limited unless we can settle into the seams, where we can feel and be in the area between what we see, and also in the space around—that which we do not see. This place, where the outlines of the figure and the ground are blurred and non-existent, is one that I refer to as aesthetic in-between-ness.

This aesthetic in-between-ness is exemplified through D.W. Winnicott’s concepts of transitional space and objects and Marion Milner work, which blurs the layers of her self as an artist and an analyst in her own struggles with understanding perception in relation to artistic creation. The formlessness created by bringing Milner and Winnicott lead us to the un-confined expression of Jacques Lacan. A true Surrealist, his use of language and the juxtaposition of his words create a blur between creator and the viewer. Lacanian thought is simply the charcoal outline needed to begin to react aesthetically to Salvador’s art. To fully understand this moment, we must use his fluid concepts. Lacan’s idea of jouissance of unconscious experience is the area of pleasure between the Imaginary and the Symbolic layers—the in-between-ness of one’s subjective experience. Jouissance signifies pleasure or orgasm—an experience that may be seen as the blurring of boundaries between self and other, and the momentary sensation of ultimately being surrounded by ungraspable nothingness—a pleasure cloaked by confusion and lack. I believe it is in this jouissance, in the fusion experience of in-between-ness, where Surrealism resides and oozes—from artist to artwork, from viewer to art, and from artist to viewer.

To gain aesthetic understanding, we must go beyond a simple figure/ground explanation, and move to a blurred experience of the edges, residing in the seams. Salvador lived, worked and died in the seams. The full-engagement he had with his unconscious self emerged in the style and content depicted in his visual and literary works.
Section VIII Invited Panel: Multiple Perspectives on Couples

Mary-Joan Gerson, PhD

Section VIII featured two researcher-clinician dialogues which proved to be mutually and creatively enriching to the participants and to the audience.

A Dialogue Focused on Traumatic History

Robert Waldinger, MD, the Principal Investigator of the Close Relationships Project at Judge Baker Children’s Center in Boston, and a practicing psychoanalyst and Carolynn Maltas, PhD, past director of a treatment program for couples with abuse histories, and a practicing couple therapist attempted to bridge the gap between research and clinical work through a dialogue about their respective approaches to understanding couples with childhood histories of sexual and/or physical abuse. Dr. Waldinger presented an overview of his empirical study of the interpersonal sequelae of childhood abuse within adult intimate relationships, illustrated with clinically meaningful data drawn from one particularly puzzling research couple. As one example of the complex, multilayered data they are collecting and analyzing, he showed a video excerpt of partners discussing a problem situation, followed by each partner’s ratings of his or her own and the other’s feelings and motives during their earlier interactions which they are viewing on tape. The study is examining multiple relationships among interactional variables in these discussions, emotional reactions, including physiological arousal, and other clinically relevant information like attachment style, childhood histories, and styles of emotional expression. Dr. Waldinger’s rich data was exciting to an audience primarily made up of clinicians, who could see that this empirical study of the adult intimacy after trauma can reveal patterns that are too complex and multidimensional to be fully grasped clinically.

Dr. Maltas used her clinical skills, and experiences with couples with childhood abuse histories, to try to make sense of the puzzling data on Dr. Waldinger’s research couple. Forming an initial impression from viewing the taped interactions, and subsequently examining the other measures, she constructed a narrative of their relationship history that made sense of the research findings and matched her subjective experience of their interactions. Looking systematically at their interactions, she pointed out the repetitive patterns and redundancies in the couple’s interactions, despite much negative emotion, that suggested that relationship was not breaking down, but rather was handling conflict in a stable, if frustrating way. Examining from a psychodynamic perspective the interviews about their early family relationships and current relationship, Dr. Maltas identified the core relational themes that were most relevant for each partner. They both had found in the other someone who showed they would not repeat the central traumatic elements from their childhood and would, further, support their efforts to heal those wounds in the creation of a new family. Focusing on these core themes helped explain why, despite painful and frustrating interactions, the couple felt primarily happy and committed to each other. Dr. Maltas also underscored the importance of such research like Dr. Waldinger’s on non-clinical populations that may challenge certain clinicians’ preconceptions about the impact of childhood abuse, as well as increasing our understanding of its complex and subtle interpersonal consequences.

A Dialogue Focused on Attachment Theory

Dr. Joanne Davila, assistant professor of clinical psychology at SUNY Buffalo, who will be joining the faculty of SUNY Stony Brook in fall 2002, presented a lucid and comprehensive review of attachment theory relevant to couples dynamics. Beginning with Bowlby’s emphasis on the importance of early relationships as providing an internal working model for emotion regulation, personality style and interpersonal functioning, and most essentially, a secure base for later relationship, Dr. Davila went on to discuss the research on attachment style in couples relationships. She noted that insecure attachment is associated with several dysfunctional patterns, such as poor conflict resolution and greater negative affect. Dr. Davila presented her own longitudinal research on couples, focusing on her important finding that the insecurely attached remain in unhappy marriages, principally through anxiety about abandonment, beyond the effect of self-esteem, avoidance of intimacy, neuroticism, attitudes towards divorce and the presence of children.

Dr. Mary-Joan Gerson, Founding President of Section VIII, and Supervisor and Faculty Member of the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis, reflected on Dr. Davila’s findings by presenting current, ongoing treatment of a couple who have been together as long as Dr. Davila’s subjects, a couple who separated once and reunited in the second year of their child’s life. Dr. Gerson commented on the vicissitudes of trying to integrate research findings into seasoned couples treatment approach. In particular, she addressed the discrepancy between categorical models and fluid, clinical process; the applicability of self-report findings, such as anxiety about abandonment, to complexly textured interpersonal anxieties. She noted that addressing the highly charged aspects of attachment insecurity can often be best achieved through a playful shift in relationship structure, that direct focusing on affect is sometimes inflammatory. Dr. Gerson concluded by noting that the week-by-week effort had yielded a deep “attachment” to the attachment schema, which she experienced as archetypal and a particularly useful scaffolding for examining clinical process.
Can a Psychoanalytic Clinician Treat Pain? Integrating Psychoanalytic Psychology With Scientific Models of Pain

Marilyn S. Jacobs PhD

In the first presentation, Constructing Pain: An Experiential Demonstration, Frances Sommer Anderson began by discussing a clinical vignette that illustrated the private, subjective nature of pain. She noted that we could only infer that someone is in pain from nonverbal behavior such as postural changes and facial expressions or from a verbal report. The vignette also demonstrated that central neural processes could generate the experience of pain in the absence of an external physical stimulus.

Dr. Anderson then led the audience in an experiential process that demonstrated the subjective nature of pain, the significance of our earliest memories of pain, and the relational dimension of the pain experience. This exercise was followed by discussion. Members of the audience shared their experiences and their insight and reflections about what they had thought and felt during the demonstration. Dr. Anderson concluded her facilitation with a summary about how pain is a complex relational, intersubjective construction.

In the second presentation, Integrative Pain Psychology, Anthony Bossis presented an integrative model of chronic pain. Dr. Bossis began with an overview of the epidemiological and psychiatric comorbidity of chronic pain noting that the chronic pain population presents with a significantly high comorbid rate of psychopathology. He reviewed the definition of pain emphasizing the subjective nature of pain and explained that chronic pain is both a sensory and emotional perceptual experience. This was followed by a presentation of the contemporary scientific and biopsychosocial models of pain reviewing the neurobiology of pain transmission and establishing a foundation for the role of affect, trauma, and other psychological factors in the experience of chronic pain. The diathesis-stress model of chronic pain was presented to highlight the potential psychological risk factors of chronic pain including somatization disorders, childhood trauma, affective, and personality disorders. Dr. Bossis discussed the recent literature on the neurobiology and affective experience of trauma and PTSD and the physiological and psychological overlap with chronic pain.

In the next segment of his presentation, Dr. Bossis discussed the integral role of affect in pain, particularly the relationship between emotion and pain, and the psychoanalytic understanding of alexithymia; affect regulation, and chronic pain experience. While much of contemporary pain treatment includes a focus on cognitive and behavioral factors, Dr. Bossis pointed out that these models often neglect to fully address the affective component and the broader intersubjective and relational context of chronic pain.

Finally, Dr. Bossis presented an integrative psychotherapeutic model for chronic pain integrating psychodynamic, cognitive, and experiential approaches. He reviewed psychodynamic themes in chronic pain including developmental trauma, alexithymia, affect dysregulation, use of countertransference, and discussed the inclusion of pain treatment within an intersubjective relational psychotherapy. A brief history of psychoanalytic views on pain was also given. In emphasizing the importance of a pluralistic psychotherapeutic approach, Dr. Bossis discussed cognitive approaches in pain treatment and the inclusion of experiential approaches, specifically mindfulness meditation from the Buddhist tradition.

The final segment of the symposium, Psychoanalytic Treatment of Pain Patients: A Case Study consisted of a case presentation by Marilyn Jacobs. Dr. Jacobs described in detail her work in a psychoanalytic framework with a patient with a severe pain disorder and concomitant emotional dysregulation.

The emphasis in this case study was on the idea that psychoanalytic treatment with patients who suffer from chronic pain can render the pain more manageable. This occurs through the treatment-induced provision of structures of meaning that reduce emotional fragmentation, shore up the self-structure and create a higher level of integration of the elements of the self. With the restoration of a secure base of attachment, there is an improvement in self-regulation and an acceptance of the condition. The perception of the pain disorder moves from a “not-me” experience to a “me” experience with an expectation not a resignation of the burden of coping. There is also a decrease in pain with increased and more intense levels of emotional disclosure that develops through a psychoanalytic dialogue and interpretative process. The complexities of the physical and psychic experience that had previously been dismissed are now seen in all of its layers of meaning. In essence, there is a re-integration of the previously lost self-experience to a new character structure.

Clinical material related to the transference, countertransference and the interface of mind/body issues were emphasized. In addition, the patient’s past history as well as affect regulation as it related to past traumas were considered. Existential and epigenetic issues were also illuminated. This patient achieved a successful outcome and the factors that led to this result were reviewed. The patient was presented as an example of how psychoanalytic theory and technique could be applied to working with patients who suffer from chronic pain and self-disorder comorbidity.
Distinguished scholars in three domains—Philip M. Bromberg in psychoanalysis, Joseph LeDoux in neural sciences, and Wilma Bucci in cognitive psychology—participated on a panel created to explore the areas of “overlap” among these disciplines. The panelists aimed to enhance our understanding of how emotions are processed during traumatic experience, with particular attention paid to the relationship between dissociation and intrapsychic conflict.

Bromberg, opening the panel, offered the view that every analytic treatment includes the patient’s effort to negotiate unfinished business in dissociated areas of selfhood where affect regulation was not successful enough to allow symbolic processing by thought and language. Even in routine analytic work, telling “about” oneself frequently leads to a dissociated reliving of frozen self-experience that was too much for the mind to contain, and remained unprocessed as affective or somatic memory. In order for what is dissociated to become symbolized in conscious awareness and available to conflict resolution, a link must be made between the mental representation of the event (which resides in short-term or working memory) and a mental representation, in the here-and-now, of the self as the agent or experiencer. Bucci in a similar vein, has proposed that the therapeutic action of psychoanalysis pivots upon whether it is able to facilitate change in an “emotion schema,” a change she believes depends on the activation of dissociated painful experience in the session itself—a very different perspective from the metapsychological principle that structure depends on the inhibition of drive or desire.

Clinically, bringing this about is a complex relational process because working memory doesn’t cooperate in the presence of cues that signal potential affective flooding. There are in fact data from neuroscience research, including LeDoux’s, demonstrating that working memory, when it becomes occupied with the fact that the amygdala has detected and begun to respond to danger, is unable to process a fear experience cognitively because it is already fully occupied as a warning system. Sufficient relational safety to free working memory and allow cognitive processing is thus clearly essential, but so is the activation of dissociated painful experience in the session itself. Both are necessary to link a frozen, fearful past with a fully conscious self in the present, but how is it possible for both to coexist in the same relationship so as to allow as yet unprocessed affective experience to interface with episodic memory? In Bromberg’s view a remarkable convergence between Bucci’s and LeDoux’s research and his own clinical conclusions suggests that the therapeutic action of psychoanalysis depends on what a given patient and analyst dyad do in an unanticipated way that is safe but not too safe, and that a successful psychoanalytic relationship is one that replays the relational failures of a patient’s past but allows “safe surprises” to occur that are cognitively processed between them. Bromberg presented a clinical vignette that illustrated the central points outlined above.

LeDoux responded to Bromberg’s clinical material first by presenting an overview of how the brain processes emotional experience, referring primarily to what has been learned using animal research. He explicated how much has been learned about how the brain processes dangerous stimuli and converts them into fear responses. The neural circuit
critically involves the amygdala and related regions. His position is that by understanding in more detail how this part of the brain works we can hopefully come to a better understanding about how not only “normal” fear arises but also how pathological fear might come about.

Bucci then presented her multiple code theory (MCT), a psychological model mediating between Bromberg’s clinical observations that provided the basic data for this panel, and the neuroscientific studies of LeDoux that elucidated the brain mechanisms underlying fear. MCT includes three basic processing modes: the subsymbolic system that involves global, analogic processing, primarily in motoric, visceral and sensory forms; the symbolic nonverbal system of imagery; and the symbolic verbal mode. The systems are connected by the referential process, but the connection is inherently partial and limited; some degree of dissociation is inherent in the human information processing system.

Adaptive emotional functioning depends on adequate integration of subsymbolic with symbolic functions within emotion schemas, the memory schemas that determine representation of oneself in one’s interpersonal world. Psychological disorders result from dissociations within and between emotion schemas; dissociation is a more fundamental and encompassing process than repression. One may be aware of painful physical arousal associated with the activated schema of anger or fear, and also aware of aspects of one’s history including trauma and abuse, without connecting the two.

People develop varying means to avoid the dreaded connections and to manage or regulate the painful experience; these mechanisms themselves may have maladaptive impact, preventing the taking in of new emotional information. The difficulty of repairing dissociation is related to the extreme difficulty of extinguishing a conditioned pain response. LeDoux describes a powerful new method of extinction based on enabling the animal’s movement away from the initial threatening situation. The goal of psychoanalytic treatment, however, involves a modified emotional return to the initial threat and depends on activation of components of the dissociated schema in working memory; such a process cannot be modeled in animals such as rats, with limited frontal lobe capacity, as LeDoux has also noted.

The therapeutic work, as seen in Bromberg’s clinical material, and as outlined in MCT, requires activation of the subsymbolic bodily and sensory experience of the affective core in the session; associated with ongoing events in the therapeutic relationship; triggering memories of the past. The re-connection of systems occurs through their being activated and held in working memory. The effectiveness of the interventions depends on the gradual development of a new relationship in the therapeutic work; the converse of the development of a dissociated schema. The three panelists converged in the emphasis on repair of dissociation rather than repression, and provided new perspectives on the mechanisms of change.

THE TRANSGENERATIONAL GRIP OF SOCIO-POLITICAL TRAUMA

FOUR BRIEF REPORTS FOLLOWED BY AN OPEN DISCUSSION

Mary-Joan Gerson, PhD

The Project in Transgenerational Trauma, sponsored by Section VIII (Couples and Family Therapy) and Section IX (Social Policy and Psychoanalysis) of Division 39 held its second Spring meeting event on April 11 in New York. The co-ordinators of the project, Mary-Joan Gerson (VIII) and Lu Steinberg (IX) reviewed the questions which were raised at last year’s meeting, e.g., “How is traumatic history narrated in psychoanalytic treatment? Has America been a haven for political refugees, but a haven which mandates that the past be forgotten?

Four psychoanalysts who have worked in the area of socio-political conflict were asked to speak for ten minutes each about their activities, and address a series of questions linking family and intrapsychic dynamics, such as “Are there any healing or buffering processes for families?” “Has experiencing the event of 9/11 changed or deepened your understanding of the observations you’ve made in the field of trauma?”

Pat Doyle, a faculty member at New York Presbyterian Hospital, described her annual work in Northern Ireland with therapists who have counseled individuals affected by violence and loss. She stressed how the therapists and their clients were part of an extended kinship system; the boundary between friends/colleagues and enemies is continually eroded. Nancy Hollander, a Professor of Latin American history at California State University and the faculty of the Psychoanalytic Center of California, discussed her experiences in Latin America with particular focus on families whose members have suffered torture, as well as the general socio-political effect of globalization. She described several important sequelae of trauma, such as the overprotection of children, an overemphasis on children as replacement figures, the illusion of conflict-free object relations, and the incursion of violence into interpersonal relationships.

Nina Thomas, a faculty member at N.Y.U.’s Postdoctoral Program in Psychotherapy and Psychoanalysis, talked about her trips to Bosnia, highlighting trauma for women, in the wake of rape used as a political weapon: besides its psychological devastation,
Psychoanalysis and International Policy  
Laura Barbanel, EdD, ABPP

Presenters:  Isaac Tylim, PsyD ABPP  
Harold Cook, PhD  

Chair and Moderator:  Laura Barbanel, EdD, ABPP

Psychoanalysis has been accused of complacency regarding social problems and being more interested in adjusting patients to difficulty than in trying to change the social order that creates the difficulty. Actually, psychoanalysts are currently working in many social policy areas. Mental health issues are now of interest to both national and international social policy organizations, which makes this possible. Historically, psychoanalysis was involved in government work in both world wars. In this post 9-11 world, psychoanalysis has and will continue to have impact in its aftermath. Both in the relief work with victims, and in the psychological war that is terrorism.

In this presentation, representatives of psychological/ psychoanalytic bodies at the UN spoke of their experiences and the actual and potential impact of psychoanalysis on the deliberations. This is seen as an important expansion of the role of psychoanalysts. In focusing on the role of psychoanalysis in the UN system, the need for our profession to get involved globally and to dialogue with government representatives was highlighted. Through participating in the public domain psychoanalysts can exert influence in setting policies that shape our lives, our environment, and our future. In the history of psychoanalysis, grandiose fantasies of changing the state of the world had strengthened a breed of applied psychoanalysis. Today, the UN is seen by some as the place for psychoanalysis to make social impact. In his paper, Psychoanalysis at the United Nations System, Dr. Tylim expanded on his experience as member of a Committee on the United Nations created within the IPA in 1997. This group was assigned the mission of opening communication between members of the psychoanalytic profession and members of the UN. This was the first initiative to make our profession visible in this political arena.

In 1998 the first Non-Governmental Organization (NGO) formed by psychoanalysts from all over the world, was born, obtaining consultative status within the UN. Psychoanalysts participated in UN meetings in the three UN headquarter cities; New York, Geneva, and Vienna. With its status within the Congress of Non-Governmental Organization (CONGO), committee members served as delegates to conferences held elsewhere. This historical achievement offered psychoanalysts a unique opportunity to study, examine, and propose position statements regarding issues that call for the unique expertise of psychoanalysis. Psychoanalysis made important contributions in the area of mental health, aggression and war, child development, racism, gender and other debated matters. Psychoanalytically informed discourse entered documents that subsequently were discussed by UN officials.

Dr. Tylim, secretary of the committee, was part of these endeavors since its inception. In his presentation he described how psychoanalysts gained access to the UN tripartite system, of UN officials, civilians (NGOs), and UN administrators. He also expanded on specific projects which involved psychoanalysts, with special attention paid to the International Congress of NGOs held in Korea in 1999, the United Nations Conference on Racism, Xenophobia, and Related Intolerance which was held in South Africa in 2001, and a special project now ongoing to provide critical incident stress services for UN staff in the field. Dr. Tylim addressed the need to use simple language when bringing our discipline to the public forum, warning psychoanalysts to remain alert to the perils of idealization of our profession. Above all, psychoanalysts must rely on its best tools: listening in the service of reflection and understanding.

Harold Cook’s talk was presented just prior to the UN Special Session on Children (UNGASS). At that meeting the “World Fit for Children” (WFC) document was approved by UN member states. It is weaker than what was hoped for by most children’s rights advocates. In 2001, APA became an accredited NGO in consultative status with the UN and Dr. Cook became an APA representative to the UN.
He participated in one of two preparatory conferences for the UNGASS held in May 2002. These prep conferences were politically loaded and psychologically complex. With persistence and cajoling, he succeeded in having included words like “mental health,” “emotional and cognitive development” and “psychosocial,” in the final NGO WFC Alternative Text, which was submitted to governments.

The WFC document consists of several parts. Part I acknowledges that WFC is based primarily on the 1989 Convention of the Rights of the Child (CRC), (ratified by most countries with Sudan and the US as exceptions); along with other instruments that constitute important standards for the realization of children’s rights. It calls for members of society to join a global movement that will help build a WFC by upholding these principles: 1) Educate every child; 2) Leave no child behind; 3) Combat HIV/AIDS; 4) Protect children from harm and exploitation; 5) Protect children from war; 6) Fight poverty; invest in children; 7) Care for every child; 8) Protect the Earth for children; 9) Listen to children and ensure their participation; 10) Put children first. These ten principles have also become part of a public campaign called “Say Yes to Children,” which asks individuals for endorsement. It has currently received 90 million signatures. Part III, The Plan of Action, is probably the most important. At the time of this presentation, there was agreement on about 85% of the document. Several extremely contentious issues remained: 1) child rights orientation running throughout the document that is based on CRC; 2) references to reproductive health care (and services); 3) the definition of the family (in its various forms); 4) resources (government contributions) and the manner in which these resources will be made available.

The current US administration’s objections stem in part from a concern that the CRC will undermine some elements of US sovereignty and that it is contrary to the US Constitution. In fact, the UN Charter’s guarantee of state sovereignty is left untouched by the CRC. The US doesn’t support the WFC because it opposes the use of corporal and capital punishment for children, and because its position on children’s rights is seen as challenging the priority of family rights. The resources to improve the conditions of children and therein our future exist. World leaders must be convinced that investing in children is crucial. Our involvement can help make this happen.

**The Virtual 3Rs: The Complexities of Reality, Relatedness and Resistance to Change.**

**Presenters:** Ruth Litjmaer, PhD  
Joy A. Dryer, PhD

**Moderator:** Ruth F. Lax, PhD

Debate surrounding Internet usage is contradictory and unresolved. Ruth Litjmaer’s paper, Internet Use and Misuse: Psychopathologic or Adaptive?, considers a psychodynamic understanding which asks, firstly, whether Internet use serves pathological or adaptive purposes. And secondly, it asks how such a differentiation may be useful in subsequent work with Internet users.

The majority of papers associate Internet usage with pathological behavior. For example, Grohol (199) theorized a disorder (addiction) involving people who spend a lot of time online to the detriment of other relationships and responsibilities. Suler & Phillips (1998) believed that deviant behavior can span the range from simple mischievous antics to more severe expressions of psychopathology, including depression, sociopathy, narcissism, dissociation, and borderline dynamics. Among the factors considered to explain such online deviance are social/cultural issues, the technical infrastructure of the environment, transference reactions, and the effects of the fantasy created by cyberspace. One study that used the same criteria correlating Internet overuse with addictions, developed the term “Internet addiction” (Armstrong, Phillips and Saling, 2000) to describe this symptomatology. Other topics that associated Internet use with pathological behavior focused on sexual behavior or sexual addiction (Cooper, Putnam, Planchon & Bios, 1999), online infidelity (Young, Griffin-Shelly, Cooper, O’Mara, & Buchanan, 2000), and online sexual partners (Griffiths, 2000).

Whatever the extent and type of pathology, the safety of anonymity can encourage fantasies that resist dealing with reality. Creating an ideal self can express a wished for, yet unattainable, sense of self. Or, the individual’s lying about his true identity, disguising or withholding information about himself, stimulates the creation of an ideal self that he tries to convey to others and to himself as true. This false-self presentation increases the development of pathological behavior as well as an obsessive need for immediate narcissistic gratifications. This virtual reality “dissociated connection” can make an individual feel related by this illusion. In either case, a distortion of reality takes place. He can deny the need for change in his real life.

Overall, the studies, which defined pathological usage, indicated that excessive Internet use appear to be symptomatic of other, more primary disorders, e.g., depression (Morahan-Martin, 1999). The psychological issues underlying overuse include struggles for intimacy, self-understanding, identity, and self worth (Grayson & Schwarts, 2000). While expanding our creative capabilities, technology might also express maladaptive behavior (Stern, 1999).

Dr. Litjmaer’s viewpoint is that Internet use becomes pathological when it interferes with everyday living,
dissociates from other areas of functioning, loses reality testing, or becomes a compulsive activity against all other aspects of one’s life. Because the Internet is a relatively new technology, this topic is still in its beginning stages of research. Hopefully more research and clinical work will help us devise better tools for understanding this latest way of communication that has become part of our lives.

Joy Dryer’s paper was The Internet as Sexualized Twilight Zone between Virtual Reality and Virtual Fantasy: Creative Play Space or Destructive Addiction? Twilight is a time when day is fading; casting long shadows against the wall, and night has not fully fallen. Lightness and darkness merge. Fantasy and reality can blur. The transference, in a parallel metaphor, can partake a similar emotional twilight space, where the patient’s identifications and fantasies cast long shadows upon the person of the analyst. Analysts use transference and our countertransference, these sometimes flickers of reality, to help understand what is happening inside the patient, ourselves, and our co-constructions.

This paper extends this metaphor to the Internet, where it became a twilight zone for “Len,” an artist, father, and husband in his late 30’s, as he used sex chat rooms both adaptively (to try on aspects of his ideal self) and additively (to avoid intimacy). Dr. Dryer proposes a conceptual framework for why Len started having cyber affairs, why he stopped, and how he and his analyst worked therapeutically together during his heavy cybersex involvement.

Specifically, as the erotic transference emerged, Len recalled pre-adolescent sexual stirrings, along with a yearning love for his philandering alcoholic father, and a raging disappointment for his hard working cleaning-office-buildings mother. From age eleven, he had a vivid snap shot image of mother’s pubic hair as she ran naked from the shower one day to catch the ringing phone. He recalled the uncontrolled pleasure of his first orgasms with his first girlfriend, with whom he felt so unworthy. Childhood feelings of loneliness, humiliation, and disgust with himself, were repeated when his ad exec wife worked all night, and when he went to raunchy peep shows on 42nd Street, where sometimes “the guy next door would stick his dick through a hole in the shared wall.” For Len, looking was a sexual activity (which was adaptive for him when it enlivened his art work).

He went looking on the Internet and discovered sex chat rooms, and began having cyber affairs. This was a “Twilight Zone” of intimacy, “a techno-intimacy.” Dr. Dryer suggests that the Internet offers a unique mode of connecting to others, both more related and more perverse, i.e., highlighting a virtual reality that allows an illusion of relatedness. Instant messaging allowed Len both to affirm and to deny that an idealized lover exists-and, that an idealized self exists.

Dr. Dryer describes the dynamics and defenses of how Len tested everyone to see if they cared. He was alternatively provocative and abandoning, in the transference, and with his cyber lovers. His intense yearnings to be loved and touched and seen were matched only by his deep despair that a loving connection would not and could not happen.

In her countertransference, Dr. Dryer notes her urge to pursue him (as he wished his mother had), to open up each meaning of every disappearance. They co-constructed an understanding of how these disappearances regulated intimacy, along with the processes of such self-states as anger, disgust, desire, and anxiety. Thus, Len’s case illustrates the Internet’s specific characteristics, touching upon dynamics that both are and are not like other material --a unique Twilight Zone.
Evocativeness was Stephen Appelbaum’s final book before his untimely death. Dr. Appelbaum, a psychoanalyst in private practice, had an illustrious and prolific career at the Menninger Clinic in Topeka, the University of Missouri School of Medicine, the Austin Riggs Center, the Department of Psychiatry at Harvard Medical School, the Boston Psychoanalytic Institute and Massachusetts Institute of Psychoanalysis, and, most recently, the Southeast Florida Institute of Psychoanalysis. He was the author of six books, on the editorial board of ten journals and won four writing awards.

Evocativeness yields varying levels of therapeutic learning, depending upon what the reader brings to the experience. Appelbaum looks back over sessions with a variety of patients and presents illustrations of clinical material of both successfully “evocative” interventions and those that he considers “uninspired.” The first section of the book presents evocativeness in theoretical and definitional terms. In the second section of the book, Appelbaum offers transcripts of clinical sessions and analyzes these transcripts in terms of the therapist’s successful and sometimes less successful use of evocative interventions. This intriguing journey into the consulting room allows us to share in his therapy sessions and act as both investigator, supervisor; critic and psychoanalyst. This viewing allows us to be voyeurs into his therapy sessions and to second-guess our own steps as we think about these interpretations and match them to our own rendering of what we would have done, given the same material.

Broadly speaking, Applebaum’s notion of the evocative is a strategy for understanding a host of clinical interactions, and ultimately for improving interventions. Appelbaum asks therapists to experience therapy through an expanded self-awareness, and warns against an over-reliance on interpretation. As such, the author repeatedly connects looking at art and performing psychotherapy, thereby distinguishing thoughtful practitioners from those who “play to the second balcony, cranking out or struggling to find utterances worthy of quotation and speaking dramatic language whenever possible” (p. 45). Similar vitriol describes the therapist who “manipulates” patients into a particular form of behavior or pattern of thought (p. 48).

Conversely, Appelbaum’s evocative therapist does not use the artful playing of roles in order to enable the patient to merely re-enact old scenarios in a new way (although he indicates that corrective emotional experiences are often useful). Utilizing the contemporary, analytic schema of a two-person therapy, Appelbaum insists that the evocative therapist discovers within himself the roles that will open the way toward healing insights. In order to do this, the “evocative therapist” must be practiced in experiencing a flexible range of responses and interventions, just as a gymnast or a skater must train and exercise for years in order to master his/her art. According to Appelbaum, the evocative therapist realizes the futility of a one-size-fits-all approach. Each patient is different and each patient evokes from the therapist the potential that both therapist and patient are capable. Evocativeness requires the confidence, surefootedness, and skill of a therapist who is comfortable within him or herself and who is not afraid to be bold and to utilize Appelbaum’s suggestions. There is no place in his consulting room for a “talking head.” Intellectualization and isolation of affect are seen as a form of resistance, and evocativeness is a tool used to inject color in order to help bring the “unaware into awareness,” a step that is usually required by most patients, particularly those with strong inhibitions who are not in touch with their emotional life.

According to the author, evocativeness brings a sense of energy and novelty into the therapy session. In Chapter 1, he states that the injunction is to avoid tried interpretations such as “you are feeling guilty” or “you are feeling shame,” and to allow something “uncontrolled” to go on during the therapy
session, so that a new vision of life emerges. Just as certain works of art move others and us do not, therapists have differing emotional responses to psychotherapeutic sessions. In some sessions, feelings and ideas are powerfully communicated and experienced, so that the patient can feel pride and experience joy, feelings, which are mirrored by the therapist. Conversely, in some sessions, both therapist and patient are bored and distracted, and “having lunch” is the main thing on their mind.

Appelbaum presents an inspiring model of “Listening with the Third Ear,” (p.10) taken from Theodore Reik’s famous book of the same name, to present a caution to differentiate between manifest content and the transmission of information by the second voice (thus allowing the patient and therapist to understand and make the patients experience vivid and lively). In psychotherapy, the first voice can be considered the transmission of meaning, listened to and interpreted by the “third ear.” This process involves the ferreting out of latent content to yield insight. The “excellent” therapist is skilled at uncovering and analyzing the hidden meanings that lie behind manifest content. This communication is reminiscent of Knoblauch, (2000) who discusses the importance of noting rhythm, cadence, and breath as means of communicating with the patient’s unconscious. Knoblauch compares the patient’s communication to music, in which it is as important to attend to the shading, starts and stops, to the forte and pianissimo, as it is to the melody. Appelbaum, like Knoblauch and Freud, has undertaken the challenges of teaching us to always ask “why.” The answer to this question, through evocative interventions, brings forth hidden meaning into “useful emotional awareness.” Freud (1933) recognized the difference between intellectual and emotional understanding. In Chapter 8, Appelbaum discusses Freud’s analytic terrain, and analyzes it from the standpoint of evocativeness out of a deep sense of history. Freud was evocative in his manner, his choice of office furnishings and in his choice and delivery of words (p.95). A brief review of Freud’s famous cases, Fraulein Anne O, Frau Emma Von N., Miss Lucy R., Katherine, Frau Elizabeth Von R., Dora, The Rat Man and The Wolf Man, presented Freud’s sensitivity to each patient’s individual needs, but demonstrated how the interventions were sometimes intrusive as Freud yielded to his impulse to action rather than trusting the analytic relationship (p.106).

The evocative therapist is encouraged to develop empathy in the truest sense of the word, so that he or she can personally represent what the patient is feeling without having to experience the same trauma. An example given in this book is an actor’s ability to play the role of Hitler by studying and by drawing upon the actor’s usually latent megalomania and sadism without having literally designed a plan for world conquest and systematic murder (p.51). The therapist is encouraged to empathize with states that he has not experienced, and to discover the latent qualities in him or herself that would help him respond with the most helpful and effective self-presentation. Not only can imagination substitute for reality, but, according to Appelbaum, sometimes substitution can improve upon reality. The self of the patient and the therapist is then drawn by evocativeness into awareness and experience and, as a result, become more vital and alive. Caution is given to go beyond developing therapeutic skills and beyond learning the facts of a person’s life, but to take this information and transform it in order to communicate this understanding evocatively. This skillful art is repeatedly contrasted with “wild” analysis, where emotions are expressed primarily for catharsis with the elucidations invoked by evocativeness, but the goal being expression rather than deepened understanding.

I felt a sense of exhilaration as I read this book. Evocativeness means, “calling out; summoning forth, as from delusion or from the grave,” and Appelbaum has admirably done just that. His spirit has communicated across time and space, evoking what Lionel Trilling (1955) said about Freud’s view of the mind: a poetry making faculty, and much of
life is determined by the organisms’ need to keep anxiety at a tolerable level: a level high enough to motivate and low enough so as not to be overwhelming and excessively painful.

In posing the question of whether evocativeness can be learned, the answer given in Chapter 6, is that our potential is determined both by whom we are and with whom we choose to learn. According to Appelbaum, some people are by nature evocative, while others, through no fault of their own, although not hopeless require systematic training. Models presented for this training include demonstrations by a supervisor of an actual intervention and developing the supervisee’s awareness of a wide range of possible interventions ranging from ordinary to evocative. In illuminating the importance of awareness of a single change in word, choice, tone or inflection, the supervisee is sensitized to the subtle differences available.

As always, Appelbaum is challenging, never dull, and his legacy to us is to attempt to challenge our own conventional thinking and to step out to the edge without falling off. During all of the years that I knew him, he was always evocative, and this book is a legacy to his unusual and creative way of looking at the world that was evident throughout his long and productive career. “Few if any activities benefit from going unquestioned. Not only is the good the enemy of the best, but the bad has its way when the atmosphere is one of complacency, with consequent inertia.” Thank you, Dr. Stephen Appelbaum. You are sorely missed.

References


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Sexualities Lost and Found: Lesbians, Psychoanalysis, and Culture, a collection of essays edited by Edith Gould and Sandra Kiersky, scans a panorama of views on not just lesbianism, but culture, psychoanalysis, and the interdependencies among all three of these freighted terms. This collection captures what is both difficult and exciting about these topics: every fragment of any sentence about the connections among lesbianism, culture, and psychoanalysis can be, and is, parsed differently in each essay. The reader who is looking for the definitive word on what lesbianism means, how psychoanalysis understands it, and how culture shapes our perspective will finish this book knowing that these are unanswerable questions for those looking further than the glib reply, but intrigued by the range of the authors’ ideas.

The editors begin by noting “an appalling blindspot in the literature” regarding the existence of lesbians as consumers and providers of psychoanalysis. Kiersky and Gould’s first effort at filling in the blank spaces was a special issue of Psychoanalysis and Psychotherapy, the journal of the Psychoanalytic Institute of the Postgraduate Center for Mental Health in 1996. The first six essays in this collection are from that special issue. They have been supplemented with another ten papers, which together describe the “subversion and reemergence of lesbian experience as it is actually lived” (xii). Authors are teachers, clinicians, and academics.

The editors note that a literature on postmodern deconstructions of lesbians has been established by Butler (1990), O’Connor and Ryan (1993) and Domenici and Lesser (1995), but add to their collection some clinical voices as well. Glassgold and Iasenza’s 1995 book also brings a strong treatment orientation to the subject. One way to read this book is to use it as a source for various ideas on conceptualizing and working clinically with lesbian populations; its scope in this regard is wide, including essays on parenting (Glazer), infertility (Bassin), sexuality (covered by several authors), community dynamics (Shumsky), clinicians (Crespi), musicians (Sand), and poets (Richards). The depth of these contributions varies from the informative survey to the more searchingly analytic, and the focus from particular to lesbian subjects to more generally theoretical.

Another way to read this book is to see it represent the struggle in psychoanalysis to distinguish between surface and depth, between theoretical authority and postmodernist unpacking of such topics as identity, definitions of desire, and revisiting the finding that an initial figure drawing of a male figure is more common among lesbian subjects. The
authors pursue Castle’s (1993) “apparitional lesbian”—the barely glimpsed figure who haunts analytic discourse and seems oddly disconnected from the women-loving-women we encounter in that world and beyond it.

The first essay of the book may arouse the quickest attention for the reader of the contents. This contribution, by Joyce McDougall is referenced in a number of the papers that follow as evidence that classical psychoanalysis has softened its pathologizing of lesbians. McDougall is also the author of a paper cited repeatedly in this literature, from A Plea For A Measure of Normality (1980), that famously described lesbians as perverse, overidentified with father, and in hot pursuit of mother. McDougall’s case examples in that paper were extremely disturbed women, some virtually nonfunctioning, which critics have pointed out leaves the impression that primitivity and lesbianism were inevitably paired. In short, it is easy to see why a rethinking on the topic by McDougall arouses so much interest.

And McDougall is openly rethinking in this paper, not apparently interested in gathering evidence to support any particular theory, respectful of her high functioning patient’s life choices and judgment, and open to gaining clinical material that directly contradicts her earlier conclusions. In fact, she acknowledges that “my increasing experience, both with my ongoing self-analysis and with many lesbian analysands, led me to conclude that the generalizations I had made in my 1980 paper were inappropriate and applied only to the analysands quoted in that paper” (pp.3-4).

The case itself illustrates an entirely different dynamic in the family, which may interest analysts curious about the diverse histories of sexual minorities. Rather than being an exuberant tomboy, the patient had to fight to assert her femininity in the face of parents who had hoped for a boy to replace a son they had lost two years before. Although her mother was certainly a part of her erotic vocabulary (as she is for so many heterosexual people of both genders, as well), the patient replaced her father as her mother’s emotional caretaker, an intense relationship that was not primarily erotic. The patient completes one prize-winning novel during the treatment and begins another, works through the end of a long dyad in psychoanalysis explores the possibilities when desire is given sociocultural and relational roots as well as biological ones. The author adds to the argument that categorical explanations of female desire may not accurately capture the range of women’s experience, not just the categories of hetero- or homo- but what Wrye and Welles (1994) describe as “all manner of sensual bodily fantasies in relation to the analyst’s body” (p. 35).

Drescher relates his work with a patient whose sexual orientation is different from his own from the perspective of an analyst who doubts that sexual orientation is “a meaningful clinical concept at all.” Contrast this with Arlene Kramer Richards’ effort to find a place for not only the category, but also Freud’s theory of the negative Oedipal phase. Although these radical disputes about the subject are mind-expanding, they inevitably draw one’s attention away from lesbians and toward what different epistemologies these writers bring to the task. There is no unifying theory, no commonly agreed upon vocabulary, and this splintering seems to exemplify the field. Drescher’s paper addresses many of the themes that relational and intersubjective writers sound on the topic of homosexuality: the limitations of categorical thinking, the patriarchal assumptions indivisible with our ideas of sexual desire, the effects of a largely heterosexual and closeted homosexual authorship on the literature, the complexity of object choice, the patient’s assumptions about the analyst’s sexuality and the consequences of these assumptions not being voiced or affirmed. These themes are explored in papers by Lesser, D’Ercole, and Schwartz as well. Lesser points out that assumptions that sexual orientation is always fluid are as dangerous to reify as assumptions that it is not, and Schwartz’s paper develops the idea that genital contact may not always be “the primary signifier of intimacy” (p. 228). Rather, “lesbian sexuality as theorized and practiced suggests an eroticism which allows for multiple identifications multiple positions
of desire, and objects to reflect a polymorphously diverse sexuality” (p. 232).

D’Ercole investigates the relationship between gender identity and object choice when either analyst or patient approaches these entities as mutable, and the connection between them idiosyncratic. D’Ercole points out that some aspects of identity have a totalizing, structural quality while others are experienced as more performative, and that our theories regard these denser self representations as more mature and preferable. D’Ercole disagrees: “For me, gender and sexuality have become something that we do rather than something we are” (p. 192). She rightly points out that this new perspective raises questions not only about the nature of lesbianism but about our psychoanalytic focus on structure, development, and authenticity.

For the reader who wants a relatively straightforward example of how this new paradigm views lesbians, psychoanalysis, and culture, I’d suggest beginning with the final paper in the collection, A Postmoden Comparative Study of Figure Drawings of Lesbian and Heterosexual Women: A Tribute to Ted Reiss and Ralph Gundlach, by Susan Iasenza and Sheldon Waxenberg. The authors repeat the familiar research into figure drawings and confirm that a significantly larger percentage of lesbians drew a male figure before a female figure, that ambiguous features were more common in drawings of women by lesbians, and that heterosexual women were significantly more likely to draw disconnected body parts in the female figure. The authors then proceed to offer postmodern interpretations of these findings to counter the traditional, more pathologizing explanations. For instance, they suggest that one does not necessarily reject feminine identification by exercising “more flexibility and diversity in the...expression of their sexual and gender identities and roles” (p. 289), and that ambiguity in drawings might suggest interest in cultural explorations of androgyny rather than confusion about femininity. Heterosexual women, who might particularly suffer cultural oppression about body image, are seen to express through bodily disconnections in their drawings a response to societal pressure that lesbians partially escape.

The authors conclude, “sexual identity, although inclusive of sexual object choice...includes sex role (masculinity-femininity) and sexual self-image (how the person relates to her sexuality), a complexity that defies categorization” (p. 290). Or, put another way, these findings suggest a new universe of clinical exploration of how patients and analysts use these terms.

One major limitation to this collection is the lack of any cultural diversity, particularly given the editors’ interest in the impact of culture on lesbians and theory-making. There are no contributions exploring racial or class factors, and even Crespi’s twenty-five year scan of the lesbian community refers only to the psychoanalysts within it. Certainly one critical result of the theoretical and cultural revolution in gay and lesbian acceptance is the need to explore and appreciate how historical and cultural influences vary for lesbians emerging from particular times and communities. One wishes as well for an effort to explain the inclusion of a few articles that seem to have very little to do with lesbians; although both are quite interesting (Donna Orange introduces intersubjective thinking on desire and Virginia L. Blum reveals the homophobia in Kohut), neither provides either theoretical or clinical focus on women.

Ultimately, however, one’s pleasure with this book may depend as much on one’s comfort with retiring the mantle of authority from the analytic wardrobe as to the contributions themselves. There is no small amount of frustration produced by the discovery that what one has assumed was bedrock reality is revealed as one’s defensive and wishful projections. It is never easy to gracefully surrender what makes one feel secure, especially when postmodern, intersubjective, and relational schools seem inevitably opposed to compensating the loss with a new set of explanations, categories, and traits.

Thus, although this book colors in some of the details of the “apparitional lesbian,” she remains ephemeral. This seems both cultural and inevitable: inevitable, because of this current suspicion of fixed categories and the natural reluctance to propose one; cultural because, despite this growing and useful counter-argument, so much of psychoanalysis seems at best ambivalent about lesbian existence.

References
One of the recent changes—some say losses—in psychoanalysis is the shift away from sexuality as the deepest natural well from which psychology flows and toward a place as one of many motivators of relationships and organizing principles of self. The recent edited book *Sexualities: Psychoanalytic Perspectives*, collects British authors arguing against “the view that sexuality is nothing other than historically and culturally determined” (back cover). Given that Aron has written, “no one, not even the most radical of relational theorists, denies that bodily urges matter in human life” (Aron & Anderson, 1998, pp xxii), the critique might be better aimed at academic gender theorists. The book is aimed at clinical questions, however, and references Freud, Klein, and the British School rather than Butler.

It is no secret that authority adds to the narrative force and drama of analytic writing, and that many clinicians appreciate this even as they work from an alternative perspective. The rhetorical certainty fuels a vision of orderly, surgical transformation. Still, psychoanalysis began as a radical vision, and still attracts radical thinkers, who challenge orthodoxy and incite debate. This book contains some writers who preserve their certainty and others who apply contextual thinking within a foursquare framework of the Oedipal complex, biology, the centrality of sex to identity formation, and the inescapable qualities of a drive.

Harding’s book began as a series of lectures in Great Britain for the Foundation for Psychotherapy and Counselling. References to other authors and direct citation are at a minimum, so most of the book presents the general views of a variety of authors, united in their view that recent critique of drive theory ignores the transformations it had undergone long before post-modernism. Given the tendency in a debate to imagine a monolithic, wrong-headed Other, the heterogeneity of views (object relations, Jungian, and Kleinian among them) seems promising.

Each chapter has something to recommend it, although the argument that sexuality is something more than historically and culturally determined is oblique; relational, intersubjective, and interpersonal positions are infrequently described or cited. Surprisingly, given this goal, one of the most interesting chapters argues for the cultural and historical influences behind the Anglo-Saxon preference for object relations over drives.

Budd’s chapter, No Sex Please-We’re British, states that the distinctly different flavor of British (she includes North Americans in this group) and French theory has more to do with the different cultural media in which these ideas have germinated than with their actual superiority: “...we imbibe from our milieu our sense of what makes a particular theory congenial without noticing that we are doing so; fish do not notice the water in which they swim” (p. 53, note). Budd scopes out how these two countries regard sexuality. In England, Freud was initially regarded with alarm “as though, if he hadn’t existed, sexual fantasy would never have been invented” (p. 53). This led to a “domestication” of Freud’s ideas for British and American audiences via object relations and self theories, a PG version of an X-rated story. These ideas better supported “a British attitude to the erotic life which assumes that if we have good object relations our sexual lives will not trouble us” (p 54). Budd notes that the explicit contrast group in Britain is France, and the history of these two nations provides as many fantasized differences as actual ones. After “switching...attention away from adult sexuality” (p.55), the British then projected it onto the French. The French accented “the inherent differences in sexuality between men and women, and something which is forever unrealized, tragic,
unreadable” (p. 56). Didier-Weill is quoted, “Americans are more optimistic about love—and sex. They tend to think that with a few minor changes, men and women can move to harmony just around the corner” (p. 56).

Budd thus interprets the shift toward object-relations as an effort to avoid both sex and aggression; a shift that not only denies the force and reality of physical desire but also, “can make [patients] feel both frightened and triumphant if their real adult sexuality is overlooked” (p. 63). Analysts who place all their faith in mother-love are as capable of harming patients—by virtually adopting, rather than treating, them—as are sexually predatory clinicians.

Budd acknowledges other extra-psychic contributions to theory—male reactions to female power, the debate about the proportionality of the body-mind split, even religious differences—when accounting for the emergence of such different traditions as Winnicott and Lacan. She questions the assumptions that interpretations of very early experiences are the most powerful, that our sex lives will be trouble-free if we’ve worked through our pregenital object relations, and that it is possible to contact “the totally different being we were in childhood” (p. 67) through analysis of an adult. She proposes exploring the web of meaning around the reality of the body and the role of the body’s memory expressed through sexual desire and repugnance.

In her chapter on women’s sexuality, Maguire picks up on the theme that “early psychoanalytic interest in the erotic life of women has faded and been replaced by a preoccupation with their maternal function” (p. 107). She acknowledges the subversiveness of Freud’s idea that sexual identity is not only biological but formed through personal history and culture, although she concedes that “my personal view is that...anatomical differences between the sexes do impact upon the psyche, affecting our unconscious fantasies and anxieties” (p. 108). She presents a more subtle interplay than this, however. She does not believe heterosexuality is innate, or that a core “real” identity trumps culture: “I am saying that sexuality is shaped within culture but mediated through the body” (p. 108). She focuses not only on the anti-erotic consequences of maternalizing feminine desire (which she attributes in part to the theorizing of women analysts such as Klein), but also on the overlooked envy that underlies efforts to make female sexuality about nurturance rather than lust. She includes some specific discussion of Benjamin, Irigaray, and Lacan.

Steven Mendoza’s contribution, Genital and Phallic Homosexuality, begins routinely, promising, “to show how psychotherapy or counseling is done with homosexuals as with any other client” (p. 152). But his paper does not recite the familiar rules. Instead, Mendoza argues not only that the judgments still rampant in the field about what gay and lesbian object choice mean are not only homophobic but that the homophobia leads clinicians to miss the analytic point. The goal of mature sexuality is not achieved by choosing a partner of the opposite sex but by relating to a lover from the genital position—that is, as a whole object—rather than from the phallic, where the lover is seen as the means to the end of drive satisfaction. This distinction may seem familiar, and Mendoza draws a matrix of connection between phallic, paranoid-schizoid, and perversion on one hand and genital, depressive, and polymorphy on the other. “It is not what we do in sex which matters, or whom we do it with, but why we do it” (p. 159), he concludes.

Mendoza draws deeply from Meltzer’s 1973 Sexual States of Mind and its question about why we believe that heterosexuality is the only aspect of infantile sexuality fit to live beyond infancy. Not only are some heterosexuals fixated at the phallic stage, but we also rely too superficially on object-choice to diagnose homosexuality. Such a choice in reality does not always match the object’s genitals in fantasy. Mendoza gives examples of how overt behavior and unconscious fantasy may row on different sides to navigate Oedipal waters. As one example, a man having gay sex “is homosexual per se but may be heterosexual [if] the fantasy [is] of a man offering himself to the father as a girl....” (p. 159).

This openness to the meaning of a given person’s homosexual behavior seems more deep and useful than the reflexive assumption that same-sex object choice indicates an inevitable Oedipal impasse. Mendoza argues that an individual’s ability to accept and use his or her bisexuality (referring to the childhood belief one possesses both sexes, not the choice of both male and female partners) is actually a key element in the ability to identity with and thus deeply enjoy the partner’s pleasure. “A man may need to be able and to allow into himself the desire to be penetrated by a penis and a woman may need to be able to allow the equivalent desire of a female body and the drive to penetrate it” (p. 158).
Mendoza regards this “essential polymorphy” as an essential step in the child’s ability to cathex the same-sex parent and thus securely negotiate the Oedipal phase. Analysts who have not themselves gained conscious access to this phantasy may be vulnerable to a similar phallic temptation to project what they fear in themselves onto gay and lesbian patients.

Other chapters tread more familiar ground. Young’s chapter, Relocating Psychoanalytic Ideas of Sexuality, agrees to move sexuality to the background of theory and concede both its symbolic value and its historical contributors but insists, “biology is veritably destiny, whether one is observing fighting fish, spiders, greylag geese, peacocks” (p. 21). Young is one of many other authors in this book who refer non-critically to evolutionary psychology to support this stance. Colman’s Celebrating the Phallus also begins with the assumption of biology as the determining force, although he explores deftly how men’s sexual concerns may seem divorced from their emotional ones, but in fact “express a relation to the phallus which is, in itself, a deeply emotional one” (p. 128). This determinism aids Morgan’s categorization of transgendered and transsexual patients as pervers; one interpretation produces the response, “Phew, that’s a bit Freudian” (p. 144), which Morgan confirms is an accurate reading of his arrested-development hypothesis.

Although there are numerous, well-reasoned arguments against evolutionary psychology as any more scientific than Freud, the search for some immutable bedrock continues in spite of concessions to the hermeneutic. Fausto-Sterling (2001), an eminent biologist, has argued that the all-knowing biology is a myth, rare as the all-knowing analyst. Developmental systems theory studies how species biology, individual qualities, and environmental press work as an ensemble to influence natural outcome. Fausto-Sterling illustrates the need for new theory with the case of a goat born without front legs, who spent life hopping around a farm on its hind legs. An autopsy revealed the goat had developed a humanoid S-shaped spine, thickened bones, and altered musculature to provide its mobility. Neither its biology, its environment nor its personality provided its anatomy; all of them did, in a particular way given that particular circumstance.

Some readers may wish for more self-examination of the effects of a biology-based view of psychoanalysis on both theory and clinical process. In the same way Budd asserts the role of culture in theory-building, psychological reasons for valuing Cartesian science may have some defensive or wishful components. For instance, the belief that there are only two sexes with a clear division between them is axiomatic in analytic theory. Although this is true in more than 98% of the population, the remainder are born with genetics, hormones and anatomy that do not match. In contrast to the theoretical outcome of severely compromised ego functioning, the majority of these statistical outliers (once known as hermaphrodites, but now labeled intersexed) live productive and happy lives. Nonetheless this belief there were only two sexes by the scientific community in the twentieth century led to a fantasy that it would be possible to assign sex and alter gender identity by altering genitals in babies. Dreger (1999) and others have argued that this fantasy emerged more from faith in medical technology and sexual politics than from science. Intersexed adults are now describing the outcome of this conviction; their shared experiences of deception by authority figures, medical trauma, and sexual dysfunction demonstrate forcefully that we do not always know what we wish we did and the consequences of that fantasy can be literally disfiguring. Further, as Gray and Mitchell both argue from quite different vantage points, the analyst’s omniscience also infantalizes the patient, recreating a scenario where the patient submits to the analytic-parent’s opinions, rather than forming any of her own.

Since the most revolutionary of Freud’s goals was to liberate us from dependence on traditional opinions to create new ideas, another question emerges from this collection, why the effort to question traditional views in psychoanalysis elicits as much defense as debate. Harding’s collection is at its best when authors place seemingly contradictory ideas in respectful conversation with one another. That essential polymorphy, to borrow Mendoza’s phrase, seems as necessary to the mutual engagement and pleasure in different ideas as it is to the mutual engagement and pleasure of lovers.

References


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Psychoanalysis has done itself a serious disservice. At a time when other therapeutic modalities were doing research on the efficacy of their approaches to support their claims of therapeutic efficacy, psychoanalysis circled the wagons against the onslaught of managed care. As a result, cognitive-behavioral treatment has taken over where psychoanalysis once reigned. Truthfully, cognitive-behavioral treatment can be a good beginning for some very intractable symptomatology. Unfortunately, the results often are not long lasting and that is where psychoanalysis comes in, to pick up the pieces and provide alteration in the underpinnings of those intractable conditions. While cognitive-behavioral treatment modalities are beating the drum, pointing to their positive short-term research findings, psychoanalysis has hidden the body of research on psychoanalytic theory. Even the two compilations by Fischer and Greenberg (1996, 1979) and one by Kline (1972) are not well known.

We, in psychoanalysis, have the most comprehensive system to date pinpointing what we need to look at and explore in our attempts to understand others and help them deal with problems in living. In Infant Research and Adult Treatment by Beatrice Beebe and Frank Lachmann we see an attempt to use current infant research to extend and expand our ability to aid those people we once were unable to help.

Beginning with the first chapter, where they revisit Beebe’s nine-year treatment of a young man with severe pathology, the writers slowly coax the reader along the path they carefully develop, intertwining psychoanalytic treatment and the wealth of available infant research. As supervisor and supervisee, Lachmann and Beebe describe the changes in their theoretical conceptualizations, from a separation-individuation model to one of attachment-individuation. They state that, “… the child’s developmental process should be assessed by the degree to which patterns of affect regulation remain warm and mutual…This model of development emphasizes assertive relatedness rather than separation to achieve autonomy” (p16). According to the authors their use of self-regulation refers to, “the management of arousal, the maintenance of alertness, the ability to dampen arousal in the face of over stimulation, and the capacity to inhibit behavioral expression” (p.27-28). This capacity arises out of early interactive experiences between caretaker and infant, and with growth, may be organized into non-verbal representational systems. Thus, this self-other regulation interaction, since it begins so early in life, functions out of the awareness of the individual and has no attached words. Beebe and Lachman see psychoanalysis as the process by which these early, non-verbal, interaction structures have the potential to become symbolic and analyzeable. However, before this mutual regulatory system (between caretaker and infant) becomes symbolic it is conceptualized as being part of a presymbolic rather than dynamic unconscious. It is in this presymbolic regulatory system that the authors work. As they become attuned to their patients, mismatch their attunement and repair the mismatch that their patients begin to feel heard and understood, preparing the way for change and growth.

One must question how these hypothesized early, non-verbal representational systems relate to self and other representations. Beebe and Lachman suggest that the infant, towards the end of the first year of life begin to establish representations that is the result of generalizations of interaction with significant others, rather than, as has been previously conceptualized, an image of the other. At a plenary session of Division 39’s Meeting in New York some years ago, Stern, presenting some of his infant research indicated that the data he was collecting suggested that rather than splitting experiences into good and bad, the infants average their experiences. This infant capacity for averaging can lead to the generalization of interactions underlying and giving
support to the authors’ ideas of an unconscious, non-dynamic representational system.

These two analysts moving from a one-person treatment conceptualization to a dyadic systems view studied infant research for a year. They came to the conclusion that, “infant research is fruitful because the basic processes of interaction at the nonverbal level remain so similar across the life span” (pp.22-23). That is, these interactions occur at a non-verbal level. In this two-person/two way system of interpersonal interaction/regulation they assert that the analyst and analysand are influencing one another by word and deed, especially at the nonverbal level. The influences each partner of the dyad have on one another leads to attunement and awareness of the selves involved in the interaction. This, in turn, results in each becoming known by oneself and is matched by the way one is known by the other. According to the authors, this knowledge can lead to an increase in the patient’s ability to “act as an agent in his own self-regulation” (p.32).

Supporting their understanding of the interactive process in psychoanalysis they use a plethora of research that indicates, “From the very beginning of life, inner experience is organized in the interactive context…The potential pathology of the system is seen in an increasing inability on the part of the infant to be aware of his state, to be guided by that awareness, and to use his initiative to change his state” (p39). The research material they present is compelling. In a short period of time we have come from an infant experiencing the world either from a “tabula rasa” or a “blooming buzzing confusion” (p.81, Meyers, 1998) position to one of the infant as a very competent organism who has a role in and impacts parental child-rearing styles. As many child analysts will tell you, it is important to understand how a child really functions throughout early development to understand the experiences of our adult patient without the distortions of memory. Here are two adult analysts suggesting that the early attunement of patient and parent colors the analytic interaction to such a degree that it is imperative for the adult analyst to match the interactive need of the patient. Lachmann presents his patient, Karen, a young woman with serious difficulties in self-regulation. He describes his interaction with her:

I responded to her constriction by partially constricting myself. I allowed myself to be influenced by her rhythm. I narrowed my own expansiveness to match more closely the limits imposed by her own narrow affective range. I did look at her continually, but I kept my voice even and soft. In my initial comments I remained within the limits of the concrete details that she offered. I thus altered the regulation of my own arousal, keeping it low and limiting my customary expansiveness. She was effective in communicating her distress, and I was able to respond by providing her with a range of stimulation that more closely matched the limited level of arousal she could tolerate. However, as I restricted my own expressiveness, at times I became fidgety and squirmy. She seemed oblivious to my moments of discomfort. (pp. 50-51)

He asserts that this approach is used without any assumptions as to the unconscious, dynamic meaning of the adult experience. In a sense he is trying to reproduce an infant-caretaker-like interactive milieu in an attempt to repair severe damage. The description of a therapeutic interaction is reminiscent of a split-screen tape of a mother in interaction with her four month infant. The more mother attempted to play with her little girl the more upset the infant became and the more she attempted to get away from the source of the stimulation. She apparently found this type of interaction unbearable. When mother presented an affectless face this little one began cooing and smiling in what seemed like an attempt to engage the mother. This baby’s attempts to integrate charmed the mother so that she had a hard time keeping her face flat. Thus the mother learned about interacting with this baby in their mutual struggle with self and other regulation, just as Lachmann tried with his patient, Karen.

This book brings a number of streams of infant
research together and attempts to translate these new understandings into therapeutic intervention with our most serious disturbed adult patients. However, they have not addressed the use of this approach with less seriously disturbed patients. While the research findings are very interesting, and clearly presented, the authors become turgid, at times, as they try to explain how to use the material in their interactions with patients. It is almost as if they understand the material they present so well they forget to help the reader gain the insights they have developed through years of working with this new approach. Beebe and Lachmann use short examples from adult treatment but they are not always well enough explained for the more naïve reader to follow. More explanation from them as to how to implement their proposed system would give the reader a better idea of the kinds of interactions they are discussing. Their longer case studies do a better job of describing the interactions.

It seems apparent, from their patient descriptions, that the approach described, matching their response to the needs of the patient, at the non-verbal level, was an important way to make contact with people who do not seem to have developed adequate, internal representations of people and relational interactions. Do they propose that only patients with serious levels of pathology be treated in this manner? Can typical patients be helped in this manner? Does the therapeutic paradigm change over time as patients begin to resolve their serious pathology? These are issues not addressed in this book and maybe I am asking for a book they did not intend to write. All in all, this is a book that needs reading and serious attention paid to the implications of infant research and findings on how we do treatment.

References

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**Gemma M. Ainslie, PhD**

**Dream Journeys**

On June 1, in Austin, Texas, a group of about 75 people gathered at a local art gallery for a panel discussion among three members of the Division—Ricardo Ainslie, John Herman and myself—and visual artist, Susan Kae Grant. The event, co-sponsored by the Austin’s Local Chapter, was titled “Dreams and Art” and was occasioned by an exhibition of 24 of Ms. Grant’s photographic images and simultaneously broadcast recordings of her verbalizations generated by her experience in a sleep lab at Southwestern Medical Center in Dallas. In the lab, Herman, a member of the Dallas Chapter, and his staff had wakened Grant during REM sleep and asked her questions designed to gather images from her dream-in-process. These interviews provided Herman with data to further his exploration of various ways of bringing the unconscious into “immediate and vivid consciousness” and gave Grant the raw material for her exhibit, titled “Night Journey.” Before her sleep lab experience Grant, a self-described autobiographical artist, felt that her dreams were the one arena of her life she hadn’t tapped for inspiration. She acknowledged a lifelong interest in her dreams, including the belief that she “went somewhere” while dreaming and a wish to explore where she went via her dream-inspired creation, “Night Journey.” Having since read *Nocturnes*, I wish Paul Lippman could have been there, in that dream-filled place with gauzily focussed black and white photographs and an ongoing audiotape of free associations.

Lippman’s *Nocturnes: On Listening to Dreams* starts at a point similar to Grant’s: he, too, has had a lifelong interest in his dreams; and he, too, wants us to examine where we journey in our dreams. *Nocturnes* is an often-lyrical expository essay, laced with autobiography and written to draw attention to communication about dreams. Very early on Lippman is explicit about this purpose: “Freud was predominantly interested in the role that wishes play in the psychological construction of dreams. I feel we can expand this to…wishes in relation to the experience of telling a dream and of thinking about a dream with another person” (p. 17). Indeed, with an interpersonalist’s respect for the intrapsychic, for the dyad in conversation, and for the cultural strata of one’s experience, Lippman focuses on the telling, the talking about, and the interpersonal as he considers the clinical dyad in conversation about dreams rather than dream interpretation per se. Lippman repeatedly returns to some themes such as

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our lineage as dream interpreters or his perception of the disadvantages of the relational school’s perspective. However he also notes briefly and almost in passing areas of potential inquiry, such as the impact of waking to the absence of a dream. One such aside that I find particularly fascinating is his understanding (explored in a 1996 presentation at the Division’s Spring Meeting) that “…Freud, in his view of dreams, expressed the Jewish tradition of focus on the latent meaning, that is, on word and concept hidden in Torah and not on image; and…Jung in his view of mind and dream drew on the Christian tradition of focus on image. Both together, of course, are necessary for the full story” (p. 166). Among the questions he pursues more lengthily are: Over the course of our lives, to whom do we tell our dreams? How does the therapist’s personality style sculpt the process of talking about dreams in a clinical dyad? Does an emphasis upon the dream as disguise create more and more disguised dreams? “How does it affect us—dreamer and interpreter alike—that dreams are not mainly meant or the remembering, telling and interpreting but are mainly meant for the dreaming itself?” (p. 64) These are certainly ways of thinking about dreams that are not constrained by theoretical or technical loyalties.

Indeed the style of the book very much parallels Lippman’s suggestions for approaching the dream in treatment. This is not a book for clinicians wishing for technical or theoretical advice; instead, it is an expansive, evocative exploration of dreaming, based in the premise that, a dream is the idiosyncratic and to a great degree incommunicable creation of a human mind and that therefore every dream is beautiful and self-sufficient and telling, whether or not it is ever told. Rather like offering usable interpretations, he hints at awarenesses on the tip of one’s psychic tongue. Conjecture is both his stylistic forte and the bedrock of expert dream interpretation, so again and again he posits “what-ifs” that open new perspectives. Via this prismatic view of dreams, he encourages us to shift focus so that new light enters and refracts on the reported dream. He expertly draws our attention to the periphery of our trained, and therefore attenuated, awareness, thereby hoping to widen the scope of our potential listening to and engagement with what he calls the “controlled freedom” of dreams. I believe Lippman would agree that psychoanalysis or psychotherapy is such an intimate process in part because it extends the invitation to “dream together,” and our patients’ accepting that invitation privileges us with glimpses of their innermost parts. Indeed, in this way, Lippman asks us to re-engage with the wonder and pleasure that early dream interpretation in the context of the dawning discovery of the unconscious offered Freud and his early followers.

Nocturnes is organized into a series of discreetly constituted chapters, each of which might easily stand alone as a seminar topic. For example, early on Lippman highlights that the dream discussed in much of our literature is but one version of the dream, the dream as interpreted. Lippman cautions us against confusing the interpreted dream with either the real dream or its meaning. Thus, he both reinstates the primacy of the manifest dream, “the dream as dreamt,” and reminds us of the power of the dream to elude our “knowing.” “The latent dream is generally synonymous with the interpreted dream, that is, the meanings ascribed to the dream images” (p. 37; italics added). I would like to add to this portion of the conversation about dreams consideration of yet another facet of the prism: the analysand’s dream as imag(in)ed by the analyst. It is the images in the analyst’s mind evoked by the dreamer’s verbalizations that are inevitably what the analyst interprets. I enter this cautiously, as I am certain Lippman would, because the use of this intersubjective set of images must be guided as much as possible by the details of the dreamer’s associations and tempered by the analyst’s commitment to interpreting the analysand’s inner process, the intra-psychic, via this best-approximation. Indeed, Lippman seems especially sensitive to what he views as the intrusive over-emphasis of the analyst’s person as represented in newer strains of analytic thought, especially the relational school, and he repeatedly cautions the reader regarding such a skew away from the intrapsychic. Perhaps the most powerful salvo in Lippman’s battle with the relational school also indicts classical Freudians’ tunnel-vision: “It may be that the history of psychoanalysis from the classical to the relational can be briefly summarized as the shift from prurience to narcissism, as we move from pushing our sexual theories to pushing our theories of the primary importance of our own role in the therapeutic relationship” (p. 150). Lippman also tweaks post-modernists, implying that they do not sufficiently acknowledge psychoanalysis’s history of subverting acceptance of the literal “…we understand with our postmodern colleagues, that meanings are overdetermined, multiple, never-ending, layered, or otherwise architecturally arranged…Students of dream-meaning were early to the understanding that interpretation is in the eyes of the beholder, and therefore many sided” (p. 65).

Another prominent theme throughout Nocturnes is Lippman’s determination to remind us that psychoanalytic dream interpretation is but our edition of a long history of dream interpretation, i.e., that our lineage is that of shamans and soothsayers, prophets and wisemen, and that that tradition carries with it special responsibility as well as special status. Certainly the tradition Lippman refers to most intently is his own Judaic tradition, however he does note others. While perhaps beyond the scope of Lipmann’s book, I believe the reader would benefit from considering alternative interpretive traditions. For example, I once treated a young anthropologist whose work with an isolated South American group included Continued on Page 63
ne might assume that psychologist/psychoanalysts would enthusiastically gravitate towards a system whose goal was similar to that of our own: creating psychoanalysis as a general psychology. As Hartmann (1964) stated: “The consistent study of the ego and its functions promises to bring analysis closer to the aim Freud has set for it long ago—to become a general psychology in the broadest sense of the word” (p.x) and (1959). “The etiology of neurosis was studied before the etiology of health, though psychoanalysis always aimed at a comprehensive general psychology” (p.342), as well as (1947) “In an implicit way from its beginnings, and quite explicitly in the last two or three decades, psychoanalysis has set out to lay the groundwork for a general psychology, including normal as well as pathological behavior” (p.37). However, as we know from our clinical work: “Never assume!” Hartmann’s influence on contemporary analysis seems at an all time low, and when cited, it is rarely for contributions, but as representative of all that was wrong with American psychoanalysis during its halcyon days—the 40s, 50s and 60s.

This superb volume, edited by Martin Bergmann, consists of the transcripts of a weekend conference sponsored by the Psychoanalytic Research and Development Fund, with the participation of major psychoanalytic luminaries including Drs. Andre Green, Otto Kernberg, Anton Kris, Harold Blum, Jacob Arlow, William Grossman, Albert Solnit, Clifford Yorke, Peter Neubauer, Mortimer Ostow, Sidney Furst, Henry Nunberg, and Professor Bergmann. If one can, although this is a major deficiency of this volume, disregard the absence of women on the panel, the level of discourse, both in the prepared papers as well as the round table discussion was of the highest quality. The book is neither a bashing nor a hagiography of the era but fulfills Professor Bergmann’s aim “.... I realize now that I wished to erect a monument to that era, not written by a true believer, but by one who recognizes their shortcomings as well as their creative spirit” (p.68).

I was trained in the immediate post-Hartmann era in New York, when ego psychology and psychoanalysis were identical. Klein, Lacan, Ferenczi, Balint, Sullivan were not part of the curriculum, and Kohut and Kernberg were just beginning to be discussed. This, mind you, was at one of the most open and liberal of training institutes. I mention the geographical locale not from parochial investiture but since the Hartmann grouping was based in New York Psychoanalytic, and since this Society was the power with the American, which in turn was the power within the International, one assumed that Hartmann held the same universal status that he did in New York. This book shatters that myth rather forcefully. While Blum states that “Hartmann was president of the International Psychoanalytical Association from 1951-1957 and had worldwide respect and analytic influence” (p.89), the other panelists, particularly those from outside the United States strongly disagree. Green observes that “Without even mentioning its total absence in Latin America, in Europe its influence was limited to the agreement of Anna Freud and her group” (p.106). And Yorke, a member of that group says “As a student, I was surprised that Hartmann was rarely mentioned by my teachers, and almost everything I knew about his work came from my own reading. As for the main body of the Society, it would stretch credulity to claim that the principal propositions of so-called ego psychology were widely, let alone universally, known” (p.186).

Jacob Arlow, who for my generation of analysts was the spokesperson for ego psychology, has the following
to say, and mind you, this is from within the citadel of New York Psychoanalytic: “I think that the phenomena was basically a local situation, primarily in New York, with some connections to New Haven and London” (p.85), and “while the literature of the time contained many references to Hartmann, the actual influence of Hartmann’s ideas on individual analysts in their practice and in other work was rather limited” (pp.85-86). If this is the case, from both sides of the Atlantic, and one must remember, the South Americans took more to Klein than Freud to begin with, then, was there a Hartmann era? Yes! As Arlow points out, while localized, Hartmann’s adherents did control the editorial policy of the Journal of the American Psychoanalytic Association, The Psychoanalytic Quarterly, and the Psychoanalytic Study of the Child. Not noted for a desire for open discourse, adaptation, drives and an emphasis on the ego-on rationality and unknowable; the Id, and concurrently sexual and aggressive (p.5). With this optimism comes a shift in focus from the pessimism about the role of the ego in the process of cure” around what Bergmann sees as “...a reaction against Freud’s break with classical analysis. The Hartman system revolves continuities with Freud as well as the sharp revisions and an apologia for the era, Bergman’s paper shows both the granted, is grounded in Hartmann’s work. Certainly not how much of what contemporary psychoanalysis takes for and turgid, comes alive, breathes and makes one realize how much of what contemporary psychoanalysis takes for granted, is grounded in Hartmann’s work.

The Bergmann chapter...is the most lucid, critical evaluation of the Hartmann era that I have read. Summarizing Hartmann’s positions into twenty-one points, the system...comes alive, breathes and makes one realize how much of what contemporary psychoanalysis takes for granted, is grounded in Hartmann’s work.

The book is divided into three sections: Bergmann’s presentation, prepared papers by Drs. Arlow, Blum, Green, Grossman, Kernberg, Kris, Neubauer, Solnit and Yorke; and the interchange between participants. The Bergmann chapter, subdivided into three sections is the most lucid, critical evaluation of the Hartmann era that I have read. Summarizing Hartmann’s positions into twenty-one points, the system, which when reading Hartmann can be dense and turgid, comes alive, breathes and makes one realize how much of what contemporary psychoanalysis takes for granted, is grounded in Hartmann’s work. Certainly not an apologia for the era, Bergman’s paper shows both the continuities with Freud as well as the sharp revisions and breaks with classical analysis. The Hartman system revolves around what Bergmann sees as “...a reaction against Freud’s pessimism about the role of the ego in the process of cure” (p.5). With this optimism comes a shift in focus from the unknowable; the Id, and concurrently sexual and aggressive drives and an emphasis on the ego-on rationality and on the enlargement of the “conflict-free” sphere, adaptation, neutralization of energetic force, and the environment. As Bergmann says “In this view conflict is not ubiquitous, and, even where the ego is involved in conflict with the Id, secondary autonomy can develop so that what was once in conflict can become conflict-free once more” (p.25). This is the frame from which the Hartmann system should be viewed and for some including this reviewer it leads to a sharp break with not only Freud’s system but with any dynamic psychology, which by definition must be replete with contradiction, irrationality and power.

The psychoanalysis that emerges from Bergmann’s reading of the Hartmann “group” seems, from today’s perspective, to be overly sanitized; a psychoanalysis that, rather than representing “the plague,” is marketable to the American intelligentsia and academic community. As Bergmann observes, “Hartmann and his group visualized a psychoanalysis so modified that it would appeal to other sciences, resulting in an interdisciplinary approach where psychoanalysis would influence other disciplines and continuously profit by observations made in other fields” (p.22). For those not familiar with Hartmann’s writings or those wanting a quick refresher course, the Bergmann summary is eminently readable (which has never, to the best of my knowledge, been said about Hartmann), accurate, and a fair appraisal.

The second section of Bergmann’s chapter deals with the “group,” those analysts” associated” with the Hartmann era, with its theoretical formulations, and provides a thumbnail sketch of their contributions. Interestingly enough, the group has had a more lasting influence in the literature than Hartmann has. This may be due to the fact that their association was more due to a similar geographical and historical overlap with Hartmann than an obeisance to his system. Included in the “group” are Spitz, Jacobson, Mahler, Anna Freud, Kris, and Eissler. Omitted, and I can only assume that this is because Bergmann seems to display some ambivalence towards him, is Rapaport; the great synthesizer of his analytic generation.

The third and most speculative section deals with the passing of the Hartmann era. Bergmann attributes several factors, both within psychoanalysis and the general culture for the demise of the Hartmann system, at least as the dominant system within the United States: Loewald’s now classic paper (1960) On the Therapeutic Action of Psychoanalysis, posited that rather than conflict resolution, the continuation of growth was the aim of a successful analysis, and that the “mirror” function of the analyst became
secondary to the interactive, interpersonal i.e., two-person psychology dynamic; Brenner’s advocacy of compromise formation and thus the acceptance of the ubiquity of conflict and hence the denial of the conflict-free sphere, the attempt to narrow psychoanalysis to Oedipal-based neurotic analysands, while the general therapeutic population was manifesting more “primitive” dynamics.

Bergmann observes, “The Hartmann group discovered much that is valuable and exciting, but because it did not harness these findings into a therapy beyond neurosis, it lost its appeal. Limiting the practice to physicians whose earnings had to be on par with other physicians, demanding that the analysand come four to five times a week and be neurotic rather than borderline, the population available for psychoanalysis of necessity became restricted to a double aristocracy—an aristocracy of mental health as well as a financial one” (p.66-67). This, I believe, reflects one of the historic disputes within psychoanalysis: is it a general therapy with a “widening scope” or a specific form of treatment with limited applicability, to a limited population? Is it gold or an alloy? If we accept this dichotomy, then while the Hartmann group might be seen as orthodox or as purists, they cannot be seen as elitists. They are simply defining the scope of practice more restrictedly than others.

Anton Kris points out, later in the proceedings, “I believe that regression and psychosis were relatively intolerable to his group. So instead of using the fine ego psychology to explore it more, they used it to limit analytic dialogue” (p.262). In even stronger terms, Kernberg summarizes the demise of Hartmann’s system, stating that it “…superficialized the technique, ignored the theory, the drives, and made timidity the technical approach to patients. While we saw sicker and sicker patients with the most primitive sadomasochistic, aggressive things going on, the optimism of Hartmann regarding drives and adaptation ignored that clinical reality” (p.231). That optimism is an additional factor that Bergmann views as contributory to the supercedence of Hartmann ego psychology in that its desire to be accepted by other social and biological sciences simply never occurred. Its theoretical constructs, which catered to a wider acceptance, proved futile in attaining that goal. As he says “…it did not live up to its promise to create a psychology beyond the realm of conflict. As a result it had less to offer the social sciences than it believed” (p.63).

Within the general culture, the passivity of the 1950s had given way to what Bergmann refers to as “…the crisis of identity deepened and cultural narcissism increasingly became the norm “(p.63), and I’d call the counterculture and the striving for liberation. Ego psychology was seen as a conservative voice of the past and of conformity. As Kramer (1996) states: “In modern psychoanalysis, adaptation is the criterion of health. Theoretically, the mentally healthiest individual is no longer the most sexually gratified one, but the one who is best adapted to the world in which he lives—the individual who, in theory, has reached an equilibrium between the gratification of his instinctual needs, his moral needs, and the demands of reality” (cited in Bergmann p.59). Considering the climate of the times, object relations, which on the surface appears more social, or at least dyadic, would be a natural alternative to the individualistic ego psychology. Perhaps the best way to understand the multidetermined nature of the passing of Hartmann’s system and influence is to quote Anton Kris:

In the aims of Hartmann and his colleagues I see the last gasp of nineteenth century idealism, a commitment to technocracy, and quintessential adherence to positivism. They believed in Science, and they believed in Progress. Systematization and positivism go hand in hand in their work, and I do not believe that members of the Hartmann group appreciated sufficiently the hidden advantage in Freud’s inconsistency. (pp.157-58)

In essence he sees Hartmann’s brand of psychoanalysis as the quintessential modernist doctrine.

The second major section of the book, consists of papers presented to the conference, responses to Bergmann, and establishes the basis for the overall discussion that followed. While all the papers were intellectually stimulating, germane to the topic (not always the case at psychoanalytic forums) and added to the Bergmann presentation, several are worth noting.

Grossman presents a well thought out exposition of the cultural and intellectual climate within both psychoanalysis and the social science/philosophy arena in which Hartmann’s writing appeared. As he states “Hartmann’s work, therefore, was in part an effort to develop a framework that would permit a systematic utilization of observations and concepts from outside and within the psychoanalytic setting” (p.227). Since Hartmann’s writings while based on clinical experience, as Grossman points out, is presented on a more abstract level of theory, without clinical substantiation, for many analysts this led to a discounting of Hartmann and an attitude, of “It’s only theory” and therefore inapplicable to one’s daily practice. But from all accounts, his method of presentation was consonant with who he was: formal, aristocratic, and cerebral. I think Grossman scores a slam-dunk when he states, in accounting for the minimal lasting influence of Hartmann, “Since Hartmann did not have a gift for simple and elegant presentation of complex thinking, I think the neglect of his work has as much if not more to do with the difficulty of his writing style and exposition as with the content of his ideas” (p.139). Analysts seem, like the rest of humanity, to at times gravitate towards
the simple or formulaic, rather than struggle with theory and complexity. As Yorke notes in regard to the contemporary psychoanalytic climate, “Any idea or notion that seems to make the clinician’s task easier will be seized on as something important or worthwhile. Its relationship to a consistent, coherent, and comprehensive theory of mind may not come into question” (p.272).

Anton Kris, while not part of that era, certainly knew most of the key players through both his maternal and paternal lineages. He points out, but doesn’t dwell on the fact, that to a degree there was a strong political agenda underlying the work of the Hartmann group. It was in strong opposition, on the one hand, to the Kleinians, while on the other opposed the post-Freudians, i.e., Fromm, Sullivan, Horney etc. The results led to a narrow definition of countertransference (albeit one that Freud posited) and a de-emphasis on preoedipal dynamics. This “agenda” contributed to a climate in America that became more and more out of step with the international psychoanalytic movement. This also led, or at least contributed, to a sectarianism and authoritarianism that, while not unique to the Hartmann group (indeed it is still an element in many of the competing theoretical forces within analysis), resulted in a reification of concepts and a “party line” that had to be followed, to graduate or be published. As Kris says “...the astonishing number of causalities in our field, among our own colleagues, at the hands of their teachers and their Institutes (or the Institutes that would not have them, or would have them only under demeaning conditions) has been a powerful influence on my development as an analyst and teacher” (p.161). Or as Kernberg says, “The authoritarian quality of Hartman and his group was enormous...” (p.228-229).

Mort Ostow who was a student during that era, reports “...the authoritarianism was really quite devastating” (232); and “But we were trained to be completely orthodox, completely compliant. If any student asked any question whatever, he was put down and told that he was resistant.... It was really a religious orthodoxy complete with a scripture and with ideas of heresy. It would tolerate no other religion” (p233). Andre Green, the staunchest critic of American psychoanalysis in general and ego psychology in particular states: “Could it be that during the period of the Hartmann era one had to make a tragic choice? Either to oppose openly Hartmann’s ideas at the risk of falling into oblivion.... or, in order to have a chance to be heard, to adopt, wilfully, the official language of the mainstream of American psychoanalysis during that period” (p.107)? I’ve always felt, and this I know is open to dispute, that the classic example of what Green hypothesized can be found in the writings of Jacobson, so obviously object-relational and yet so strained and difficult to read in order to fit the ego psychological frame. To be fair one must add that according to those in the conference that worked with Hartmann, the rigidity and authoritarianism was not a personal quality of his, indeed he was of the more “liberal” wing of American psychoanalysis, although I see little evidence that he moved to oppose it.

As one might expect, Andre Green’s contribution is brilliant, provocative, and polemical to the nth degree. The title of his piece, Illusion And Disillusionment In The Attempt To Present A More Reasonable Theory Of The Mind, tells one, from the start, that he sees Hartmann’s work as not a continuation of Freud’s but an attempt to develop an alternative theory of mental functioning. Ego psychology from his perspective (and what comes across clearly in the discussion, is that if one does not see psychoanalysis and particularly Freud the way he does, then one does not understand psychoanalysis), is not grounded in Freud, nor is it a contribution to the analytic canon. He states: “It seems that an argument to get away with it is to declare that Freud was the inventor of ego psychology! For sure, an invention about the inventor” (p108). And as a coup de grace, “Is there anything in Freud that can support the ideas expressed by Hartmann and labeled as ego psychology, or is there a real gap between Freud and Hartmann? My opinion is that there is a real gap....” (p.221).

In both his prepared presentation as well as his contribution to the general proceedings, it is clear that he knows his Freud line by line, and while one might at times disagree with his interpretations of those lines, his voice is always to be taken seriously. He goes after the heart of the Hartmann system: neutral energy; the importance and focus on the ego, “...to place them ‘on a par without diminishing psychoanalysis as a depth psychology’ is an internal contradiction” (p.110), and “As far as I am concerned, it is not possible to defend the idea of an ego that would be, in the beginning, in a position to have its own existence aside from the id” (p.111). “To say that we can put the ego on a par with the id is inconsistent because it is a major hypothesis of Freud that the id dominates the ego...The whole construction of the psychic apparatus is built on the foundation of the id, If you disagree with this principle, then you disagree with the whole description of Freud’s psychic apparatus” (248-249); the autonomy of ego functions, the independent origins of the ego from the id; the attempt for psychoanalysis to become a theory of the total personality; the inability of Hartmann to distinguish ‘psychological ‘from ‘psychical’; the failure to see the radical discontinuity between conscious and unconscious; the importance of infant research; the optimism of adaptability; and the ignoring of the pre-genital (not the pre-oedipal since the French, Lacanian or otherwise, see the oedipal as occurring rather early). Is there anything in Hartmann’s system worthwhile? Simply stated: NO! “My main objection
to Hartmann was that he thought he could provide a sounder image of the mind if he turned his back to the viewpoint of the overpowerful influence of the id” (p.251); and finally, "...Hartmann’s failure was the result of an illusion—and now we have the disillusionment—in the attempt to present a more reasonable theory of the mind. Freud’s theory is not a reasonable one because it emphasizes the influence of nonrational factors in psychic activity. It strongly emphasizes the role of passion in man, which drive him mad. But this madness is not limited to the patients. One can meet it as well in colleagues and so-called normal people” (p.258). Need more be said!

The third section, the Conference proceedings is a general give and take dominated by Green, with everyone else contributing to the tone he set by supporting, or in the case of his argument regarding the absence of representation in the Id, by disagreeing, or not understanding. What comes across above and beyond the stimulating interchanges is the humanization of the participants. They become arrogant, piqued, humorous, argumentative, and angry as demonstrated by Kris in response to an exegesis by Green: “I curiously hear in André’s presentation the voice of my teachers. It’s very striking to me; if one doesn’t agree with your view, one is not an analyst. This continues to be a serious problem among analysts; we know what is true, the others don’t” (p.262). While this section at times is repetitive, it does periodically open new issues and concerns that while generated in the Hartmann era, are still operational today. How does one summarize the era, particularly in light of the multimodal openness of present-day psychoanalysis? Kris says it best when he states: “It would be very good if the best ideas of the Hartmann era could be reintegrated into the future because I think we are in some danger of having a disorderly and undisciplined era in psychoanalysis. This is serious concern” (p.243). Amen!

References


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her discovering that one of their rites of passage required that adolescents dream the same dream that all the adult members of the tribe dreamed. Their “identical” dreams offer a reminder that others continue to explore night journeys along different paths.

So, how does Lippman exhort us to demonstrate our status as “experts” in relation to the dream? “An expert, “ he tells us, “is not one who ‘knows,’ but is one who can assist in creating the conditions for good dream discussion and conversation, one who engages the dreamer in a process of collaborative play, of wondering and imagining together, one who finds matters of interest and curiosity in every turn… Dreams are often experiment, for both, in what can be told and heard” (pp. 189-190). And what, in his opinion, is the status of conversation about dreams in psychoanalysis? “Permitting the unconscious, through dreams, to alter the proceedings as it wishes to, whenever it wishes to, represents an act of faith that the unconscious will guide us to essential matters. In my opinion, this act of faith in the unconscious is a defining characteristic of psychoanalytic therapy and is essential in our kind of psychological treatment.” In the end, then, Lippman tries to engender in the reader a curiosity about dreams, a reverence tempered with playfulness, a willingness to be seduced by what may be the ultimate seductress. Just as we have seduced our patients into a most intimate of relationships by suggesting that they lie down and dream with us, Lippman implicitly asserts that we must be willing to be seduced by the dream’s call.

Back in Austin, as Susan Kae Grant and the rest of us continued our conversation about her art—the gallery space lined with images of chairs and outstretched arms, of a kangaroo and a Aladdin’s lamp, and echoing with the voice-over reiterations of her post-REM interviews with Dr Herman—“I am the cat AND the mouse,” “I need a secret,” “afraid because we found each other’s secret,” “there is an understanding…” —I am impressed that no one asks Ms. Grant what her night-journeys “mean,” and no one ventures an interpretation. It is unusual for gallery visitors not to venture or to request an interpretation. But then, in the gallery as in our consulting rooms, we as listeners—to a Nocturne or to “Night Journeys” or to a dream—are one step outside of it, and, as Lippman exhorts us, we may be called to something other than interpretation—“...we can do better than interpret. Perhaps we can learn to appreciate” (p. 172).

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Sheila Sharpe’s *The Ways We Love: A Developmental Approach to Treating Couples* is a rare find that offers a marvelous feast for the reader: a groundbreaking theory and clinical approach enriched by vivid clinical vignettes spiced with humor and candor. The main course is further enhanced by the inclusion of a cultural perspective on the development of love relationships, as expressed in popular movies, songs, stories, and television. In crystal clear prose devoid of jargon, the author seamlessly interweaves all of these elements to read like a fascinating novel.

While psychoanalytic theory has increasingly focused attention on understanding the mother-child dyad and the therapist-patient twosome, comparatively little attention has been paid to understanding that most dynamic and mysterious of all duos—the adult love relationship. Given that we deal with the difficulties of loving (and hating) in intimate partnerships everyday, I find this omission quite perplexing. We are fortunate that Sharpe’s book takes us to the heart of this neglected area of theory, charting significant new terrain in almost every chapter.

Of the many theoretical contributions the author makes, the most obvious is her extension of psychoanalytic developmental theory to include the adult love relationship as having a distinct evolution of its own. Although others have tried to fit love relationships into developmental models designed for the individual (most commonly utilizing Erikson’s, 1959, *Stages of Man*), Sharpe has created a model that truly captures the couple as a unique, complex system. She has spent more than 30 years creating and refining her model, continually making revisions as her clinical experience suggested new possibilities or failed to verify an aspect of an existing formulation.

Sharpe’s current conception evolved from an earlier model based on the object relations concepts of Henry Dicks (1967), integrated with the application of Mahler’s et al (1975) developmental phases to couple relationships. She gave up many aspects of this model, described in several previous papers (1981, 1990, 1997), because she recognized that: (1) one developmental line, designed for the mother-child relationship, was not sufficient to capture the complexity of couple’s development; (2) development and treatment needed to take into account a couple’s needs for connection along with separation-individuation processes, and (3) couple’s problems were often a result of their struggles with the difficulties of normal development and not always evidence of pathology. Additionally, partners responded much more positively and rapidly in treatment, when she began to see them through the lens of normal development rather than the lens of deviant development and psychopathology.

I am in agreement with her view that “a clinical focus on dysfunction interferes with the creation of a safe, growth-promoting environment, and this notion is probably as true for individuals as it is for couples. (p.4)” Sharpe’s current approach, with its emphasis on the positive, normal aspects of development and recognition of a couple’s needs for connection and separateness, provides the clinician with a conceptual framework that more effectively encourages partners’ to understand their dynamics and supports their capacities to mature.

Beginning with the two central relational themes and primary tasks of a couple—connection and separateness—Sharpe has identified the central patterns of relating associated with each theme. The three main patterns promoting connection are nurturing, merging, and idealizing. The four main patterns fostering separateness are devaluing, controlling, competing for superiority and competing in love triangles. Each of these seven universal patterns of relating originates in the individual’s early relationship development and has its own developmental line interwoven with all of the others.

While Sharpe borrows from Anna Freud’s concept of developmental lines, her conception of how the developmental phases progress does not follow the linear
model of most stage theories. Rather, the patterns progress in the form of a spiral by recapitulating earlier steps throughout the life of the relationship. (This concept, she notes, derives from Piaget’s concept of vertical decalage.) Thus, early romantic phase forms of merging or idealizing both evolve into more mature forms but are also re-experienced in their original global forms throughout the life of the relationship. In this view, experiences of merging and other primitive modes of attachment are necessary to sustaining intimacy and passionate love.

With her equal attention to both connection and separateness, Sharpe brings together in a coherent formulation the significant findings from attachment theory and from separation-individuation theories. A major drawback of other conceptions of couple relationships is a single-minded focus on one or the other relational theme. Those who view separation-individuation as the only significant developmental process make the partner’s differentiation (from each other and/or family of origin) the central focus of treatment (Bowen (1978), Framo (1976), Bader & Pearson (1988)). Likewise those who view couples through the attachment theory lens (notably Sue Johnson, 1996) tend to ignore the importance of separation-individuation themes as well as other aspects of a couple’s patterns of connecting.

For each of the seven patterns of relating, Sharpe systematically traces its normal development and considers normative and pathogenic factors that may evoke a temporary stall or long term “derailment” of a couple’s development. As an aid to the reader, the clinician, teacher, or researcher, she provides charts that summarize the development of each pattern. The phases are presented with their associated tasks (both for the couple and as a guide for the therapist) along with the points of regression and derailment that commonly occur in connection with each phase. There is also one complex chart that presents the general phases of development and each of the developmental lines in parallel, so that their interrelationships can be seen.

The theoretical and clinical beauty of these patterns is that they come from Sharpe’s direct observation of couples’ interactions, are described in behavioral terms that will evoke recognition in most therapists. If you’ve ever wondered what constitutes the ties that bind, or how, when, and why we connect, separate, or individuate, this theory tells you in very specific terms. This closeness to experience makes her model useful as an assessment tool by both novices and advanced therapists. For example, if a couple begins their first session with battles for control in the foreground, one can clearly see that control is a central concern. (Other patterns, particularly nurturing, may also be present but less immediately visible).

Continuing the assessment using Sharpe’s model, we can determine that the battling couple is stalled or stuck in a differentiation phase wherein the partners are struggling to more firmly, and loudly, establish themselves as separate individuals within the relationship. An early intervention of Sharpe’s would be to convey to the couple, the adaptive, normative aspects of their interaction. She notes that most couples plagued by fighting feel their relationship is a failure, and it’s very helpful to the creation of an accepting, empathic holding environment for couples to understand the attempted adaptive meanings of this behavior before exploring the maladaptive aspects.

The severity of this couple’s problems can range from a normative, developmental stall that requires minimal intervention, to serious entrenchment that indicates that the pattern has become defensive and the couple’s development is more permanently regressed or derailed. Usually, a certain kind of rigidified role relationship defines the interaction. For example, in the case presented, the couple’s control battles were played out with the wife acting in the role of controlling parent and the husband playing the role of an oppositional child.

In Sharpe’s view, the presence of such a collusive role relationship usually reflects the reenactment of past deficits and conflicts most often stemming from the partners’ families of origin. Treatment in these cases is likely to be long-term and difficult. For most of the patterns, Sharpe presents one case example that represents the kind of problems she considers indicative of a temporary stall in normal development. A second case example reflecting more pathological entrenchment is also presented.

The author is at her very best in writing about her treatment of difficult cases. There are many excerpts from sessions presented in dialogue form that also include her own thoughts and feelings as they occur in sessions. Of particular help is her identification of the kinds of collusive role relationships commonly associated with each pattern. For example, entrenched devaluing, blaming interactions are often reflected in the collusive role relationship of “judgmental parent-guilty child.” Nurturing collusions often take the form of “the caretaker and the needful child,” or “the caretaker and the self-sufficient child.” A common idealizing collusion is “the adoring parent and the adorable child.” These collusive role-relationships can also be viewed as projective-identification systems, and Sharpe makes a significant contribution to theory in this area by identifying commonly encountered collusive systems. Additionally, she details and illustrates the kind of countertransference reactions each collusion is likely to evoke in the therapist as treatment progresses.

Sharpe beautifully describes her experiences of being drawn into various couples’ systems, and her subsequent utilization of her experience to intervene more effectively
with the couple. She is quite open about her reactions to certain couples and her mistakes. Here is an example taken from an early phase treatment session with Eva and Sid, a couple with profound nurturing deficits played out in a caretaker-needful child role relationship. This session is aptly titled: The Pancake Incident: Food for Thought. The couple is fighting about Sid’s serving Eva a giant pancake for breakfast. Sharpe lets us in on her thoughts and feelings.

Later on Sharpe intervenes to curb escalation of their bickering. Her intervention does not work. She states:

I withdrew for a while, trying to figure out why my intervention not only misfired but fanned the flames. I wondered if Eva felt I had taken Sid’s side and so needed to reemphasize his badness. I was aware of becoming increasingly disoriented and unable to think clearly as the sound of their relentless bickering drove me further into a state of numb detachment. (p. 79)

In the following excerpt, Sharpe works to understand her reactions in order to be enabled to intervene with the couple more effectively. She writes:

I tried to examine the reactions they evoked in me, of an exhausted mother desperately needed by two rivalrous siblings. Obviously, they both felt starved for some kind of care. Each viewed the other as withholding the right food, and each simultaneously viewed the other as the competitor for mother’s care. The main content of the interaction was about the pancake, about feeding and not being fed in return (Sid), or being fed the wrong thing at the wrong time (Eva).

She then uses these insights to make a more effective intervention that enables the couple to recognize their shared unconscious needs for nurture and great shame over having these longings. Her first of several interventions begins as follows:

“It seems to me this argument is about not getting what you need—not getting enough food and feeling like you’re starving . . . .I think you get into these complicated fights, so that anger can distract you from the painful disappointment of needing something and not getting it.”

This interpretation is gradually accepted by the couple and further integrated by a sharing of humor among the three of them. For the first time, both partners made jokes. The rest of the session continued with productive exploration of each partner’s painfully deprived background.

There are many additional bonuses offered by this unusually rich book. Her discussions of cultural influences are of particular interest. Considering her study of competition as it is portrayed in the movies, she demonstrates how our culture conveys the message that open competition in marriage is unacceptable and inevitably destructive, while also setting forth confusing gender-role expectations. Consequently, the suppression of competitive impulses towards one’s spouse is encouraged, leading to the flourishing of covert, destructive forms of expression.

For example, men who are ashamed to acknowledge competitive feelings about a successful wife are apt unconsciously to even the score by having an affair. Conversely, a wife whose jobs are deemed less important than her husband’s may covertly compete with the more important, powerful husband by undermining his masculinity in the bedroom through disinterest or dissatisfaction. Sharpe considers awareness of our societal attitudes towards competition and gender role to be necessary to helping couple’s with difficulties in this area. She also recommends discussion of these kinds of cultural messages with couples in therapy as a potentially useful way of bringing covert competition into awareness.

I cannot think of a professional book I could recommend more highly. Given that love-life concerns are usually central to most people coming for therapy, I consider this book to be essential reading not only for clinicians working directly with couples, but also for those who primarily do individual therapy or psychoanalysis. Patients and couples in therapy can also be given this book or selected chapters to augment the therapy process. Several of my patients and other lay readers I know have found this book to be a most interesting, helpful guide to understanding the many mysteries of their own unique love relationships.

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Andrew Gerber, MD

To many, if not most, followers of the psychoanalytic literature, the discussion of research and psychoanalysis is getting stale. The debate usually goes something like this: a practitioner of psychoanalytic research exhorts his colleagues in a moralistic tone to bring research findings into their consciousness or face not only intellectual failure, but the scorn and withdrawal of support from non-psychoanalytic researchers, clinicians, and funding agencies (e.g., see my column in the Summer 2001 issue of this newsletter). Typically, the psychoanalytic community responds to this with grudging acceptance but caution as to the applicability of such research for their clinical work and a general discomfort that the world of psychoanalysis be occupied by a culture quite different from the one that first attracted them. The conversation is hardly a new one—efforts at psychoanalytic research, not fundamentally different from those of today, date to the 1920’s, and the challenges to these projects sound eerily familiar (Fisher & Greenberg, 1977; 1996; Fonagy et al., 2001; Galatzer-Levy, Bachrach, Skolnikoff, & Waldron, 2000).

It is refreshing, then, to find a volume on psychoanalytic research edited by psychoanalysts who find themselves in the middle of this debate, yet not adherents to one or the other camp. Joseph and Anne-Marie Sandler and Rosemary Davies are London analysts (Joseph Sandler died in 1998 and the book is dedicated to him by the publisher), all three predominantly clinicians and authors of numerous clinical and theoretical papers, who have also participated in psychoanalytic research and understand from the inside the benefits and limitations of such work. In their book, they bring together the words of two notable American psychoanalytic researchers—Robert Wallerstein and Daniel Stern—with the voice of an unapologizing anti-research, anti-objectivist French psychoanalyst, André Green. The mixture is alternately electrifying and stultifying—the former when Green challenges the claims and very value of the work done by Wallerstein and Stern, the latter when the speakers argue about definitions of terms (“science,” “psychoanalysis,” and “research” to start with) and avoid the substance of their differences. Nevertheless, through the interplay of these figures, as well as through the introduction, commentary, and questions of analysts who attended these talks, the debate over psychoanalytic research is elucidated and a reader is offered the opportunity to assess the substance behind the wrangling.

Given the deference with which science and research are treated in our society, as well as Green’s animated writing style, the editors are astute in giving the underdog Green first say in both sections of the book. Part I (a set of articles from the International Psychoanalytic Association [IPA] newsletter) begins with a generic challenge to the value of objective research for psychoanalysis, based on his polemical belief that the methods and models of researchers will never be complex enough to add anything significant to the observations of clinicians. Wallerstein, who for 30 years was the director of the most ambitious psychoanalytic outcome study ever conducted, the Menninger Psychotherapy Research Project, as well as a past president of the International and American Psychoanalytic Associations, answers agreeably that “the proof of the pudding is in the eating” (i.e., Green may be right about some specifics, but it is still too early to write off the contributions of all research). Green is not only given a chance to respond to Wallerstein (which he does in a characteristically fervent but obscure way, alluding to the “indigestibility” of pudding) but then begins Part II (edited proceedings of a 1997 conference on research and psychoanalysis chaired by Joseph Sandler) with another attack on psychoanalytic research, this one aimed more specifically at the value of infant observations for psychoanalysis. The calm and thoughtful voice in defense of observations is Stern, an American psychiatrist, psychoanalyst, and leader in the field of studying videotaped interactions of mothers and babies. To round out the debate and suggest ways in which the remarks might be useful to clinicians, the reader is presented with the remarks of three London analysts, each with her own ties to research and observation: Rosine Perelberg (trained as a social anthropologist and a member of the Anna Freud Centre Young Adult Group), Anne Alvarez (involved in observational research with autistic children at the Tavistock Center), and Irma Pick (child analyst and teacher of infant observation as a component of child analytic training). Finally, in a plenary session all the participants from Part II engage in a short but lively exchange of ideas.

Green makes several convincing points in his pair of essays. First, he argues (with Wallerstein’s reluctant agreement) that despite the wealth of psychoanalytic research conducted over the last 80 years, few if any findings have emerged that have significantly changed the way clinicians think. Second, he charges (again with Stern and Wallerstein’s
measures that record truly interesting parameters of the diagnostic schemes, we have only begun to develop the report questionnaires, symptom inventories, and arbitrary both and tries again. In psychoanalysis, after years of self-method and model, and if this proves too crude to record an iterative process whereby an experimentalist tries one scientists fully formed. Rather, they are developed through and models in science never spring forth from the minds of their observations and experiences of countertransference analysand, nonetheless can piece together enough through incap able of truly knowing the subjective experience of an and analytic supervisor themselves part-observers, who while incapable of truly knowing the subjective experience of an analysand, nonetheless can piece together enough through their observations and experiences of countertransfer ence to engage with and understand a patient? Methodologies and models in science never spring forth from the minds of scientists fully formed. Rather, they are developed through an iterative process whereby an experimentalist tries one method and model, and if this proves too crude to record the phenomenon he hopes to demonstrate, he refines one or both and tries again. In psychoanalysis, after years of self-report questionnaires, symptom inventories, and arbitrary diagnostic schemes, we have only begun to develop the measures that record truly interesting parameters of the intrapsychic world and therapeutic process (e.g., Main’s Adult Attachment Interview, Fonagy’s Reflective Function, Westen and Shedler’s SWAP-200, and Jones’s Psychotherapy Q-sort). One can scarcely imagine the richness that would result if theorists of Green’s stature engaged with researchers and operationalized their clinical acumen into psychoanalytic measures of tomorrow.

Even the most well intentioned of commentators, such as Perelberg, are wrong in excusing the failures of psychoanalytic research by saying that studying the unconscious is difficult because it “can only be reached through its derivative” or the nonlinearity of patient’s and analyst’s thoughts. Virtually nothing in modern science is ever measured directly or without multifactorial influences, whether it be subatomic particles (traced by their electromagnetic properties), DNA (manipulated through enzymes that invisibly cut and splice it), or general relativity (quantified by miniscule effects on light from stars billions of miles away). The forces of psychoanalysis are no more complex, no more distant, and no less manipulable than these. Psychoanalytic research’s only disadvantage is its relative youth, and the unwillingness of its adherents to perform the painstaking experiments necessary to move the field forward incrementally.

Green expends a great deal of energy insisting that the “infantile” in adult psychoanalysis has little to do with what we might learn from observing infants. He even rejects Stern’s modest proposal that infant observations not tell analysts what happened in infancy, but only suggest the capacities available to infants at different stages, thus providing a reality check on the processes retrospectively assigned by analysts to this time of life. Here, Green and the French analysts may truly be on their own, as infant observation is a valued part of child analytic training in most of the world.

The worst flaw in Green’s argument, however, is his paranoid insistence that he would rather define the borders of psychoanalysis so narrowly that the field can barely breathe, rather than allow for useful input from outside disciplines. It is a tenet of intellectual life, as Stern and Alvarez suggest, not just of science, that true knowledge benefits from cross-fertilization, and is not destroyed by it. Green accuses psychoanalytic researchers of trying to destroy the very “spirit of psychoanalysis” with their experiments and their overzealous citation of non-psychoanalysts, thereby “diluting” the purity of psychoanalytic thinking. He recognizes that there are other valid models of the mind, but cannot imagine how they can bear on what goes on between him and an analysand in the consulting room. He goes so far as to claim, without evidence, that conscious and unconscious can never be integrated into the same model. “I will not commit suicide,” he declares.
The beauty of this edited volume is that in 142 pages it allows Green to lay out his principle arguments and gives researchers and clinicians just enough time to counter and discuss them, so as to whet the appetite of an interested reader and encourage an independent appraisal of the different perspectives. While I hesitate to suggest anything that would disturb this careful balance, I agree with Riccardo Steiner that a few things are missing. First, it would be instructive to have an historical overview of the relationship between psychoanalysis and empirical research, with particular reference to the views of Sigmund Freud as well as Anna Freud and Melanie Klein (both of whom made significant use of infant observations in the Freud-Klein Controversies of the 1940’s). In a field so dominated by its legacy and tributes to its founders, it is likely that a good part of Green’s, Wallerstein’s, and Stern’s arguments (along with some of their intransigence) hide a considerable developmental past.

More serious, I believe, is the absence of any voice for contemporary psychoanalytic outcome and process research, such as Fonagy, Kächele, or Jones. Baby observations are only one small part of analytically-informed research, and Wallerstein’s contributions, while significant, are now dated. Any reader with the slightest interest in the current state of psychoanalytic research would be remiss in ignoring the latest edition of the IPA Open Door Review of Outcome Studies in Psychoanalysis (Fonagy et al., 2001, found on the web at http://www.ipa.org.uk/research/R-outcome.htm). The only mention of a contemporary psychoanalytic outcome study is made by Perelberg, in reference to the Young Adult Research Scheme at the Anna Freud Centre in London. Since 1994 I have worked with the Young Adult Research Group, its chairperson Anne-Marie Sandler, research director Peter Fonagy, and sixteen analytic members including Rosemary Davies, Rosine Perelberg, and Sally Weintrobe. Although the project is not described at great length in this volume, its spirit imbues much of what is said by virtue of the number of its members involved. When the group was first convened in 1990, under the leadership of George Moran (then director of the Anna Freud Centre), Anne-Marie Sandler, and Fonagy, it raised the question of how best to study the process of day to day psychoanalysis and psychodynamic psychotherapy in a climate where videotaping of sessions was neither acceptable to the analysts or the basis of a satisfying methodology for the researchers. The group jointly designed a 900 item questionnaire (the Young Adult Weekly Rating Scale) to be completed by an analyst at the end of each week (in the case of analyses) or each month (in the case of psychodynamic psychotherapies) which summarized the analyst’s perspective on the conscious, preconscious, and unconscious themes that had appeared and been interpreted (using separate rating systems) during the preceding sessions. Over the next decade more than 1500 of these questionnaires were collected from treatments of 28 patients, accompanied by extensive data on the patient’s diagnoses, symptomatology, and attachment classification before, during, and after treatment. Data analysis of all aspects of this study is ongoing and publication of results is anticipated in the next few years. Meanwhile a modified version of the Weekly Rating Scale has been adopted by Jan Stoker at the Amsterdam Psychoanalytic Institute, and similar quantities of data are being collected there.

My intention in describing this project is to show that given a set of theoretical constraints imposed by analytic thinkers, it is invariably possible to develop a methodology that will provide interesting and useful information. The members of the Young Adult group felt that only a trained psychoanalyst would be qualified to provide meaningful data about the elements of psychoanalytic process, so the questionnaire was designed to collect that information. What they wanted to learn was what elements in their concurrent recording of psychoanalytic process would predict positive and negative outcomes (assessed through symptomatology) in their patients. Preliminary data suggests that evidence, even from the earliest interactions between analyst and patient, that the therapy was dealing with issues of body and sexuality were predictive of a positive outcome. We are, of course, a long way from understanding the meaning of such a finding and all the possible confounding factors, but the fact exists that data were generated according to analytic principles that clinicians are finding worthwhile.

Does a controversy so deep leave hope for reconciliation? Perhaps an answer could come from the physical sciences, where men and women studying the same phenomena from different perspectives have coexisted for hundreds of years, using the careful parsing of roles. André Green, a psychoanalytic theoretician, might be likened to the fundamental theorist (mathematician or theoretical physicist) who weaves a complex theory with his greatest concern to its internal consistency and not to its verifiability. It would be folly to attempt to hold such a thinker back, as his contributions lie in this mode of work. On the opposite end of the spectrum, we are also in need of the most practical of psychoanalytic methodologists, akin to engineers, who build reliable and precise instruments to measure the phenomena that we study. What this role gives up in glamour and ability to answer the big questions, it gains in empirically verifiable certainty and repetition. Finally, the large middle ground is occupied by psychoanalytic experimentalists whose difficult and frequently political job is of the translator, drawing from the theories of the one and the methods of the other to produce practical experiments that may slowly lead the field forward. Perhaps with this spectrum of roles, different minds may coexist peacefully in psychoanalysis and contribute together to the success of the field.
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The organizing fantasy of a book review, to my thinking, is that the reviewer will first create and then convey a quiet, reflective space for thinking over important ideas. It was interesting, then, to try to undergo this process with books about children who either will not or cannot think.

In this context, perhaps it will not surprise the reader than this review began with a parapraxis. When I agreed to review these two books and proposed considering them together, I was clear about the terrain of the Bleiberg book—its before-the-colon title, at least, seemed self-explanatory, and two colleagues were reading and talking about it; it had "buzz"—but in my mind I had left off the before-the-colon part ("Work with Parents") of the other volume’s title.

I was frustrated, as well as a little disquieted and subtly intrigued, by my error. I have read Bettleheim and value what I have learned from him; had I absorbed an inadvertent parent-hatred? Or, as sometimes happens deep into a productive therapy, would my error somehow prove revealingly helpful?

Who are children with severe personality disorders? Their existence was not recognized by the framers of the DSM-IV, who reserved the personality disorder diagnosis only for older adolescents and adults, but both empirical researchers in child psychopathology and psychoanalytic clinicians working with children have described good reasons for applying this diagnostic concept to certain severely disturbed children. The reasons are partly objective—there are a group of children, perhaps growing in number in contemporary society, who are more involved than (take your pick) neurotic categories or Axis I disorder criteria describe, and whose clinical presentation is not primarily marked by psychotic or major affective process. Beyond this, to the extent diagnosis guides and grounds treatment, child clinicians have seized the concept of personality disorder to help us make sense of what is going on inside children whose problematic traits seem robust across developmental time and circumstances, undermine development, and are typically refractory to the helpful generic qualities of a therapeutic relationship and to first-line interpretations of fantasy and conflict.

The category “children with personality disorders” overlaps with other conceptual categories: delinquent children, children with primary deficits, children with constitutional vulnerabilities, traumatized and abused children. Realizing this introduces a certain conceptual fuzziness to the definition of the population being considered in these books, but perhaps it is a fuzziness that exists in and accurately captures nature—and, one must realize, most such children exist in a natural state, as most never make it into serious treatment. The conceptual fuzziness is simultaneously a useful corrective to any tendency to consider these children as some kind of new invention, outside the flow of history. Get beneath the terminology for a moment, and these children readily become children we know well, and do not know well enough.

Bleiberg’s book is a feast of ideas and possibilities, and any therapist who works with children with serious problems—are there any child therapists left who do not, in this sorry age?—will be enriched by reading it. At the same time, it has some disquieting elements of style.

On the one hand, this book is rich with on-the-edge explications of the neurological substrates of relevant clinical phenomena and how they integrate into theoretically grounded clinical approaches. It has an open-minded, exploratory, integrative sensibility—no dogma here—and it draws heavily on empirical research; at the same time, it unapologetically claims sufficient degrees of freedom to think clinically beyond the point where empirical findings currently leave us on our own. Its bibliography is a treasure trove. Clearly this is a well-read author who can think.

On the other hand, the book is not a graceful read. The sentences are long and dense; the prose feels inadequately edited and too often repetitive; and the type is a bit smaller than usual, as if in an effort to cram more
onto the pages than really wants to fit there. Bleiberg—a senior child analyst, with a degree in medicine as well as one in psychology, who has spent his career at Menninger—also writes in the voice and style of his generation. The tone is sophisticated but positivistic, Cartesian, and emphatic—"the therapist must" and "patients will." We learn surprisingly little about his subjectivity, at least in any direct way, other than that he is blond, has "a Julio Iglesias accent," and likes single-malt scotch. Even the sections on countertransference seem largely unrevealing. References to culture are underdeveloped and seem almost token. The engagement with neurological discourse does not extend to an integration of neuropsychology, and the engagement with multiple schools of psychoanalysis is not matched with equal engagement with discourse on gender. A section on gender identity disorder in children seems retrograde and verging on homophobic.

What to make of this? Ignore the chaff, and the chafe, and focus on the ideas? Training tilted me in a charitable direction, but my experience as reader pulled me in another. Perhaps I am projecting, but there seemed to be an undertone in the text rather critical of contemporary practice with this population, particularly the practice of analytically oriented clinicians. There is a fairly constant vector of hinting that we have ignored neuroscience and relevant developments in other schools of therapy, isolated ourselves from marketplace trends to which we need to be more yielding, and failed too many of our patients because of these lacks. The implicit accusation, especially its broadness, did not sit comfortably with me, because it is not what I see reflected in the community of psychoanalytically oriented child therapists in which I work. My sense is that, as a body, more often than not, we are theoretically and technically flexible, creative, dedicated, hard-working, and aware that the children we treat have families, good-enough or problematic attachments (that matter greatly), communities, peers who influence them, and brains as well as minds. As I worked to discern why I was having a sense of an accusation that did not fit, I was led back to the intersection of content and style.

Bleiberg’s central thesis is that the core deficit in children with severe disorders of personality is a lack of what he calls reflective function (Fonagy has called it capacity for mentalization). This refers to an inability or reluctance to turn lived sensation and experience into mental, representational schema, prerequisite to thinking (in Bion’s sense), empathy, getting along with others, and many other processes necessary to development.

Deficits evolve in children with severe personality disorders, Bleiberg says, because of failed attachment processes, which Bleiberg approaches based on the ways that Fonagy and colleagues have elaborated contemporary attachment theory. When children destined to develop severe character pathology seek to attach to parents who may themselves have serious difficulties, including tendencies to abuse their children physically or sexually, what happens becomes unbearable, and the child blocks, destroys or inhibits reflective function as a defense. This permits survival, but at a crippling developmental cost.

Like many synthetic and creative thinkers, Bleiberg constructs his theoretical architecture, and the treatment approach that flows from it, in an elegant, nuanced way, but without a systematic critique of past contributions. This, to me, is both a strength and a weakness of the book, and of much contemporary psychoanalytic writing. When it works, the text can feel refreshingly free of the weight of the musty past. At other times, though, there is a feeling that old things are being called by new names, when the old names would serve at least as well.

After much pondering and reflecting, I am not sure the concept of the absence or presence of reflective function is really very different from Klein’s notion of the paranoid-schizoid and depressive positions. In the paranoid-schizoid position, one cannot metabolize experience through real thought; in the depressive position one can. Bleiberg has access to neuroscientific discoveries that Klein did not, and thus provides useful elaborations, conceptual adjustments and glosses. But it disturbs me that he does not seem to integrate that this element of Kleinian thinking is a not-peripheral piece of his intellectual lineage. Perhaps as a result, while he explores and critiques notions of technique in the tradition of Anna Freud, he is almost silent on technical developments in the Kleinian tradition, which seem the closer fit with the model of pathology he elaborates with such care.

It was at this point in my process that my parapraxis turned more felicitous. The other volume under review here—which approaches a different facet of work with severely involved children, work with their parents, but essentially is working the same terrain—does not take a similar evolutionary detour. Here, Kleinian and Anna Freudian child therapists, and those of other psychoanalytic orientations, interact more freely.

I think my review will begin to ring less-than-true if I hold back from inserting some of what I brought to these books at this point, so please bear with me. My background, and my heart, are in community mental health; I am a graduate analyst, trained in the Kleinian tradition; and I practice, teach and supervise child therapy. My daily clinical life is grounded in work with the kinds of children Bleiberg and Tsiantis and colleagues describe, many of them abused and neglected and deeply, perhaps irreparably damaged; many of them have been failed by previous therapists, and
many will undoubtedly be failed by me. I currently see my child patients in my private practice, a far from ideal situation for several of them, who need much, much more than what a private office practitioner can hope to provide. Something of value seems to transpire between my child patients and me nonetheless. However, systems for providing psychoanalytically informed community mental health services to children are collapsing in the US as rapidly as major corporations, and in disturbingly similar ways. The clinic where I worked for 13 years, and the hospital with which it was associated (and where I was a member of the medical staff), Chestnut Lodge, went bankrupt last spring.

At Chestnut Lodge, we were able to help many children of the kind Bleiberg describes. We did not go bankrupt because we were clinically ineffective or even inefficient. Insurance companies that refused to pay for services we provided in a timely way, management types who would have been at home at Enron, and government’s ultimate refusal to pay for the needs of its neediest did us in. But they did not do me in, or many of my colleagues, or, more surprisingly, many of the patients we treated. We are all still here.

So, I read Bleiberg’s book in a particular way, thinking often about the fact that Menninger still functions and my institution no longer does. I thought about a library one could walk to, colleagues engaged in a free exchange of ideas and with whom one could readily talk in person, seminars and team meetings and research projects and containing structures and processes of all kinds. Bleiberg argues that many, perhaps most, children with severe personality disorders—the children who have not learned to think—cannot be treated outside of settings richly provided with these kinds of resources, and the residential treatment they are uniquely able to provide. Perhaps he is right, but if so, he is describing not just a way of working but a place for working few of us are likely to see again.

In the meanwhile, there is Europe, where a different ethos prevails and different kinds of systems of care are funded by different kinds of governments. The organization that sponsored the Tsiantis et. al. volume, fifth in a series, is the European Federation for Psychoanalytic Psychotherapy in the Public Health Services.

Meeting European colleagues who work in the public sector is surprising in many ways, and not at all surprising in others. The writers in this volume are conversant with analytic theory far more than most graduates of even psychoanalytically oriented graduate training programs in this country. Though one hears hints of funding gaps and the intrusive exigencies of mental health systems in these clinical essays, such mentions are more approaching thunder than violent storm. The children under discussion are most certainly the same as those treated in this country, in their externalities—broken families, abuse, severe damage—as well as in what we learn of their inner workings. They are not excluded from treatment because their families lack money or insurance, however.

There are also importance differences in tone in the European volume. This was most apparent in the way I read these books together—at one point, frustrated that I was unable to grasp the clinically relevant kernel in a passage about “autonomic and limbic-hypothalamic activation” in monkeys on the seventh reading (and I have done post-doctoral training in neuropsychology), I put down the Bleiberg book and picked up the other—but I think it would be readily appreciable by any reader.

The writers in the Tsiantis et. al. volume seem less reluctant to speak in the clinical if not the grammatical first person, and have clear opinions about what works and what does not but simultaneously seem more open about the uncertainties and multiple possibilities of approach in their work—more “this is what I try” than “this is what you must do”; more Heidigger than Descartes. The authors convey a sense, which feels much more resonant with my own clinical experience, that work with this population is not just complex but fraught, and can go awry or end too soon for numerous reasons, not all of them within the therapist’s control. Perhaps even more, there is an inference in their work that workaday clinicians have a right to speak. Of the eight essays in the volume, three seem to be written by people with identities as combined clinician-researchers and five by people who are primarily clinically focused. Four essays take up various approaches to work with parents of severely disturbed children; others discuss applications to short-term parent/infant work and to work with parents of psychotic children in a day program, children with autism, and sexually abused children. (In the European idiom, concepts of psychosis and autism seem less tightly or narrowed defined than is typical in the US; reading the clinical vignettes, the overlap with Bleiberg’s more carefully specified population seems clear.)

One of the difficulties I experienced reading Bleiberg was that I could not imagine how to carry what he was writing about into a therapy hour. In some ways this is an unfair request, both of his book and of my fantasy life—we all have a right to some dissociation between what we experience and do in the treatment hour and what we think in the more reflective moments between. But his is an insistent argument: what we analytic child therapists should work to enhance the children’s reflective
function, essentially through carefully crafted enactments and working through a corrective emotional experience of the therapeutic relationship. How, then, would he explain work that also seems effective, but that approaches its task in a much more traditional framework?

Interestingly enough, there also seems to be some convergence between these two very different directions and styles of thinking about children with severe personality disorders. Both Bleiberg and several of the writers in the Tsiantis et al. book talk of working in a collaborative manner with parents, even parents who have abused and deeply damaged their children.

Margaret Rustin, an administrator and longtime senior clinician and teacher at the Tavistock Clinic, writes, in a Kleinian idiom, of a spectrum of ways of working with parents, from supportive approaches and delimited work aiming at ensuring the parents’ willingness to bring the children for treatment through in-depth individual therapy with a parent. What unites this spectrum of approaches—each illustrated by carefully crafted clinical material illustrating how each approach works—is that each derives from the child therapist’s identification with the child and thus their “ready access to the child aspects of our adult patients.” Explicit that she is writing in the context of a setting that no longer, as it once did, typically has psychiatric social workers on-goingly assisting the parents of children in simultaneous long-term treatment, she finds that understanding the primitive, internal dynamics of children and parents can lead fairly directly to focused and creative ways of engaging parents nonetheless.

Strikingly similarly, Viviane Green, who occupies a role analogous to that of Rustin at the Anna Freud Centre, writes in a very object-related way about parent work, in an essay entitled The Child in the Mind of the Parents. Her focus is on understanding how the parents construct the child mentally, and ways child therapists can work with this level of material to engage parents in creating space and support for work with children.

Neither writer—indeed, none of the writers in the Tsiantis et al. book—demonizes parents, nor do they dissociate awareness that some, perhaps many, of these parents have abused their children. Bleiberg has the same sensibility; some of the most moving parts of his text, to me, are those where he speaks with deep compassion for how hard it is for some of the parents he brings alive in his anecdotes to understand and nurture their personality-disordered children, and how hard it is for their children to make use of parental provision even when it becomes available, from the parent or, in the therapeutic relationship (he would not, in this context, say “transference”), in analogous fashion from the therapist. (This, by the way, seems to be what Bleiberg means by the after-the-colon part of his title, “A Relational Approach.” He is not referring to ideas from relational psychoanalysis.) However, while Bleiberg also values and uses analytically derived insight into his patients’ dynamics, his interventive focus is more on action than repair through insight. Where Rustin might describe a shift into a depressive position as catalyzing a series of positive changes, or Green might see the parents’ restored mental representation of a whole, complex child as the fulcrum of change, Bleiberg focuses on therapists correcting children’s cognitive errors and building reflective functioning in children and parents.

Although all children, and child therapists, struggle to parse out the roles of doing and of thinking, perhaps in the end these poles are not as opposite from each other as it might often seem or feel. Reading these valuable contributions, I am struck with both how much we have come to understand about children with severe personality disorders, and how much still needs to be clarified, weighed, sifted and integrated. These are daunting children, and the more we understand them and let them into our own thinking, the more daunting yet they can feel. Thus I am very grateful for the help these gifted clinicians and deep thinkers extend to us, and I think the gratitude should flow from the larger community of psychoanalytic psychotherapists as well. If we are to claim our place in the brave, and frightened, new world in which we live, it will be in no small part, I think, because we are able to take the necessary work with the kinds of children under consideration here in effective directions others are unwilling, and unable, to pursue.

Richard Ruth, PhD, is a member of the steering committee of the Child and Adolescent Psychotherapy Program of the Washington School of Psychiatry and in private practice in Wheaton, Maryland.
WHY TERRORISTS DON’T COME TO THERAPY: MOVING FROM INDIVIDUAL PSYCHOLOGY TO SOCIAL CHARACTER RESEARCH

RICHARD MARGOLIES, PhD

“While I believe that if we don’t take risks in our thinking we gain nothing new, I think we in psychoanalysis are prone, perhaps more than in other fields, to want for a certain humility in what we think we know and don’t know….I wonder if our effort to apply psychoanalytic ideas beyond the consulting room is not only illusory, but may foreclose the deeper comprehension that can come only from incorporating knowledge from other fields in which we are not experts - history, economics, anthropology, politics, religion…”

Jonathan Slavin, PhD

Recent Division 39 authors have written about the anger and shock we feel at the terrorist attacks. Both Karen Shore and Dale Ortmeyer have pointed to Erich Fromm’s writings and particularly his concept of social character as important if we are to be useful to our nation in responding to these attacks. I share their view that social character is a useful concept for those who want to study the terrorists and possibly offer some insight to national policy makers and others who are searching for a productive response. I have a different view of Fromm’s innovative concept and method of social character research.

These authors use psychopathological concepts such as sadism, paranoia, and necrophilia, which were derived from studying individuals, and call that “social character.” Fromm never used sadism, paranoia, and necrophilia as social character types. Whether or not the terrorists can be described in these terms, Fromm’s concept is important precisely because it avoids attribution of individual psychopathology. His innovative concept of social character was based on his integration of Freud and Marx. He showed the utility of the concept in sociopsychanalytic research he pioneered in studying normal character in Germany (Fromm, 1941, 1984), the United States (Fromm, 1947), and Mexico (Fromm and Maccoby, 1970) This methodology has been developed and extended by recent work in the United States and other advanced economies (Maccoby, 1977, 1988). If we are to offer new insights about terrorists we need to focus not on Fromm’s social criticism, where he speaks as a righteous prophet, but rather build on his scientific concepts and methodology, where he is a social researcher and analyst (Maccoby, 1995).

Fromm would be the first to acknowledge evil exists, but he did not reduce it to individualistic psychological categories, except where describing individuals such as Hitler. Labeling a society as disturbed is also a distortion of the societies that produce terrorists, since any society has forces contending over its future. Recall that our country has bred terrorists who use right-wing and left-wing American ideologies to justify their acts which hurt and kill innocent people.

It is one thing to denounce evil and evil-doers, but if we want to understand evil we need to study the particular evil-doers and the social conditions and dynamics that give rise to them. Just as shock, sadness, mourning, and anger are early stages of grieving, understanding and perspective come later. It is natural to try to understand others based on our own experience and consciousness. Analysis is required of novice psychoanalysts in an attempt to free the mind from these unconscious distortions that structure perceptions throughout life. But psychoanalysis as a profession has never looked at patients from the standpoint of their social character. Social character, or the methodology to study it, is not taught in institutes, nor do supervisors assist their supervisees in understanding the social character of their patients.

As therapists we are focused on the unique dynamics, subjective experience, and problems of our patients. We attend especially to the resistance of the patient to new learning about him/herself, and to the unconscious emotional attitudes in the relationship to us as we assist in analytic exploration of their life. Recent psychoanalytic theorists have shown little interest in character. To the extent that psychoanalysis has paid attention to character it is largely seen as a psychology of the individual or within the framework of a “two person psychology.”

It is misleading to extrapolate from the individual psychology of our patients to social phenomena and the dynamics of groups in society. Social character is not the sum total of problems of many troubled individuals projected on a large scale. Social character is the normal character produced by a society that allows it to function and continually adapt to its evolving situation. Every society has a discreet number of social character types that interact and animate that culture.

Understanding these social phenomena requires more disciplines of knowledge (e.g., sociology, anthropology, history, political economics) than one (our own, psychoanalysis). Even though Freud attempted to explain broad historical events using his seminal concepts, he read widely and cited other sources. He did not just quote psychoanalytic authors. If we truly want to understand terrorists, we cannot expect them to come to therapy and be understood with our theories of individual character. In addition, terrorists likely do not view themselves needing help, and it is likely that the popular mind of the societies from which they come views them as fulfilling national aspirations of liberation, religious devotion, and historical destiny.
As in most psychoanalytic case reports, part processes within the minds of the terrorists have been attributed to them, rather than viewing them as whole persons, passionate and aspiring in his or her social milieu. It is necessary to understand the difference between individual and social character if we are to be useful to the nation in understanding terrorism. We need to be scientists studying real people, not therapists labeling people we have not interviewed with pathology concepts—the nation needs science not wild analysis. Social character is difficult to understand because it is easy to confuse with individual character. And also because understanding social character requires systems thinking. Character is a dynamic system of value drives (Maccoby, 1995, 2nd edition) of the whole person. The character of the person is shaped by the system of society. “…[S]ocial character differs from individual character, because it must be understood in relation to its social or cultural context. Social character describes the dynamic values or emotional attitudes shared by a group. This can be conceived as internalized culture, interacting with individual character” (Maccoby, 2002).

How is social character studied? Fromm pioneered the study of social character when studying the German working class in the 1930’s with structured, projective interviews combined with sociopolitical analysis of the rise of fascism (Fromm, 1984). In the 1940’s he built upon Freud’s earlier libidinal/object relations normal types, in describing his social character types (Fromm, 1947). Fromm added (Maccoby, 2002) useful new concepts of productiveness, socio-political relationships, and the marketing character, which is increasingly the normal social character in capitalist market economies. In the 1960’s study of all peasants and their families in a Mexican village, the research was carried out by a team of psychoanalysts, psychologists, psychiatrists, economists, anthropologists, and physicians. Their methodology included structured interviews, Rorschachs, TAT’s, family histories, sociohistorical analysis of Mexican society and the economy of work in the village. This 10-year research (Fromm and Maccoby, 1970), one of the most systematic and innovative sociopsychoanalytic research studies, produced rich insights into the dynamics of social character as it is shaped and changed by work, history, and socio-economic evolution.

Professionals have been studying terrorists for the State Department, CIA, and FBI, as well as in universities and consulting firms. APA has a committee on the study of terrorism. If psychoanalysts want to contribute to this on-going research and policy development we need to overcome our tendency to pathologize individuals and label whole societies as evil. Denouncing evil may give temporary relief from feeling vulnerable by increasing one’s sense of moral strength and superiority, but it does not advance science and national policies to remedy the conditions that produce terrorism. Those interested in understanding and contributing to remedies can immerse themselves in the psychosocial complexities of the societies that produce terrorists, and those of the countries that are attacked by them, and the relations between them (e.g., Friedman, 1989). Social character research could permit us as professionals to do something practical about what has happened to us as a nation. This is the next steps:

1. We can locate and contact colleagues from different disciplines interested in social character research in the countries attacked by terrorists and in the countries where terrorists grow up, mature, and live (such as psychologists and psychoanalysts in Muslim countries). This could lead to a network of professionals interested in studying and sharing knowledge.
2. We can contact psychologists in government doing terrorist profiling, learn from what they know and how they approach their research.
3. We can educate ourselves about the existing literature on the character of terrorists, and the social conditions in which terrorists grow from infancy to adulthood.
4. We can consider a conference/seminar/training among professionals interested in learning social character methodology and applying it to the study of terrorists.
5. With sufficient interest we can explore possibilities of a social character research program, and search for institutions that could support and sponsor such a program.

Addendum: In a personal communication, psychiatrist Mauricio Cortina, MD told me he wrote to Fromm in 1975 to ask what he thought of Kohut and the idea that wounded group narcissism was a way to account for the ferocity of the of Arab-Israeli conflict. Fromm answered this inquiry by saying that group narcissism plays a role in all nationalistic and fanatical movements, but that he thought group narcissism was too general a concept to describe what was going on. In this letter Fromm said that empirical studies would have to be conducted to “study what factors make the Israelis aggressive, contemptuous of non-industrialist people giving up completely their religious and humanistic tradition; on the other hand what are the sensitive points of the Arab personality, such as for instance their sensitivity to humiliation, which has to do partly with their factual political powerlessness and partly with the emotional charge of the concept of honor which one finds in many pre-industrialist and pre-capitalist societies.”

By the way, these comments were made before the terrorist campaign by the Palestinians. Fromm went on to say that “any study that does not do justice to detail and depth of study on both sides will not contribute anything of importance and that such a study would have to be very empirical and make itself free from all dogmatic cliches guided by the wish to understand all the details and empirical material…” Cortina

CONTINUED ON PAGE 80
Psychoanalysis has a long history of pathologizing homosexual behavior and conceptualizing same-sex object choice as deviant. Though Freud himself was actually somewhat progressive, his followers and revisionists moved his work in a direction that was decidedly heterosexist. Psychologists and psychiatrists are now focusing on the complexities around sex, gender and object choice and are developing more sophisticated theoretical explorations of these issues. It is important that these discussions continue to gain credence within the division. As such, the recently developed Committee on Sexual Identity and Lesbian, Gay, Bisexual and Transgender Issues (SILGBTI) is committed to sponsoring a series of ongoing discussion groups that will address the issue of sexual object choice.

At the most recent Division 39 Spring Meeting (April, 2002), SILGBTI held the first installment of its Ongoing Discussion Group on Sexual Object Choices. The presenters opened up a space for a critique of heterosexist models while simultaneously developing theories regarding the complexity of the development of object choice for the individual. Both theoretical issues, and well as clinical applications, were discussed.

The discussion group began with Elizabeth Young-Bruehl’s presentation of her paper, “On Bisexual Objects.” In it, she briefly recounted Freudian conceptualization of bisexuality (in his early work, as an arrest or regression in normal development; in his later work, as neither simple nor linear). She also noted that Alfred Kinsey’s research in which he developed a scale for measuring sexual feelings on a continuum (in contrast to the widely accepted heterosexual/homosexual dichotomy) (1948) was shockingly radical for its time. Young-Bruehl remarked that the best studies in gender and sexuality have problematized the domains of sex, gender and object choice, considering them not only with regard to the individual but also with regard to the sociocultural and historical context. Following this, she remarked that “type of object choice” has received least attention, and it is this topic on which she focuses for the remainder of her paper.

In her reading of Freud’s work, Young-Bruehl noted that she sees four processes of transferential object choices. Young-Bruehl remarked that it is through these types of transfers that we see the ways in which the process of object-choosing is played out. Individuals are attracted to an object’s sexuality both as they experience the object and as they experience parts of themselves; or, people look to particular object choices to meet their needs. Young-Bruehl provided several clinical examples in order to illustrate the ways in which these processes appear in varied combinations within the individual, and she noted that these are supported by the social framework in complex ways.

Following Young-Bruehl’s presentation, two discussants, Dianne Elise and discussion group leader Dennis Debiak, responded to the paper with comments of their own. Their comments were intended to generate discussion among audience members. Elise began by briefly recapping Young-Bruehl’s historical overview, first reiterating that psychoanalysis has made great strides in theorizing sexuality in a more sophisticated manner. With regard to object choice, Elise noted that it is important to move beyond the question of “Which sex?” (or even “Which object?” in order to examine more fully the complexities of individual object-choice and transference. By expanding our understanding in this direction, we can begin to see the limitations of the homosexual/heterosexual binary. With this type of theorizing, we do complicate the developmental picture somewhat, and this might feel uncomfortable to some, particularly given the confines of the traditional heterosexist framework. When we open up a space to complicate the object chosen (for both the object and the object chooser), we begin to see bisexuality all over the place. From this point, we will be then in a position to consider homoeroticism to be a (normal) element of every individual’s psychology.

In order to illustrate her thinking, Elise problematized the Oedipal myth, arguing firstly the ways in which this psychoanalytic fiction depicts a predominantly heterosexual unconscious. She continued by discussing the four dyadic pairings, questioning specifically the paucity of attention given to the father-son pairing, noting that, “Father and sons are all along busy working on a project of establishing the son’s heterosexuality.” Elise concluded by reiterating that the binarizing of heterosexuality and homosexuality has precluded a rich discussion of the complexity of object choice. Stepping out of our familiar ways of dichotomizing object choice, she argued, has the potential to alter constraints both theoretically and clinically.

Debiak also briefly recounted the major arguments made by Young-Bruehl. He too problematized earlier models and asserted that it is important to consider the fluidity and complexity of individual object choice (and noted that psychologists, psychiatrists and sexologists have begun to do so). Debiak, in his role as facilitator of the group discussion, posed several questions to the audience in an effort to generate discussion. His questions were concerned with a range of topics, including theory, clinical vignettes and popular film. The questions generated a brief discussion where members of the audience gave feedback and posed questions of their own.

It is hoped that the discussion group format will provide a space for fruitful discussions of the issue of sexual object choice as it is being taken up by contemporary theorists in the field. While the format for the ongoing discussion groups
may be modified slightly (depending in part upon the feedback given by those who attend them), the goals of the ongoing discussion group will remain largely the same.

SILGBTI is hopeful that ongoing discussion groups will also serve to generate enthusiasm for discussion of the complexities of issues of sexual identity. As well, it is hoped that this will be a place where LGBT members of the division and those who are interested in LGBT issues can bring comments and questions of their own. In addition to sponsoring the discussion groups, the committee is up to a number of other things. The committee is currently compiling a survey that will appear in the Fall Newsletter that will be aimed at generating information about concerns of members of the division. Further, the committee has arranged for a social hour for LBGT members and those interested in LGBT issues at the APA meeting in August in Division 39’s Hospitality Suite on Saturday, August 24, from 7:30 - 8:30pm. Members of the committee are currently discussing plans for the Ongoing Discussion Group on Sexual Object Choices at the 2003 Spring meeting in Minneapolis as well. If you have any comments or questions about SILGBTI, please contact Dennis Debiak at ddebiak@aol.com.

Bethany Riddle, doctoral student in clinical psychology at Duquesne University, Pittsburgh, PA.

MARY-JOAN GERSON, PhD & MARYLyn JACOBS, PhD

MAY-JOAN GERSON, PhD & MARYLyn JACOBS, PhD

The inaugural meeting of the Task Force in Health Psychology was held at the Annual Meeting in New York on April 11, 2002. Three major initiatives were identified during this meeting:

I. The importance of disseminating information about the contribution of psychoanalytic theorists and researchers in the health area to physicians, and to the lay public. Participants at the meeting cited instances in which psychoanalytic perspectives were marginalized in favor of cognitive behavioral, or excessively narrow empirical findings.

II. The need to develop for collaborating with physicians in maximizing patient care. It was noted that physicians caught in managed care time limitations often feel they don’t have the time to reach out to psychologists, but are frequently interested in doing so. The group encouraged efforts toward developing a way to communicate about psychological phenomena to physicians in an efficient and focused manner.

III. The importance of educating our own psychoanalytic community about the relationship of psychoanalytic theory to the etiology, symptom exacerbation and pain management of physical illness. It was noted that the psychoanalytic community is often reluctant to become involved in health issues, lacking adequate background in psychosocial research and current research findings. One participant at the meeting offered to write an article for the Division 39 Newsletter summarizing cutting edge research and theory.

The Task Force hopes to sponsor a panel presentation at the next Spring meeting. It is important that Division 39 members in the health psychology area contact Mary-Joan Gerson at mjg5@nyu.edu and Marilyn Jacobs at MJacobsPhd@aol.com (please contact both for listserve purposes). We are very interested in suggestions about future directions for the task force.

COMMITTEE ON INFANT MENTAL HEALTH

STEPHEN SELIGMAN, DMH

The committee has run a regular program at the Spring Meetings, which has been quite well attended, averaging hundreds in attendance, usually on clinical infant mental health topics. Examples from the last four years include Anne Alvarez and Stephen Seligman discussing a case by Arietta Slade; an homage to Lou Sander featuring an original paper by Sander and discussions by Jessica Benjamin, Arnold Modell, and Ed Tronick (which has become a significant special section in Psychoanalytic Dialogues; a program by Mary Main and Alicia Lieberman on trauma; a program on Erikson’s clinical technique; and a clinical case presentation featuring Beatrice Beebe, Phyllis Cohen and Virginia Demos. We have also sponsored CF programs at the Spring Meeting, most recently the very successful (sold out at about 200 people) day and a half workshop on attachment theory and psychoanalytic clinical work with Mary Main and Erik Hesse in Santa Fe. That was a very generative event, and has led to a similar program in San Francisco, sponsored by the local Div. 39 chapter, NCSPP.

We have also jointly sponsored receptions for child people with Section II, and are in general liaison with Section II. A few years ago, we generated a directory of infant mental health clinicians in the Division, which is used by Division members. Most recently, it is in use in connection with a project to provide support to young children and families impacted by the September 11 events in New York, established by Beatrice Beebe.
The Council of Representatives Meeting was held February 15-17, 2002. Division 39 representatives attending were Judie Alpert, Neil Altman, Harriette Kaley, and Bert Karon. Bryant Welch was unable to attend. This report is a summary of proceedings relevant to our members.

Dr. Ray Fowler, APA Chief Executive Officer announced that he will retire after 13 years of dedicated service. He continues to provide leadership, as the search for a new Chief Executive Officer is ongoing. Representatives from DRG, the executive search firm retained, are conducting a constituency wide assessment. They met with Council, reported on their activity, and requested input into the search process. If any of our membership knows of individuals who would be excellent candidates for the position, forward recommendations directly to the search firm: Mary T. Wheeler, Senior Vice President, at (212) 983-1687 (fax).

John Long, Chief of the Population Division of the Census Bureau, made a presentation on the changing demographics of the United States. This was followed by a discussion by Council member of the implications of these changes for the field of Psychology.

Items on the agenda were completed by the end of the second day of our three-day meeting. Council voted to utilize the third day by dividing into four breakout group. Council members separated into four groups with each group discussing one of the following topics: (1) enhance public awareness of psychology, (2) enhance diversity in all aspects of psychology, (3) increase advocacy for psychological science and (4) envision the future of psychology. Each group was asked to incorporate the demographic information presented earlier and to consider the following in relation to their topic: (1) vision; (2) current status; (3) operationalized suggestions; and (4) accountability. In order to facilitate action resulting from the group meetings, each group was asked to develop concrete suggestions in the form of new business items for Council or other recommended next steps.

Of all the items discussed from the Council agenda, the following will be of most interest to our membership.

1. **Doctoral Standard for Psychology Licensure**: There is a change in APA policy on challenges to the doctoral standard for psychology licensure. The change is intended to broaden the range of non-psychology alternatives for individuals holding terminal masters degrees. At the same time, the change is believed to be one that could be supported by APA and state associations. The new statement is: “Encourage the recognition of individuals holding terminal masters degrees in psychology under existing or new state statutes, provided that such statutes do not recognize, regulate or govern the title or practice of psychology […] and do not use the term ‘psychological’ in defining the title or scope of practice for such persons. (Note: bracketed material to be deleted to APA’s policy on challenges to the doctoral standard for psychology licensure and underlined material to be added)

2. **Family Psychology**: Family Psychology was recognized as a Specialty in Professional Psychology

3. **The American Society for the Advancement of Pharmacotherapy**: The American Society for the Advancement of Pharmacotherapy was granted permanent status as an APA Division (Division 55).

4. **Medicaid Laws**: $15,000 was allocated for a legal analysis of the Medicaid laws to determine the possibilities for psychologists to be reimbursed in that system.

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**MEMBERSHIP COMMITTEE**

The following names are members who joined the Division between March 1 and June 1, 2002. If you recognize a colleague, please take the time to welcome them.

Graciela V. Andresen, PhD
Robert C. Bartlett, PhD
Elizabeth Bernstein, PhD
Jeremy Bloomfield, PsyD
Amy Brown, MA
Debra A. Carlotti, PsyD
Lisa Colangelo Fischer, PhD
Lara Cox, PsyD
Mary Ellen DeBiase, PhD
Carol S. Dyer, PhD
Barbara Feld, CSW
Gladys Foxe, MSW
Jill Freeberg Hughes, PsyD
Debra K. Gleason, MS
Jacqueline M. Hahn, MSW
Leslie Hall, PsyD
Claudia Hahn, MFT
Marilin Hayes, AA
Robyn D. Heller, PsyD
Erica Hill Weiss, PhD
Nora Infante, PsyD
Audre Jarmas, PhD
Julie Krafchik, MA
Deborah Lazarus, PsyD
Kenneth Maguire, BA
Aki Morita
Angela Orfield, MA
Brent Potter, MA, MHP, CMHS
Kaye Price Lau, PhD
Katherine Restuccia, PsyD
Jonas Sapountzis, PhD
Karen Sharer-Mohatt, PsyD
Caryn Sherman-Meyers, MS
Drew Tillotson, PsyD
Mary Toomey, MA
Kathleen Walsh, MA
Janet Waterhouse, MA
Glenn Wolfiner Ahava, PhD
Richard A. Wyrick, PhD
SECTION VIII: COUPLE AND FAMILY THERAPY AND PSYCHOANALYSIS

SUSAN SHIMMERLIK, PHD

We are continuing to grow as a section both in expanding our activities and in gaining new members. We had two very successful events at the Division 39 meetings in New York in April. The Section VIII Invited Panel featured two researcher-clinician dialogues. Carolynn Maltas and Robert Wallinger, a researcher at the Judge Baker Children’s Center in Boston, engaged in a dialogue on their respective approaches to understanding couples with childhood histories of sexual and/or physical abuse. Joanne Davila, assistant professor of clinical psychology at SUNY Buffalo, presented on her work on attachment theory and Mary-Joan Gerson reflected on those findings in a clinical presentation. The panel proved to be enriching to the participants and to the audience and provided a model for engaging multiple perspectives.

The Section VIII sponsored social and conversation hour, which was attended by over 30 members of Division 39, included a group discussion focusing on the Spouse and the Analytic Dyad, led by Gerald Stechler and Shelley Nathans. The informal discussion raised many issues at the interface of individual and couples work: How is the spouse represented in the conscious and unconscious minds of the analytic dyad? How does this representation fit the relational field of the patient and how do we address this clinically? This was a very rich conversation, reflecting many different points of view, and we hope just the beginning of an ongoing “multi-logue” to be continued at future Division 39 meetings and on-line.

At the APA meetings in August, Section VIII is sponsoring a panel chaired by Shelly Goldklank entitled Psychoanalytic Approaches to Couples and Families. She is presenting a paper entitled An Interpersonal Psychoanalytic-Systemic Approach. Two Chicago participants are also presenting, Carla Leone whose paper is entitled A Self-Psychological Approach and William Pinsof whose paper is entitled An Integrative Approach. There will be an opportunity for the audience to respond to the papers and to discuss other issues related to Section VIII.

Our newsletter continues to gain momentum under the leadership of our new editor, Toni Halton. The Spring issue focused on the aftermath of 9/11, with members describing their clinical experiences with children, families, and flight staff. The theme of the Fall newsletter is sexuality and will be mailed in early October. Now that our listserv is well established and most of the kinks have been worked out, we expect that we will continue to find ways to use it to expand our communication. Our on-line discussion format has been launched and we are planning to continue this in the fall with papers written by or selected by members.

Members who have papers they wish to have considered for the on-line discussion should contact Gerald Stechler at Stechler@bu.edu. Carolynn Maltas, our listmaster, is developing two bibliographies, one of references that members have found useful in teaching couple therapy and one of members’ publications.

We continue to be interested in facilitating the development of local Section VIII groups around the country. For more information about any of our activities please contact me by email at SMS@psychoanalysis.net or by telephone at 212-877-3857. Anyone interested in joining the Section can contact Justin Newmark by email at jnewmark@attbi.com or by telephone at 617-965-1980.

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reports that Fromm said that these remarks were just casual but that he was impelled to make them because the topic was of great importance.

References

From the Editor

Well, if you have been dutiful, you are almost finished reading this latest edition of the newsletter, unless of course you turned directly to this section to get the usual capsule preview. I am particularly pleased to point out contributions from two of our members, Greg Novie and Richard Margolies, who took the time to respond to recent articles. It is nice to know that someone is reading all this stuff! It is particularly interesting to see the cross-fertilization of clinician and researcher dialogues and with that observation I will put an additional plug for Research Editor Levy's request for member response on the important question of this interface.

This issue has normally been devoted to paper and panel summaries from the Annual Meeting and there is quite a range of contributions, nineteen in all, and should give members who were not able to attend this exciting conference some idea of the richness and value of the presentations.

There are ten books reviewed in this issue—that is a record. Although in my role as book editor I make an effort to have every Division member-author reviewed, I also think it is important that readers have access to a range of topics and this issue certainly lives up to that ambition: from infancy (Beebe and Lachman), to children (Bleiberg), to couples (Sharpe) to parents (Tsiantis); from psychoanalytic theory (Bergmann) to practice (Appelbaum), to research (Sandler). And, oh yeah, there's our old psychoanalytic stand-bys—sex and dreams (Gould and Kiersky, Harding, and Lippman).

I am especially pleased with the memoir by Robert Holt, who graciously agreed to write about his life and career in an open and warm manner, which is about what you would expect from such an open and warm gentleman. I have been trying to line up some of our colleagues to make a similar contribution only to find several other editors have had a similar thought. So be sure to read Roy Schafer’s account of his psychoanalytic odyssey in the recent issue of Psychoanalytic Inquiry (Vol. 22, No.1), as well as Joe Masling’s and Jane Lovinger’s entertaining reminiscences in Journal of Personality Assessment (Vol. 78 - Joe’s is in No. 1 and Jane’s is in No.2).

This issue brings to a conclusion a series of articles on the terrorist attacks with the papers recently honored by Section V, authored by David Lichtenstein and Elisabeth Young-Breuhl. There are two “news items” from two of our colleagues recently quoted in the New York Times on the problem of clerical sexual abuse—Richard Gartner and Mary Gail Frawley-O’Dea. Drs. Gartner and O’Dea have also agreed to contribute to a Special Section of the newsletter on this topic in the next issue of the newsletter. That’s it. Now get back to reading!
I CALL TO ORDER
Maureen Murphy, Past President, called the meeting to order at 9:05 am. At this time Dr. Murphy welcomed the 2002 Board of Directors and officially passed the gavel to President Jonathan Slavin.

II. PROXIES
The following proxy votes were presented: M. Cresci for J. Reppen; M. Kelly for L. Pomeroy.

III. INTRODUCTION
President Slavin asked that all members and guests introduce themselves.

IV. MINUTES
The members reviewed the Minutes of the August 24, 2001 Board of Directors Meeting and offered changes and corrections.

MOTION 1: To approve the draft minutes of the August 24, 2001 Board of Directors Meeting as amended.
ACTION: Passed - Yes - 22; No - 0; Abstain - 0

V. DIVISION ISSUES POST 9/11
The Executive Committee of the Board met in New York City approximately three weeks after September 11. Many Division and Board members are residents of New York. President Slavin stated that the Board realizes how compelling those events were and how important Division 39 Members’ activities have been in the aftermath.

Due to those events the program for the Spring Meeting was revised to include time to reflect on these events. The program committee has made revisions in the program in response to the September 11 atrocity.

Drs. Darwin and Ramirez were asked to develop a plan for events in conjunction with the Spring meeting that commemorate September 11. There is a New York exhibit regarding September 11 and the Division will have a one-hour exclusive viewing of the exhibit. They will also have complete directions to Ground Zero. Additionally, the Hoover Room at the Waldorf Hotel will be set up with writing materials for those who would like to write their thoughts, displays of written materials that have been submitted, pictorial displays of Division members who were involved in responding, and the opportunity for members to visit and reflect.

VI. BUDGET DISCUSSION
Dr. Ramirez, Treasurer, distributed a 2001 year-end financial report and discussed the condition of the Division’s finances, expenses that were forthcoming, and the bottom line of the year-end financials. Additionally, he stated that there is over $200,000 in a reserve savings account and that the Division is in very stable financial condition.

VII. INTERNET COMMITTEE
A revised RFP for the Internet website revisions and updating was distributed to the members. Dr. Zelnick, Internet Committee Chair, addressed the Board. The RFP is in response to the request of the Board to move forward on updating the Division Website, making it more interactive and usable. The one-way listserv was just recently put into effect. This will make it possible to send out important information to the membership quickly. A postcard will be mailed to the members asking for correct email addresses, so that information will be accurate and current.

Dr. Zelnick discussed the changes proposed to the website - to improve the look of the site as well as making it more functional. Additionally, regular maintenance of the site will be required. The site will be more user-friendly, contain more sections of special and current information, and various other improvements. The Sections will also continue to have space on the website and links to other Section Internet sites. Also - bulletin board systems will be
developed for different committees and groups.

The Board members raised questions and made additional suggestions for consideration for the “new, improved” Division Website.

The committee anticipates the start up cost will be $20,000 - $25,000. Maintenance and other costs would be separate - and the estimate for a yearly cost after the startup would be $5,000.

**MOTION 2:** To approve the RFP submitted by the Internet Committee and allocate the initial funds necessary ($20,000-$25,000) and subsequent annual funds for maintenance.

**BY:** Larry Zelnick

**ACTION:** Passed - Yes - 26; No - 0; Abstain - 0

**VIII. NEWSLETTER COPYRIGHT AUTHORITY**

Drs. McWilliams and MacGillivray discussed the issue surrounding the copyright authority for the newsletter. Dr. McWilliams gave a brief report on the Publications Committee. Her committee is working to create an active editorial board for the Psych Abstracts. Arnold Schneider has agreed to chair that board. Dr. MacGillivray gave a brief summary of the issue and the motion that the Publications Committee brought forth.

**MOTION 3:** To grant copyright privileges for articles published in the Division 39 newsletter.

**BY:** William MacGillivray

**ACTION:** Passed - Yes - 24; No - 0; Abstain - 0

**IX. PROPOSED COMMITTEE**

Dr. Murphy gave a brief summary of the Sexual Identity and Lesbian, Gay, Bisexual and Transgendered interest group that was developed and the opportunity to now have this interest group transition into a full committee of the Division. Discussion ensued regarding the need to have this committee and its importance to the Division.

**MOTION 4:** To establish a division committee on Sexual Identity and Lesbian, Gay, Bisexual and Transgender Issues.

**ACTION:** Passed - Yes - 24; No - 0; Abstain - 2

Dennis Debiak will chair this new committee.

**X. TERM OF PRESIDENT**

Dr. Murphy briefed the members on the former discussion regarding this issue and presented the motion. Further discussion was held and suggestions, concerns and input were shared. Pros and cons were discussed.

**MOTION 5:** To increase the term of the president to two years. (The procedure will be to charge the bylaws committee with crafting the proper amendment to the bylaws that would be sent to the membership, with the final wording brought to the Board at the April meeting for ratification.)

**BY:** Maureen Murphy

**ACTION:** Passed - Yes - 24; No - 2; Abstain - 0

**XI. MULTICULTURAL COMMITTEE**

Dr. Morris reported on the activities of her committee. She reported that there are now two graduate students on the committee. She also discussed the upcoming Multicultural Summit to be held in California in January of 2003. She stated that the support of the Division of the 2001 summit was an excellent opportunity to highlight the Division. She regretted that the APA Monitor did not report the Division’s support, and did contact them regarding the issue.

The Multicultural Council is going through a transitional period. Drs. Morris and Ramirez are working with the coordinators to make arrangements for possible Division participation. Dr. Morris acknowledged concern regarding anti-Semitic attitudes during the summit and would continue to discuss this with the summit members and coordinators. It was suggested that discriminatory practices could be addressed through some type of presentation at the summit.

Dr. Morris suggested that the role of the Division should be more clearly defined as well as looking at the new administration of the summit. The Division should mandate that the summit be truly multicultural and include all areas of our multicultural communities.

**MOTION 6:** To allocate provisionally $10,000 to the 2003 Multicultural Summit and to hold the January 2003 Division Board meeting in the Los Angeles area, conference venue is Hollywood, California, to encourage attendance by Board members at the summit. The Executive Committee will review provisions prior to final allocation of funds.

**ACTION:** Passed - Yes - 26; No - 0; Abstain - 0

**XII. INFORMATION ITEMS AND COMMITTEE REPORTS**

**A. Nominations and Elections to APA Boards and Committees:** Dr. Goldberg discussed the importance of Division 39 members being nominated and/or elected to APA Boards and Committees. Members were encouraged to participate. Dr. Manosevitz also encouraged members to be diligent in reapplying year after year. The deadline for nominations is February 1. Dr. Goldberg will collect the nominations and submit them to APA on behalf of the Division.

**B. Program Committee:** Dr. Darwin gave a brief program report regarding the Miami conference - March 16-21, 2004. She introduced Dr. Elaine Martin, chair of the 2002 Spring Meeting. Dr. Martin has also agreed to co-chair the Program committee with Dr. Darwin.
taking full Chair position when Dr. Darwin becomes Division president. Dr. Martin distributed the 2002 Spring Meeting program book. There will be a special presentation regarding Post September 11.

**C. CAPP Report:** Dr. Manosevitz summarized the most recent meeting of CAPP. The budget for APA will be going to Council soon and it is a $2 million deficit. The deficit is indicative of the shortfall in membership retention within APA. Additionally, many worthy projects have requested budgeted amounts, increasing the deficit.

He reiterated Dr. Barbanel’s words regarding practitioners needing to stand together and vote effectively in the APA election process. He encouraged members to sign up to be involved in APA surveys. It is a secure, anonymous site that provides data and research information. In order for the psychoanalytic perspective to be included in the data - Division 39 members need to be involved in the process. Dr. Manosevitz briefed the members on the APA website portal that will be more interactive, information availability, etc. He encourages members to get involved in using this new website function.

CAPP is doing a good job in the political and government relation’s arena. Six new CPT codes have been initiated and will become available for use in the very near future. Since September 11 a focus group has been formed to help in public education regarding resiliency of the American people and the psychology community’s impact on individual needs due to the September 11 terrorist attack. Additionally, Mental Health licensure and certification will be handled.

**D. Follow-up on the Meeting with Dr. Zimbardo**

Dr. Jacobs referred the members to the report in their agenda packets. Dr. Murphy reported that the Division members who met with Dr. Zimbardo felt it would be appropriate and prudent to give Dr. Zimbardo an award during Spring Meeting. Dr. Zimbardo was pleased with the honor of receiving the award, but would not be able to attend the meeting. He will send comments and Dr. Harriette Kaley will accept the award on his behalf.

It was suggested that the board members continue to keep a dialog going with the APA President on a regular basis. It was recommended that an article/write up be submitted to the APA Monitor. Marilyn Jacobs will submit something to Rhea Farberman to be placed in the Monitor.

**E. Graduate Student Award:** Dr. Reppen reported that he has received only one paper. If that paper is not accepted, then the award will not be given. The deadline is July and he would encourage Board members to encourage graduate students to submit papers.

**F. Consortium:** Dr. Murphy reported that the Consortium is in the next stage of development. They will meet in Chicago in February. They have moved to a two meetings a year forum.

**G. Parity:** Dr. Goldberg reported on the Parity issue and referred to his two reports in the agenda packet. He was discouraged at the outcome on the votes. He also reported that the Patient’s Rights bill would be reintroduced in Congress this session.

**XIII. REPORT BY LAURA BARBANEL**

Regarding Division 39 and APA: Dr. Laura Barbanel reported on the voting patterns of members and participation in APA. Council votes the Board of Directors of APA on. The presidential election goes out to the entire membership. The science/academic community has been able to elect presidents better than the practice community. She explained that both the number one vote and the number two vote count and it is important for practitioners to stand together to elect a practitioner to APA president. She gave an excellent explanation of how the voting in APA in handled.

**MOTION 7:** To endorse Laura Barbanel, EdD in her candidacy for APA President.

**BY:** N. Thomas

**ACTION:** Passed Unanimously

**XIV. PRESIDENTIAL INITIATIVES**

President Slavin discussed his presidential initiatives—including the formation and restructuring of certain committees. The committees that have been restructured are Education & Training, Graduate Student, and Membership. The new chairs of these committees had been invited to address this meeting.

**Dr. Spyros Orfanos, chair of the Education and Training Committee,** addressed the Board regarding the restructuring of this committee. He indicated his excitement and enthusiasm in making the education focus in the area of developing curricula for undergraduate education in psychoanalysis. Additionally, they will begin to focus on graduate education, but more so in the second year of restructuring of this committee. He indicated his excitement to stand together to elect a practitioner to APA president. She also gave an excellent explanation of how the voting in APA is handled.

**ACTION:** Passed Unanimously

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**BY:** N. Thomas

**ACTION:** Passed Unanimously

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**Dr. Joseph Couch, Membership Chair,** addressed the issue of reaching out to instructors via email. They will put together a contact group that information can be funneled to in order to reach out to the instructors and others interested in receiving information, receiving curricula which is up-to-date and dynamic, etc. Members of the Division will be encouraged to participate—supplying reading materials, information etc.

**Drs. Joseph Schwartz and Karen Rosica, Graduate Student Committee Chairs,** reported the
changes in the structure of this committee. Graduate Student membership has decreased over the past several years. The goals of the committee are to find ways to reach out to graduate students and to have meaningful benefits for graduate students within the Division. The graduate students will be making a presentation at the Spring Meeting as well as the APA meeting. The APA presentation will immediately precede the training session that the Education and Training Committee will hold at the meeting. Additionally, Drs. Schwartz and Rosica encourage the Board members to attend the graduate student presentations in the spring and at the APA meeting. They discussed several other activities they will be reviewing to assist graduate students, including utilizing the website more.

Dr. Couch reported that a flyer would be sent to the graduate students, particularly in the New York area, emphasizing attendance at the Spring Meeting in New York. He also reported that a mailing had gone out to the Local Chapters encouraging membership and emphasizing graduate students and Allied Professionals. A member of his committee will attend all graduate student presentations.

These three committees will be working closely together to implement these initiatives and make great inroads in the coming months.

Dr. Couch discussed his updated report, which was distributed to the Board. The upcoming printed directory will be distributed in the summer. Suggestions and recommendations regarding the membership directory should be emailed to Dr. Couch.

Public Information And Membership: President Slavin discussed the results of the retreat that was held in Santa Fe in regard to members’ ability to address the media. Results indicated there were two segments of the population who need to be educated in the area of media representation. One is the graduate student and one is the member. Two sessions were held to help members understand how to reach out to the media. The next area they will be working on is “talking points.” The new co-chairs of the committee are Margaret Fulton and Danielle Knafo. The new chairs will update the Board at the Spring Meeting.

XV. APPROVAL OF THE 2002 BUDGET
Dr. Ramirez distributed the 2002 proposed budget for the Board to review. He pointed out that dues income reporting has changed. The full assessment for Division dues will be deposited in the Division account. APA will then be paid a flat fee to cover the printing and mailing of the Journal. Additionally, he pointed out several items that he had included, anticipating the board approving those expenditures. In order to offset the deficit budget, the carryover amount of funds from 2000 was added to the bottom line of the budget.

MOTION 8: To approve the 2002 Division 39 Budget.
ACTION: Passed Unanimously

XVI. NEW BUSINESS
A. Non-APA Psychologists: Dr. Jacobs referred to her report included in the agenda packet. The Division has offered membership to Allied Professionals, and now feels it is time to discuss the inclusion of psychologists who are Non-APA Psychologists. This has been brought forward because there are many psychologists who have not received their graduate degrees from a regionally accredited institution, making them ineligible to join APA.

MOTION 9: To amend the Bylaws such that state licensed, doctorate level psychologists, unable to join APA, are eligible to join Division 39 as full members of Division 39, and accorded all rights and privileges except as may be restricted by APA Bylaws.
ACTION: Passed - Yes - 18; No - 3; Abstain - 5

B. Research Funding: President Slavin asked the Board to discuss Dr. Harry Sands’ proposal to fund a kick off campaign to raise funds to support research and training in psychoanalysis. Dr. Slavin gave further explanation of Dr. Sands’ proposal. Dr. Slavin summarized questions that were raised regarding this project by the Executive Committee.

The Section VI Board was consulted regarding this issue and they were in agreement that it would be a positive opportunity to fund research in psychoanalysis.

Other questions and concerns were raised and discussed. It was recommended that an ad hoc committee be formed to work with Dr. Sands to better clarify the project. Because this project would be tied into APF - it is important to make certain all details are clear before making a decision on this proposal.

President Slavin appointed an ad hoc committee to work with Dr. Sands in defining and refining the proposal for Board consideration. President Slavin will then update the Board at the April meeting.

XVII. ADJOURNMENT
There being no further business to come before the Board at this time the meeting was adjourned at 3:43 p.m.

Secretary: Marilyn Jacobs, PhD
Recorder: Ruth Helein
Announcements

Section IX to Offer Award for a Graduate Student or Candidate Paper

Section IX of Division 39, the Section of Psychoanalysts for Social Responsibility, is offering a prize to a graduate student or analytic candidate for a paper or any other project (a clinical program, for example) that brings a psychoanalytic perspective to bear on a social issue. Examples of social issues could include, as examples, race relations, cultural differences in clinical work, international affairs, war and peace, terrorism, discrimination and prejudice, poverty. The prize will be awarded at the Section IX reception at the Division 39 Spring Meeting annually.

Paper submissions should be no more than 20 double spaced pages by November 15, 2002. Identifying information about the author and author’s contact information should be contained on a separate page that includes, as well, the first line of the paper. Copies may be submitted electronically to rapeltz@earthlink.net or to: Rachel Peltz, President, Section IX, Div. 39, 801 The Alameda, Berkeley, CA 94707. If submitting in hard copy, send two copies with the title, author’s identifying information and the first line of the paper on a separate page. Please contact the President of Section IX with your submissions for this prize, or any questions: Rachel Peltz, PhD at 510-841-3201 or rapeltz@earthlink.net

Division Listserv
Jonathan H. Slavin, PhD

We are currently updating email addresses for our newly established ListServ. At this point we have correct addresses for only a small number of Division members. If you want to be added to our ListServ, which will enable you to get prompt, breaking information (but NOT junk!) please email the following data to our central office (div39@namgmt.com)

YOUR NAME (Put your full name in the body of the email)
PREFERRED Email ADDRESS

(Note: Go to www.divpsa.org if you want to check to see if the email address we have for you is correct.)

Congratulations

Election Results

Congratulations are in order for the following candidates who were elected to the Division Board of Directors:

• David Ramirez will serve as President-elect
• Marty Manosevitz will be the new Treasurer
• Harriette Kaley was reelected as APA Council Representative
• Marsha McCary, Dolores Morris and Henry Seiden were chosen as Members-at-Large.

Thanks also go out to those members who competed in the elections: JoAnn Callan, Joseph Couch, Dennis Debiak and David Downing.

Section III Dissertation Award

Section III has selected Sanjay R. Nath, a candidate in clinical psychology at Temple University in Philadelphia to receive the first annual dissertation grant for research in the area of women and gender. Sanjay was graduated Phi Beta Kappa from the University of Chicago. His proposal is entitled, Narrative Coherence as a Predictor of Postpartum Depression: At-Risk Women’s Stories of the Transition to Motherhood.

Upcoming Events

September 28, 2002 - Diversity In America: Culture And Psychoanalysis, a conference co-sponsored by the American Academy of Psychoanalysis, Contemporary Center for Advanced Psychoanalytic Studies at FDU, and NJ Black Psychological Association will be held at the Madison Campus of Farleigh Dickinson University. Presenters will include Beverly Greene, PhD, Ricardo C. Ainslie, PhD. For additional information contact American Academy of Psychoanalysis, One Regency Drive, P.O. Box 30, Bloomfield, CT 06002, Phone: (888) 691-8281, E-mail: aap@ssmgmt.com
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