FROM THE PRESIDENT

Division 39 distinguishes itself as a group with an allegiance to analytic thinking not to a set of doctrines or a monolithic treatment method. Pluralism and diversity enliven and enrich our dialogue. We are an organization where we will always set another plate at the intellectual table. I inherit a thriving Division due to its strong and cooperative leadership, which has allowed this transition to be seamless. I am the first Division 39 president to serve a two-year term. I am afforded the luxury of time to accomplish goals and am aware of the expectation that much is expected. As I step into the presidency, I hope we can celebrate our accomplishments and chart our future goals.

OUTREACH

As clinicians who think psychoanalytically we possess a very powerful tool: the ability to understand and convey to others the intricacies of the human mind. We utilize these understandings to explain aspects of individual functioning and at a broader level to understand aspects of our sociocultural and sociopolitical world. Often we are marginalized and caricatured for defying what others see as elitist ideas applicable to the “worried well.” We have been guilty of rigidities and blind spots in our thinking; but recently we are guilty of not showing people how much we have changed. We have not showed them the current worth and excitement that defines the contemporary psychoanalytic landscape.

In the late 1960s, George Albee said we should give psychology back to the people. As my presidential initiative I want to challenge Sections, Local Chapters, Committees and members of the Division to give psychoanalytic thinking to the people by participating in projects in our communities that demonstrate the benefits of applying psychoanalytic thinking to real world problems.

I am asking each member, Section, Local Chapter and Committee of the Division to find an outreach project. I challenge all of us to get out of our offices and into the community, to identify a niche in society whose functioning could be enhanced by an analytic presence as a consultant, an educator, as a service provider to a population unlikely to ask for our services or in any other way you can imagine serving your community. For those already engaged in such work, let us know what you are doing and how we can help further your efforts. The response of Division 39 members in New York and Washington to the 9/11 atrocities, A Home Within Us, the pro bono child psychotherapy project, originating in San Francisco which now has six chapters and plans for 44 more, and the therapeutic nursery school consultation in Austin are existing activities which typify my vision of outreach.

I am eager to begin a dialogue about how we can identify needs, make available the knowledge of those who already serve, and make this vision a reality. I ask for your feedback and suggestions. Marylou Lionells will chair a new Outreach Committee, which will act as a seat of impetus and a resource for this effort. The Public Information Committee will be working alongside her to help publicize and gain media attention for our efforts. The Public Information Committee will also assemble a “stable of writers,” who will be able to respond quickly when we need a letter to the media to respond to a story or to correct misperceptions.

IN REACH

My initiative focuses on expanding our relationships within APA, particularly with other Divisions. Jonathan Slavin initiated the establishment of SILGBTI (Committee on Sexual Identity and Lesbian, Gay, Bisexual, and Transgender Issues), which is energetically chaired by Dennis Debiak. Scott Pytluk has been named our liaison with Division 44 (Society for the Psychological Study of Lesbian, Gay, and Bisexual Concerns) and we will be...
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Co-sponsoring a panel at the Summer APA meeting in Toronto. *Skeletons Out of Our Closets: Psychoanalytic and GBLT Explorations*, co-chaired by Judith Glassgood, President-elect of Division 44, and myself, will explore the history and progress of the relationship between psychoanalysis and issues of sexual orientation.

We have continued our relationship with the National Multicultural Summit, by sponsoring the National Multicultural Summit III in January 2003, and presenting a panel chaired by Dolores Morris, entitled *Psychoanalytic Psychology in Action: Clinical Supervision Across Boundaries of Sexual, Ethnic, and Cultural Difference*. We will be exploring how to expand our participation in future summits and potentially establishing liaison relationships with other Divisions committed to understanding issues of diversity.

We will maintain a dialogue with APA governance. Dr. Norman Anderson, the new CEO of APA met with our Board of Directors in January 2003. Our officers will meet with the APA President-Elect at the summer meeting, just as we have for the past two years.

I am excited by the work of the Education and Training Committee. They have written lesson plans for undergraduate psychology curricula, which provide contemporary perspectives on psychoanalysis. They plan to focus on ways of widely disseminating this information; certainly on our website, presenting another workshop this summer in Toronto on integrating psychoanalytic concepts into teaching undergraduate psychology, and exploring other projects with Division 2, The Society for the Teaching of Psychology.

**Sections**

Historically each Section has been represented on the Division Board and been granted a vote. For several years the membership of a number of Sections fell far below five percent of the Division, one of the criteria for establishing a Section. After much discussion and consideration the Division Board in 2001 moved that Sections must adhere to the by-law requiring them to have a membership equal to 5% of the Division membership or a minimum of 150 members in order to maintain a vote on the Division Board. This guaranteed equitable representation by voting members of the Board. Sections were given two years to meet the 5% rule, with a deadline of January 1, 2003. Any Sections not meeting that goal would become interest groups and retain representation on the board, but not a vote.

Despite an ambivalent reception by the Sections, this has turned out to be a boon to Sections, many of whom launched successful membership drives and are now reinvigorated. Section III (Women and Gender and Psychoanalysis) and Section VI (Psychoanalytic Research Society) each lost a vote. We will give whatever help is necessary to Sections III and VI to identify members who wish to reformulate the missions to revitalize the Sections.

**Research**

The reclassification of Section VI as an interest group highlights a long-standing problem for us about how to better integrate research into the Division. I am naming a Task Force on Research, chaired by Gerald Stechler, to report back to the Board by April on how to do this. We cannot expect a section to perform a function that encompasses division-wide needs. The charge of the Task Force on Research is to examine the ways in which the Division needs to utilize
research and the ways the Division needs to support and encourage research. Often we would benefit, for example, from having data available to respond to letters in the media and to prepare position papers. We fail to highlight or even know about some excellent research conducted by members. The Research Task Force will also be asked to address ways of attracting graduate students to write dissertations that focus on psychoanalytic topics.

**WEB SITE LAUNCH**

The fruits of Maureen Murphy’s vision, Jonathan Slavin’s perseverance and Larry Zelnick’s tireless stewardship are here. The new web site will be up and running shortly. The Membership Directory will be on line and each of us will be able to amend our listing. No more out of date e-mail addresses. The Sections and Committees will have their own areas, which they can easily change and update. We already have three message boards in operation: for the Board, for the Executive Committee, and for the Graduate Students. These message boards allow important information to be exchanged and discussed in cyberspace. This is both a cost saving for the Division and a convenience for these groups. Have you ever tried to line up a time for a nine-person conference call? Message boards free us from this burden. Visit us at <www.division39.org>

**SPRING MEETING IN MINNEAPOLIS**

Minneapolis is the home of General Mills, manufacturer of Wheaties, “the breakfast of champions.” The psychoanalytic champions are gathering April 2-6, 2002 for a stellar Division 39 Spring Meeting, Hope: Contemporary Psychoanalysis’ Passion for the Possible. The program reflects the pluralism of the Division. Speakers include Steven Cooper, Christopher Bollas, Allan Shore, Salman Akhtar, Jodie Messler Davies, Donald Kalsched, Marian Tolpin, and Frank Summers.

See *Six Degrees of Separation* at the Guthrie Theater and join the commentary afterward by Axel Hoffer, Spyros Orfanos, and myself. If you are a graduate student, come enjoy a special meeting with keynote speaker, Steven Cooper and wine and cheese with past-president Jonathan Slavin and myself to talk about your hopes and concerns for your participation in the Division.

Attend a “Live Supervision” with Jodie Messler Davies and Sam Gerson; and of greatest importance, be welcomed into a professional community, which we hope will become an lifelong intellectual home.

**THANK YOU**

I come to this presidency warmed by many years of being nurtured, encouraged, and challenged by my participation in the Division. My decision to seek formal analytic training at Massachusetts Institute For Psychoanalysis (MIP) was sparked in part by the intellectual fervor and the role models presented to me at so many Spring Meetings. MIP would not exist without the GAPPP lawsuit, enthusiastically supported by the Division.

At the Local Chapter level (Massachusetts Association for Psychoanalytic Psychology) and at the national level, I was given opportunities to develop and consolidate the competencies that allow me to take on this daunting presidency. I thank all of you who have made the Division what it is—certainly my predecessors, Jonathan Slavin, Maureen Murphy and Laurie Wagner and all of you who join me in making it what we know it can become.

**GUIDELINES FOR SUBMITTING MATERIAL**

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

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

**ADVERTISING**

*Psychologist-Psychoanalyst* accepts advertising from professional groups, educational and training programs, publishers, etc. Ad copy must be in camera-ready form and correct size. Rates and size requirements are:

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Checks should be made payable to Division 39 and mailed along with camera-ready copy.

**DEADLINES**

- Spring issue - April 1, 2003
- Summer issue - July 1, 2003
- Fall issue - October 1, 2003
- Winter issue - January 1, 2004
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:

- Keynote Address: State of the Hope: The New Bad Object in the Therapeutic Action of Psychoanalysis- Steven H. Cooper
- The Paradox of Hope in the Enlivening, Idealizing and Objectionably Positive Transference- Steven Cooper, Samuel Gerson & Philip Ringstrom
- Minnesota Attorney General Mike Hatch- Chair: Thomas Greenspon, Moderator: William MacGillivray
- The Analyst’s Dreaded Otherness as a Source of Hope- Malcolm Slavin & Jessica Benjamin
- Cultural Identifications and Clashes in the Therapeutic Relationship: Holding Hope in the Face of Cultural Divergence and Convergence- Salman Akhtar, Lisa Desai, Xiaolu His, Dolores Morris & Usha Tummala-Narra
- Psychoanalysis as the Creation of Possibilities- Christopher Bollas & Frank Summers
- Is There Hope for Sex? Ken Corbett, Muriel Dimen, Stephen Seligman & Lou Ann Lewis
- Life’s Limits, Life’s Possibilities: Coming Together in the Face of Endings- Jody Davies, Peter Shabad & Spyros Orfanos
- Relentless Hope: Passion for the Impossible- Martha Stark
- The Forward Edge of the Transference-Clinical Illustrations- Marion Tolpin, Linda Marino, Roneen Blank & Deborah Pollak Boughton
- Hope & Play in Psychoanalysis- Warren Wilner, Margaret Crastnopol & Steven Knoblauch
- Contrasting Psychoanalytic Traditions: Winnicott & Jung on Hope in the Transference, Hope in Transitional Space & the Discovery of Hope as a Spiritual Dimension of Psychoanalysis- Lionel Corbett, Allen Bishop & Donald Kalsched
- The Interface of Spirituality & Depth Psychology: Contrasting Approaches Based on Psychoanalytic Self-Psychology & Jungian Psychology- Lionel Corbett, John Dourley & Lallene Rector
- Interpersonal/Relational & Contemporary Self-Psychological Perspectives: Theoretical & Clinical Considerations- Robert Grossmark, James Fosshage, Donald Stern & Gary Perrin
- Hope & Change from an Attachment Theory Perspective- Alan Sroufe & June Sroufe
- Trauma and Neuroscience: Bringing the Body More Deeply Into Psychoanalysis & On the Early Origins of Hopelessness and Hope: Clinical Contributions from Developmental Neuropsychoanalysis- Allan Schore & Stephen Seligman
- Paradoxical Words and Hope in Psychoanalysis- Ana-Maria Rizzuto
- Non-biological Parenthood: Wave of the Present, Hope for the Future- Diane Ehrensaft, Noelle Oxenhandler, Theresa Reed & Barbara Waterman
- Representations of Women in Film and Art- Marilyn Charles, Danielle Knafo & Suzanne Phillips
- Making the Best of a Bad Job: The Most We Can Hope For- Margaret Fulton, Kirby Ogden & Jane Van Buren
- Refashioning the Self: Passionate Possibilities & Possible Passions- Dianne Elise, Elaine Freegood, Adrienne Harris & Debra Roth
- The Sorcerer’s Stone: How Hope Survives Childhood Trauma- Judith Kaufman, Sandra Kiersky & Ruth Burtman
- Dialogues of Sexuality in Development and Treatment: Possibilities & Limits in Psychoanalysis- Jody Davies, Noelle Oxenhandler, Stephen Seligman, Jonathan Slavin & Ruth Stein
- Daddy & Papa Film & Roundtable- filmmaker Johnny Symons & Dennis Debiak, Diane Ehrensaft & Toni Heineman
- Six Degrees of Separation: Guthrie Theater Play & discussants- Axel Hoffer, Spyros Orfanos & Actor(s) Moderator: Jaime Darwin, Chair: Linda C. Giacomo
- Craig Morton- Stephen A. Mitchell Award Presentation: Countertransference in the Writings of Thomas Ogden
- Bertram Karan- Distinguished Scientific Award Presentation: Hope, Kindness, Confusion, Insight & Stubborness: The Odyssey of the Psychoanalyst

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Psychodynamic and cognitive-behavioral treatments differ at the level of theory and clinical practice. Each theoretical orientation has developed a rich literary tradition espousing their own interventions and mechanisms of patient change. Despite the apparent theoretical and practical differences between psychodynamic and cognitive-behavioral treatments, however, researchers have only recently begun to empirically measure and compare the process (the specific interactions between patients and therapists) in these alternative treatments.

In a recent review article, Blagys and Hilsenroth (2000) sought to identify the processes, interventions, techniques, and activities that distinguish psychodynamic from cognitive-behavioral treatments. Other reviews of psychodynamic treatment process such as those by Luborsky, Barber, and Crits-Christoph (1990) and Henry, Strupp, Schacht, & Gaston (1994) focused on principles theoretically believed to be important elements in the process of change in psychodynamic psychotherapy. The Blagys and Hilsenroth (2000) review, however, was different in that the techniques and processes discussed were selected on the basis of both theoretical and empirical evidence of their distinctiveness. In order to be included in the review, interventions had to consistency and significantly differentiate psychodynamic from cognitive-behavioral therapy in at least two empirical studies from at least two different research labs.

A problem was encountered, however, in the gathering of research for the original review paper. Few empirical studies used the term “psychodynamic” to describe the therapy they were investigating and comparing to cognitive-behavioral interventions. Most often, cognitive-behavioral treatments were compared to therapies labeled “interpersonal” or “psychodynamic-interpersonal.” Interpersonal therapy (IPT; Klerman, Weissman, Rounsaville, & Chevron, 1984) is a short-term, individual treatment that focuses on the relational context in which symptoms occur. Sessions emphasize current rather than past relationships and seek to develop an understanding of the social context in which interpersonal problems develop as opposed to looking for the potential origins of patients’ difficulties in their personality or early experiences with others. Psychodynamic-interpersonal (PI) therapy (Hobson, 1985) is also a short-term, individual treatment. It has been described as similar to IPT, but places a greater emphasis on the here-and-now therapeutic relationship as a model for resolving interpersonal conflicts than in IPT. However, the interpretation of transference is emphasized less than in more “pure” or traditional psychodynamic or psychoanalytic treatments. For example, if a patient presented for individual therapy with symptoms of depression, both IPT and psychodynamic-interpersonal therapists would seek to understand the effect of the person’s relationships on his or her difficulties. In PI treatments, however, the manifestation of this problematic pattern in the “real” relationship (as opposed to the transference) between the patient and therapist would be seen as a central part of the change process.

In the original Blagys and Hilsenroth (2000) literature review, we used the term “psychodynamic-interpersonal” (PI) broadly to include treatments defined in the empirical literature as psychodynamic, interpersonal, and psychodynamic-interpersonal. Similarly, the term cognitive-behavioral (CB) was used broadly to represent treatments identified as cognitive, behavioral, or cogni-
tive-behavioral. We believe the expansion of the treatments incorporated into the review allowed for a meaningful comparison of CB and psychodynamically-informed treatments. The purpose of this paper is to summarize and extend the findings of the original Blagys and Hilsenroth (2000) review. We will adopt the same terminology (PI and CB) as in the original paper for the sake of consistency. We will identify the variables found to differentiate PI from CB therapy and briefly discuss the theoretical basis for the techniques, interventions, and processes. In addition, potential areas for future research stimulated by the Blagys and Hilsenroth (2000) review will be offered.

Blagys and Hilsenroth (2000) identified seven elements that consistently distinguished PI and CB treatments in the theoretical and empirical literature. First, PI therapy was found to focus significantly more than CB treatment on the evocation and expression of a patient’s emotions. The discharge of energy through emotion, or “catharsis,” has been viewed as an important element in the change process in psychotherapy since the time of Freud (Freud, 1905) as intellectual insight alone may not be sufficient for bringing about personality change and symptom improvement. Rather, it is essential that the patient achieve emotional insight, finding a way to express, understand, and be able to tolerate his or her intense feelings (Alexander, 1961; Alexander, 1963). PI treatments may also emphasize the expression of emotion in session in order to uncover and access unconscious material. Through experiencing, being exposed to, and releasing emotion, a patient may gain mastery over his or her repressed wishes, desires, fears, or anxieties. In contrast, CB treatments may attempt to actively manage, control, or reduce emotional expression in an attempt to reduce distress (Barlow, 1993; Beck, Rush, Shaw, & Emery, 1979; Goldfried & Davidson, 1994; Wiser & Goldfried, 1993).

A second area in which PI and CB therapy were found to differ according to the empirical literature was in their emphasis on hindrances to the progress of therapy. PI therapy was found to focus significantly more than CB therapy on impediments to the progress of therapy or the therapy process. The concept of resistance is well known to psychoanalytic and psychodynamic therapists. During the course of a session, a patient may purposely or unconsciously impede the progress of therapy in a variety of ways. He or she may avoid the discussion of important topics, shift the focus away from painful material, or not answer a therapist’s question. A patient may also hinder the process and progress of therapy through acts such as arriving late (or not at all) for scheduled therapy meetings or forgetting to pay his or her bill. Exploration of such impediments to the therapeutic endeavor is undertaken in order to facilitate discussion of the potential (unconscious) mean-

ing of these disturbances for treatment and the therapeutic relationship (Fenichel, 1945; Freud, 1905; Greenson, 1967; Luborsky, 1984; Strupp & Binder, 1984; Wachtel, 1993). CB therapy, however, appears to focus less on hindrances to the progress of therapy (Beck et al., 1979; Goldfried & Davidson, 1994) and may not ascribe any unconscious motivation to such patient noncompliance.

Blagys and Hilsenroth (2000) also reported that PI treatments focused more than CB therapies on the identification of patterns in patients’ actions, thoughts, feelings, and relationships. Although CB theory would suggest that a focus on patterns in patient’s thoughts is a primary element of CB therapy, empirical literature suggests that PI therapists also engage in this behavior a great deal. In addition to the identification of patterns in patient’s thoughts (an intrapsychic experience), psychotherapists have long understood the importance of pervasive, maladaptive patterns in patient’s interpersonal experiences dating back to Freud’s discussions of the repetition compulsion and transference (Freud, 1905). By exploring the (unconscious) repetition of problematic thoughts and relationships, individuals core structural and interpersonal difficulties are revealed (Fenichel, 1945; Freud, 1905; Greenson, 1967; Luborsky, 1984; Strupp & Binder, 1984; Wachtel, 1993). Re-experiencing and working through these patterns is viewed by many as a central agent of change in PI therapies.

A fourth area in which PI and CB therapy were found to differ was in the importance each treatment places on patients’ past experiences. Despite an apparent trend toward a greater focus on the present (including the here-and-now, “real relationship” between a therapist and a patient), PI therapies were found to focus significantly more on patients’ past experiences than CB treatments. Traditional psychodynamic theory proposes that patients’ early attachments, childhood experiences, and historical relationships significantly affect an individual’s personality and character development. Symptoms are viewed as having their origin in patients’ early, developmental experiences with others and therapists attempt to help patients’ understand and work through these unresolved conflicts. While recent modifications to CB theory have begun to include and integrate a more developmental focus (Beck, 1991; Mahoney, 1988; Mahoney, 1991; Robins & Hayes, 1993), traditional theory suggests that CB therapy primarily emphasizes a patient’s present thoughts and beliefs and the impact they have on his or her future functioning (Barlow, 1993; Beck et al., 1979; Goldfried & Davidson, 1994).

PI therapy was also found to focus more than CB treatment on patients’ interpersonal experiences. Contemporary as well as more traditional PI therapies contain a fundamental interpersonal component (Fenichel, 1945; Greenson, 1967; Hobson, 1985; Klerman et al., 1984;
Psychopathology is viewed as originating in a relational context as a result of conflicts between current and historical figures. Through exploration of interpersonal interactions, patients’ underlying structural and interpersonal dynamics may be revealed. In contrast, CB therapy, with its emphasis on patients’ dysfunctional thinking and distorted core beliefs, may be said to focus more on patients’ intra-personal than interpersonal experiences (Beck et al., 1979; Goldfried & Davidson, 1994).

In addition to the greater focus on interpersonal relationships noted previously, Blagys and Hilsenroth (2000) found that PI therapists focused significantly more than CB therapists on a specific interpersonal interaction, the therapeutic relationship. While theory suggests that the therapeutic alliance and the establishment of a collaborative relationship are important aspects of both PI and CB treatments, PI theory further proposes that the therapeutic relationship is the fundamental means through which patients change. From a classical psychoanalytic perspective, transference is conceptualized as arising when a patient unconsciously ascribes to the therapist features of significant historical figures or relationships (Freud, 1916/1943). In this view, the transference arises out of the patient’s internal or intrapsychic world. More contemporary psychodynamic theorists such as Gill (1982; 1984) conceptualize transference as having some basis in external reality, with the therapist and patient each playing an important role in its development and manifestation in the therapeutic work. Whether based in the real patient and therapist interaction or internal and transferential in nature, psychotherapists use the therapeutic relationship to understand and help patients resolve problematic patterns of relating to others.

Lastly, Blagys and Hilsenroth (2000) reported that PI therapists focused significantly more than CB therapists on patients’ wishes, fantasies, and dreams. Dreams, fantasies, and wishes have long been viewed as important elements of the therapeutic endeavor in traditional PI treatments (Fenichel, 1945; Freud, 1900; Greenon, 1967). By exploring the meaning and motivations for these events, psychotherapists may gain valuable information about patients’ needs, unconscious conflicts, and interpersonal difficulties. In contrast, CB therapy tends to focus more on patients’ conscious thoughts and beliefs and not ascribe unconscious meaning or motivation to dreams, fantasies, and wishes (Beck et al., 1979; Goldfried & Davidson, 1994).

The distinctive features identified in the Blagys and Hilsenroth (2000) review characterize PI treatment as an approach that focuses on emotion, resistance, problematic patterns, past experiences, and interpersonal relationships (especially the therapeutic relationship), as well as dreams, wishes, and fantasies. Documentation of the distinctive elements of psychodynamic and cognitive-behavioral therapies is important for several reasons. First, identifying the distinctive features of the treatments can provide therapists from each orientation with a guide for session activity, clearly outlining techniques and processes to be emphasized in treatment. Second, supervisors of each approach to therapy would be able to use the identified distinguishing elements as a training and teaching tool, helping therapists develop skills that are central to their treatment approach. Lastly, identifying the distinctive features of each treatment may help researchers better empirically assess the contributions of specific psychodynamic and cognitive-behavioral techniques to patient improvement. A significant relationship between treatment specific processes and improvement would lend support to a given intervention, treatment, and (indirectly) the theory upon which it is based.

The findings of the original review lead us to posit several questions for further investigation and research. First, what is the empirical relationship between these distinctive features and patient improvement? Research is needed that examines the relationship between specific psychodynamic interventions and patient outcome. Second, with what frequency and at what time should these interventions be employed? Rather than engaging in these seven activities as often as possible in a session, therapists likely strive to employ techniques in an optimally responsive fashion. Empirical studies are needed to investigate the appropriate timing for a given technique as well as the potential effects of providing an intervention at an inappropriate time. A common argument levied against research in psychodynamic psychotherapy is the difficulty encountered operationalizing some of the techniques and constructs to be studied. We hope this review helps to define some of the core aspects of psychodynamic psychotherapy and facilitates future research in these areas.

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The Evolution of My Interest in Psychoanalysis

Philip S. Holzman, PhD

To the Enchanted Garden

The name of Sigmund Freud was all but unknown to me until one summer evening in 1939. About a month before I was to begin my undergraduate college career, and, coincidentally, about a month before Freud died, when I overheard a fierce debate among several impassioned people in their early 1920s. It appeared to my mid teen-age sensibility that such intense zeal could only come from intellects that were more highly informed than mine, and therefore the disputants had to be endowed with the wisdom of the ages. The typical debates I had overheard in my high school were over issues like collective security versus isolationism, or Leon Trotsky versus Joseph Stalin, topics that failed to engage me. But this discussion was different. I was intrigued by the way sex, Freud (a name that now began to have a mysterious resonance to it), and “the unconscious” (whatever that was) were intertwined. In some dark and ghostly manner it touched on mind, emotions, and deeply buried memories. It all seemed vaguely tantalizing and dangerous. Yet, like C.S. Lewis’ Enchanted Garden, it opened an entrance to a world that I needed to enter and explore. I quickly obtained a copy of Freud's Interpretation of Dreams, the Modern Library Giant that contained A.A. Brill’s dense and muddily translated not only of the dream book, but also, Wit and Its Relation to the Unconscious, Totem and Taboo, The Psychopathology of Everyday Life and the enticingly titled Three Contributions to the Theory of Sex. I found them too impenetrable to sustain the interest that the earlier animated discussion had tweaked in me. Abraham A. Brill, as I later learned from David Rapaport, knew neither German nor English very well. But he did know Yiddish, and his translations—the only ones I was able to find in 1939—mistranslated many words and phrases and failed to capture both the revolutionary content of these seminal works and Freud’s elegant literary style. I dropped my interest in Freud, and, disappointed, assumed that heated conversations could actually indicate much ado about very little.

Until, that is, my second year at The College of the City of New York, when I took an introductory course in psychology taught by Joseph E. Barmack. The Department of Psychology at CCNY had recently separated from the Department of Philosophy, and the college had recruited the distinguished psychologist Gardner Murphy from Columbia University to head the new department. Murphy was eclectic in his view of psychology, and he tried to expose students to a range of psychological viewpoints. A strong experimental psychology sequence was instituted, as well as in-depth courses in developmental, comparative, physiological, and social psychology. Murphy himself taught the yearlong course on personality psychology, and he recruited people like Martin Scheerer, a refugee from Nazi Germany, to teach courses on Gestalt psychology and neuropsychology. In addition to assigning a number of works in experimental psychology, Barmack required us to read Freud’s General Introductory Lectures, translated by Joan Riviere. My eyes were opened and my imagination was stretched. Here was a realm of human experience and behavior explained by a master teacher, Sigmund Freud, and explicated by another master teacher, Jeb Barmack, who managed to keep in balance a respect for the experimental investigation of psychological phenomena and an appreciation for the dark and unknown influences of motives and impulses. And the text read as if a master of the English language had written it.

I was only dimly aware that I had been searching for the narrative that would explain to me what I had become and where I was heading. When I was 22 months old, my mother died of an infectious disease, a septicemia, which today is so easily cured by antibiotics. My father and I lived with my mother’s parents for about two years, when he left to remarry. I know I keenly felt a second loss, which was compounded when, after his remarriage, he chose to have me continue to live with my grandparents. They themselves had lost three of their four children, including my mother, to infectious diseases. My uncle, who died before I was born and after whom I was named, had been a physician. In ministering to his pediatric patients on an infectious diseases ward, he contracted scarlet fever and died. This incident was an abiding presence in my life as a cautionary tale, warning me to avoid a career in medicine. My grandparents reared me as if I had been their own child, and indeed, they hoped that I would become a physician to replace their lost son. Sometimes, when I misbehaved, they would admonish me with their worst criticism, which was to compare me unfavorably with him, who never, they said, would have behaved as badly I did.

After my father had established his new home, he would visit me perhaps each week. For me, these visits were a source of heightened excitement, followed by a minor experience of loss once again, only to have the excitement rekindled when he returned for another of his weekly two to three hour visits. Throughout my childhood I felt shadowed by these events, which, I am told, gave my demeanor a somewhat somber cast. I was always grateful to my grandparents who rebuilt their lives repetitively after each blow that fate had dealt them. Their house was filled with books and they reveled in reading, which they shared with me with enthusiasm. The heated discussion I had overheard in 1939 gave a reality to my early experiences, which consisted of unarticu-
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lated wishes, emotions, and strivings; it legitimized longings and angers, and gave importance to the themes whose personal meanings I had not yet been able to recognize.

**MY YEARS AT MENNINGERS**

Almost immediately after my graduation from college in 1943, I was swept up into the Army of the United States during World War II. I continued to read books about psychoanalysis, which I carried with me wherever I was shipped by the army. Among the books I consumed were works by Karl Menninger who made the complexities of Freudian dynamics seem simple, and of David Rapaport, who, with my former City College classmates, Roy Schafer and Martin Mayman, opened up the world of diagnostic psychological testing. When, in 1946, it was time for me to choose a future for myself, I wrote to Gardner Murphy from my last army post in the Pacific Ocean Area. Although I had long ago resolved not to become a physician, I was attracted to questions about mind and body, whose synthesis lay in psychology. Gardner had been the mentor for my senior honors thesis at City College, and I naturally turned to him for information about prospects for graduate studies in psychology. I did not hear directly from him, but I received a letter from Margaret Brenman at The Menninger Clinic, telling me that Prof. Murphy had recommended me for study at that clinic, and if I cared to apply for admission to their newly established psychology training program, they would consider my application. With no hesitation I applied, was interviewed by David Rapaport, Milton Wexler, Michael B. Dunn, and Bela Mittelmann, and was accepted. I decided that, after three years of separation from the woman with whom I was deeply in love, I no longer wanted to be separated from her. And, fortunately, Ann felt the same way about me. We married, and then just a few days later, in late September 1946, we headed to Topeka, Kansas and to the Menninger Clinic, where we remained for 22 years.

When Ann and I arrived in Topeka, we found that we were not the only Easterners in this Midwestern capital city. We learned that the Menninger Clinic, a center of psychoanalytic treatment and training, had been chosen to be the centerpiece of an expansive plan to train large numbers of psychiatrists and psychologists throughout the country. Earlier that year, Col. Arthur Marshall, General Omar Bradley’s medical deputy, had convinced Karl Menninger (actually, these two enthusiasts convinced each other) to turn many of the resources of the Menninger Clinic, augmented by those of the Veterans Administration Hospital just across town, into a large psychiatric and psychological training program mostly, but not exclusively, for returning veterans. The psychoanalytic orientation at The Menninger Clinic was a major factor in this choice by the Veterans Administration, probably because, at that time, psychoanalysis was the only vibrant, muscular theory of treatment and of how the mind works. The result was that in the summer of 1946 a school of psychiatry and psychology with 100 young psychiatry residents and 19 aspiring psychology interns sprang up from almost nothing. The students were eager and restless, poised to resume their education and their lives, which had been interrupted by the war. The faculty, which, for the most part, was the professional staff of The Menninger Clinic, augmented by a few newly recruited professionals, was also swept up by the enthusiasms generated by the prospect of training the next generation of psychiatrists, psychologists, and even a few psychoanalysts. The optimism was contagious. We were all convinced that we would be trained to become the best mental health scientists and practitioners. Col. Marshall himself doffed his uniform and became one of the residents in the training program.

The psychologists entered a program that, although based in Topeka, made productive use of the University of Kansas Psychology Department 20 miles away in Lawrence, Kansas. Clinical courses such as diagnostic testing, psychoanalytic theory, personality, and psychotherapy, were taught in Topeka; courses such as history and systems of psychology, statistics, and methodology, were taught at KU. Both sites boasted of having a stellar faculty. At KU there were Fritz and Grace Heider, Roger Barker, Raymond Wheeler, M. Erik and Beatrice Wright, Herbert Wright, Alfred Baldwin, joined later by Martin Scheerer from CCNY. In Topeka there were David Rapaport, Karl and William Menninger, Robert P. Knight, Merton M. Gill, Sybille Escalona, Margaret Brenman, Paul Bergman, Roy Schafer, Martin Mayman, and Walter Kass. They were joined in early 1946 by newly recruited rising stars like George S. Klein, Robert R. Holt, Lester Luborsky, and Milton Wexler. Because of the partnership with the V.A., members of other disciplines were recruited into this grass-roots university faculty: they came from literature (Bert Boothe), anthropology (George Devereux), sociology (Louisa Holt), neurology, neurosurgery, and internal medicine.

This amalgam of people with diverse views had the unspoken and perhaps unintended effect of instilling in all of us a healthy respect for knowledge and ability, regardless of disciplinary origin. Professional rivalries, if they existed at all, were very muted. We learned that the riddles of behavior are so complex that no single discipline is privileged to solve them. There was, moreover, an implicit dynamic tension between the clinical and the academic activities. Perhaps the psychologists were more influenced than the psychiatrists by that dialectic, because the psychologists were immersed in both worlds: in the clinical world of the hospital, which required care of patients, case conferences, psychotherapy, and to an extent the suspension of doubt about what we were
dispensing, and the research world of the scholarly exegesis required in the classroom and the necessary agnosticism of the laboratory.

At the Menninger Foundation, two men, Karl Menninger and David Rapaport, dominated the intellectual and educational atmosphere. They could not have been more different from each other, yet they blended their individual talents in the service of the educational experience. Karl Menninger was a great moralist; David Rapaport was a great Talmudist. Menninger preached a gospel of simple good works and optimism with respect to healing; this was a different orientation from that of Freud’s mildly detached pessimism. Rapaport taught a posture of uncertainty, of questioning, of argumentation, and a respect for complexity. Both were demanding, intimidating, awesome, frightening, and overwhelming; they were also, in their own individual styles, brilliant, profound, generous, and astonishingly well read.

With the enlargement of the training program in 1946, Karl and Will Menninger realized that they needed to expand the staff of their clinic. They reached into the pool of refugees and invited a number of psychoanalysts to join the Foundation. Some of them, as Jews, had escaped annihilation by the Nazis during the 1940s. These European émigrés included Rudolf Ekstein and Otto Fleischmann from Vienna, Alfred Gross, Hans Jokl, and Hellmuth Kaiser from Germany, and Jan Frank from Hungary. Shortly thereafter, Nellie Tibout and Herman van der Waals from The Netherlands, and Trygve Braatoy from Norway joined the staff. Some had played heroic roles during the Nazi occupation. For example, Otto Fleischmann had not revealed to any of us except to Karl Menninger that he had worked with Raoul Wallenberg in smuggling Jews out of Hungary in the 1940s. I learned this much later, when Karl Menninger showed me documents and a picture of Otto sitting with Wallenberg in the Swedish Embassy in Budapest. All of these analysts had had some association with either Freud or with the first generation of psychoanalysts.

In the late 1940s and early 1950s, the case conferences provided the arena for psychoanalytically informed thinking. There, we heard distillations of many hours of exhaustive interviews that probed into the lives of patients and their relatives. No patient was considered in isolation from the family and the wider social context. The detailed mosaic of life-history narrative made it possible to see connections and patterns in a patient’s life and then to make causal inferences that seemed to explain how specific experiences of a person’s life acquired special personal, provocative meanings. We then speculated how, as a result of those meanings, lives became tangled and raveled and produced pain to the patient, to the family, and to the community. Diagnosis of disease, while always important, seemed to be an issue that was secondary to the life history and motivational dynamics of the patient, perhaps because we had only one treatment—psychotherapy—in our therapeutic armamentarium, regardless of which disease the patient suffered from. Yet, as psychologists, we were also taught to recognize the unique patterns of disease and character in patients’ thought processes and styles of action.

There were also amusing aspects to these case conferences. Conducted in an atmosphere of great solemnity, the procedure at times resembled a combined religious ritual and a quaint minuet. After the young resident had presented the case history in great detail, the floor was open for comments. There was a strictly observed order in which people spoke. The junior people spoke first, then the intermediate staff members, and finally, Robert Knight, David Rapaport, and Karl or Will Menninger. These senior people, anointed with the magic of omniscience by all of us, delivered their oracular pronouncements, which were never questioned. The only exception to this ritual was the presentation of the results of the psychological testing, which was delivered by the psychologist either before or after the senior people had made their comments. The psychological test reports were received as a magisterial message. By chance Roy Schafer, or
a psychology intern might have delivered it. It did not matter, because they were regarded as the final arbiter of diagnosis. Such was the oracular power of David Rapaport and those he had trained. Even the most junior psychologists found themselves wrapped in that mantle of infallibility.

**Psychoanalytic Training**

The idea of becoming a psychoanalyst had not occurred to me until my second year in Topeka. Margaret Brenman, who had received her PhD in psychology from Columbia University, had been psychoanalyzed in Topeka by Robert P. Knight. She had been a major contributor to the psychoanalytic and research atmosphere at the Menninger Clinic since her arrival there in the early 1940s. She and Merton Gill, who received his MD from the University of Chicago, began an influential set of studies of hypnosis and hypnotherapy. The establishment of psychoanalytically informed research projects along side of a major interest in psychoanalytic theory established Topeka as a center of dynamic psychological ferment that was unmatched anywhere else. Several such research projects were in full swing during the early 1940s. These included the Rapaport, Gill, and Schafer diagnostic testing work, infant and child development studies by Sybille Ecsalona and Mary Leitch, comparative psychotherapies by Paul Bergman, in addition to studies of hypnosis and hypnotherapy by Gill and Brenman, and a project by Bob Holt and Lester Luborsky to determine what criteria to use in selecting young physicians to become psychiatrists.

The clinic was a center in which clinical and research activities co-existed, not as contenders for loyalties, but as a synergism that gave to both an effectiveness neither possessed alone. However authoritarian the medical atmosphere seemed to be at the case conferences, the Menninger brothers encouraged and nurtured the free and open thinking at these small research enterprises. The brothers were attracted by excellence, and they were not picky about where they discovered it. Therefore, when, in 1948, Margaret Brenman proposed that a few selected psychologists be offered psychoanalytic training in the Topeka Institute for Psychoanalysis, Karl had no problem endorsing that idea and insisted, over the vigorous objections of the American Psychoanalytic Association, that Topeka be allowed to proceed with the training of a few non-medical candidates. Three of us in the psychology program, Herbert Schlesinger, Gerald Ehrenreich, and I, were chosen. The three of us were assigned to be analyzed by Rudolf Ekstein, who, after he had had fled his native Vienna, studied psychology at Henry A. Murray’s Harvard Psychological Clinic before accepting the invitation to join the Menninger staff and the Topeka Institute of Psychoanalysis as a training analyst.

My personal analytic experience was more educational than therapeutic. That is, from the “forced introspection” that the standard psychoanalytic method encourages, I was able to review many issues, including how I dealt with the loss of my mother, my father’s intermittency as a presence in my life, the specter of my uncle whose medical books filled one of our bookcases, and how these events were interwoven into my life. I did not feel that I had suffered mortal blows; rather that one can bounce back after such blows, as was demonstrated to me by my grandparents’ resilience after their several losses. I felt comfortably at home with my grandparents who saw after me as if I were their own son. I did come to understand how I tried to pull factions together and to try to reconcile the seemingly irreconcilable. Perhaps I thought of my analysis as an educational experience because I never felt that I was held back by my neurotic impediments. These and other understandings (insights) were surely beneficial and therefore therapeutic. I also reflected that therapies constantly improve, whatever the area. As with surgery and internal medicine (we had just seen the revolution in the treatment of infectious diseases with sulfa drugs and penicillin), treatments of mental disorders would be supplanted by newer and improved adjuvants. I came to understand that the psychoanalytic experience, in addition to its inward-turning vector, was an intense, interpersonal exchange. Such an exchange, I believed, did have important healing powers, although that might not be its only effect.

In retrospect, I was somewhat discomfited by the dictum of some of my psychoanalytic supervisors repeated to me, that in conducting a psychoanalysis, one must control one’s “zeal to heal.” Why, I wondered, should one dampen or conceal an urge to make life better for the sufferer? Why should this motivation be antithetical to a therapeutic stance? After all, surgeons, dentists, internists, and lawyers convey an eagerness to help, although they do not promise that their ministrations will invariably succeed. I agreed that being critical about the effects of our procedures is a good heuristic position, but if the analyst were too detached and aloof, I believed, that posture could interfere with the effort to “make things better.” Thus, although I was excited to begin my psychoanalysis, and I was caught up in the process of analyzing my life, guided by a presence from behind the couch, I nevertheless began to question the wisdom received from the Institute’s faculty.

The course work at the psychoanalytic institute was considerably less demanding than our courses at the University of Kansas or with David Rapaport, who had thoroughly immersed us in the writings of Sigmund Freud, particularly the metapsychological papers, beginning with the densely presented Chapter VII of the *Interpretation of Dreams*, and continuing though the papers written during the second and third decades of the 20th century (e.g., Repression, The
Unconscious, On Narcissism, and the tightly reasoned *The Ego and the Id*, and Inhibitions, Symptoms, and Anxiety). We were taught by Rapaport how to read a text critically and to penetrate to the logic of an argument. My clinical training in psychoanalysis comprised continuous case seminars, classes in technique, and conducting three psychoanalyses that were supervised by Otto Fleischmann, Hellmuth Kaiser, and Karl Menninger. Each of them advised a different approach, and the approach very much expressed the predilection of the supervisor. A standard psychoanalytic technique, it seemed to me, existed only as an abstraction. Later, when I moved to Chicago and began to collaborate on research with Roy R. Grinker, I learned from Grinker, who had been analyzed by Sigmund Freud, that Freud violated all sorts of sterile analytic techniques. For example, he kept his dog, a chow named Jofi, in the analytic office, and one day during one of Grinker’s analytic hours, the dog bounded up, scratched at the door, and Freud let him out while commenting, “I think Jofi is bored!” Later that hour, the dog scratched to be let back into the room, and Freud commented, “Jofi is giving you another chance.”

With the aid of the psychoanalytic method, I found that the exploration of my own life and, when I began to conduct analyses, the lives of others, exciting, adventurous, and constantly enlightening. I realized that there were not many ways to make technical errors as long as one maintained a steady benevolent curiosity about the analysand, and did not get in the way of the process. I came to respect the psychoanalytic method as a powerful one for observing human behavior in a setting of intimacy. I learned that it could be truly useful tool in examining lives, whether or not it was employed for treating a disease or a milder disorder. Thus, as Plato had opined, the psychoanalytic experience could make it possible for the analysand to avoid the “unexamined life,” which, he wrote, “is not worth living.”

**Developments in Ego Psychology**

When, in early 1946, George S. Klein arrived at the Menninger Clinic after his discharge from the army, he began a line of psychological experimentation that blended the dynamics of clinical thinking with a rigorous empiricism learned at Columbia University under C.J. Warden, Robert S. Woodworth, and Selig Hecht. The outcome was a set of influential studies of individual cognitive and perceptual consistencies that provided the experimental base for the burgeoning psychology of “the ego,” which was being developed principally by Heinz Hartmann, Ernst Kris, Rudolf Lowenstein, and Erik Erikson. Klein’s approach attracted Herbert Schlesinger and me, and as predoctoral students, we joined him in his experimental program of perceptual studies. Klein emphasized the study of the psychological organization of the person doing the perceiving rather than the parameters of perception and cognition. The approach influenced other laboratories to undertake similar investigations, and our laboratory’s terms, cognitive controls, cognitive styles, and perceptual or cognitive attitudes, quickly entered the vocabulary of general psychology. With Herb Schlesinger and later Riley Gardner, we plunged into the experimental work, which became the focus of our dissertation research. This work continued along with the intensive clinical work that included the conducting of psychoanalyses of people with mild interpersonal disorders as well as the treatment of patients who suffered from what today are recognized as diseases such as recurrent depressions, anxiety and phobic disorders, and psychoses such as schizophrenia and bipolar disorder. It gradually became clear to me that the psychoanalytic method was useful for the milder disorders, but something more was needed for treating the severe illnesses. Psychoanalysis taught us how to talk with patients regardless of their psychopathology and was helpful in setting the agenda of understanding and interpretation. But I was convinced that the psychoanalytic procedure, or even psychotherapy informed by psychoanalysis, was inadequate as a treatment for the severe illnesses such as the psychoses. At that time, in the early 1950s, however, I had little clue as to what that might be. It is important to recall psychoanalysis and psychoanalytically-informed interventions were among the very few useful therapies available. The phenothiazines for schizophrenia and the tricyclics and mono-oxidase inhibitors for the major depressions, and lithium for mania, had not yet made their tested appearance on the medical scene.

In the early 1950s, The Alfred P. Sloan Jr. Foundation endowed a visiting professorship that brought to the clinic such extraordinary people as Jean Piaget, Anna Freud, Aldous Huxley, Margaret Mead, Ludwig van Bertalanffy, and Konrad Lorenz. Extended discussions with them greatly enriched the intellectual atmosphere, which had dimmed for me when George Klein and Bob Holt left for New York University. We were fortunate, however, in being able to attract Gardner and Lois Murphy to move to Topeka. Gardner became the director of the Menninger research department and Lois directed an influential set of studies on coping in childhood. Ann and I became their close personal friends. Gardner’s presence helped to insure that the line of research studies at Menninger would continue with full vigor.

As I have already stated, David Rapaport was an enduring presence (in the context of psychoanalysis, call it an “introject”), prodding me to want more than assertions of psychoanalytic propositions; I wanted the see healthy, vigorous efforts to test assertions rather than take them for granted. These assertions included such dicta as: the motivations for repression are invariably infantile and sexual; there was a set program for psychosexual development; the infantile sexual wish is the necessary motivation for a dream; specific conflicts
are pathogenic for certain neurotic conditions; and others.

While I was still a candidate at the Institute, Karl Menninger invited me to assist him in teaching the introductory seminar on psychoanalytic technique. With great trepidation, I accepted, and soon I was deeply involved in exploring the history of the psychoanalytic method, its variations in Freud’s own writings, and the nature of the so-called apostasies beginning with Adler and Jung, and the later ones such as Ferenczi, Rank, Fromm, and Alexander. Karl Menninger decided to write a book on the theory of psychoanalytic technique, and in this effort I helped him with portions of it. Because I disagreed with some of his ideas, among which were his heavy emphasis on the commercial exchange and the absolute need for patients to pay a fee, I declined to be a coauthor. When, in later years, Karl wanted to revise this book, he insisted that I become a coauthor, and he did alter his positions on the parts that I expressed reservations about. This effort involved me in an intense, gratifying intellectual and personal relationship with Karl Menninger that continued until his death in 1991.

In the early 1960s I was appointed a training psychoanalyst in the Topeka Institute of Psychoanalysis. In 1966 I received an invitation from the program chairs of the American Psychopathological Association, Charles Shagass and Joseph Zubin, to present an overview of perceptual aspects of psychosis. I was flattered that these two distinguished psychopathologists had extended the invitation. I had shied away from the study of psychosis ever since Klein, Schlesinger, and I had studied schizophrenic patients’ performance on several perceptual tasks in the early 1950s and had encountered the puzzle of huge variances in that population. My decision to write that review, however, launched me on the tempest-tossed voyage of the study of schizophrenia, which continues today.

Gardner and Lois Murphy moved to Washington, DC. Our good friends Bob and Judy Wallerstein had moved to California. With the death of Will Menninger and the ensuing bitterness and turmoil that involved Karl in how the Foundation should continue, events chronicled by Lawrence Friedman in his 1990 book called *Menninger*, I felt it was also time for Ann and me to leave Topeka. In 1968, after 22 years in Topeka, I accepted a professorship on the faculties of the University of Chicago psychiatry and behavioral science departments. Upon my arrival in Chicago, The Institute of Psychoanalysis (as the Chicago Institute calls itself) appointed me as a training analyst.

The open, undefensive give-and-take at the University of Chicago was refreshing to me. The chairman of the psychiatry department, Daniel X. Freedman, encouraged both my psychoanalytic interests and my newly minted interests in schizophrenia. I was able to begin collabora-
to metapsychological studies. George Klein followed, with several papers on the inadequacy of Freud’s metapsychology. With his strong grounding in empirical studies, Klein was particularly critical of metapsychology because it was a “one-way street”; that is, it did not permit revisions from experiment, and only allowed data (or clinical events) to be explained in terms of the extant theoretical structure. Bob Holt and Merton added their reasoned critiques. Yet, I was puzzled that George focused on the clinical rather than the psychological theory as that aspect of psychoanalysis that would produce the greatest yield. When George died, in 1972, Merton and I put together a collection of essays by a number of George’s colleagues who addressed this major new theme in psychoanalysis. The volume, called *Psychology Versus Metapsychology*, contained Merton’s paper, “Metapsychology is not Psychology,” and I contributed a piece on the treatment of schizophrenia, which criticized the failure of the psychoanalytic community to exploit or integrate the new knowledge that was emerging about schizophrenia.

Beginning in the mid 1970s, my empirical studies of schizophrenia began to attract attention from the wider psychiatric and psychological arena. With a few colleagues at the University of Chicago, I published a series of studies showing that smooth pursuit eye movements were disordered not only in schizophrenic patients but also in a large proportion of their unaffected first-degree relatives. This finding was the first of several studies of what appeared to be pleiotropic expressions of a complex genetic underpinning of schizophrenia. We found several other such traits that ran in the families of schizophrenic patients and helped to define schizophrenia as not merely the clinical psychosis. In addition to eye tracking abnormalities, these traits included impairments in very short-term (“working”) memory for spatial locations, facial dysmorphic features, and formal thought disorder. Indeed, the clinical psychosis appeared to us to be the rare form of the disorder; it was the co-familial traits that were the more prevalent expressions of the disorder. This research set me on a path that simultaneously addressed genetic and pathophysiological issues in schizophrenia. In 1977 I accepted a professorship in Harvard University’s psychology department. Seymour Kety, who had moved to Harvard from the NIMH intramural program, which he had founded, asked me to join his laboratory to direct psychological studies of schizophrenia. The joint professorship at both the Faculty of Arts and Sciences and the Harvard Medical School, enabled me to work with the brightest people in the area of psychophysiology and schizophrenia, and I was fortunate to have been able to attract some very gifted graduate students into my laboratory.

The Boston Psychoanalytic Society and Institute appointed me training and supervising psychoanalyst, and I was actively involved in teaching, supervising, and analyzing candidates, as well as seeing patients. My Harvard appointment required that I teach four courses each year, an activity that put me in touch with extraordinary students. At Harvard College, I always taught at least one course a year on some aspect of psychoanalysis.

My empirical work remained unrelated from my psychoanalytic work. Often colleagues would ask me how I put these two major interests together. That question implied that others saw a conflict between the two realms of my activities, a reflection of the Zeitgeist, in which psychoanalysis is regarded as a humanistic discipline that did not involve empirical studies. The question also contained echoes of one of the themes of my life: that of reconciling two apparently disparate pulls. My answer was always that I made no attempt to pull them together, that it was like having a musical skill and excelling at biochemical research. There was no need for me to reconcile them since they could exist peacefully side-by-side. Yet they contained the solution to my conflict over disappointing my grandparents about not becoming a physician while being in the midst of an atmosphere that was, broadly speaking, medical and psychological, therapeutic and investigatory.

Yet, I did become restless with organized psychoanalysis, and beginning in 1976, I began to publish papers that aimed at trying to draw psychoanalysis closer to empirical science. I was critical that psychoanalysts were placing an almost exclusive emphasis on clinical issues while paying scant attention to the cognitive neuroscience issues that were always explicit in Freud’s writings from the time of *The Project* (1895). In one paper, I recalled Freud’s argument in his paper, The Question of Lay Analysis, written in 1926 to support Theodore Reik’s defense against the charge of practicing medicine without a license (Reik was a lay psychoanalyst practicing in Vienna). Freud argued strongly that medical training need not be a requirement for the effective practice of psychoanalysis. Yet, because of the controversy surrounding how this technique should be practiced, he believed that the scientific contributions of the discipline could be overshadowed. An exclusive concentration on psychoanalytic therapy, he wrote, diverts attention from scientific exploration and thus narrows its vision. And he concluded with the statement, “I only want to feel assured that the therapy will not destroy the science.” That concern resonated with me.

I reflected back to the period when both Rapaport and Klein were fashioning empirical investigations into areas that psychoanalysis was uniquely positioned to explore: the psychology of consciousness, of attention, and of memory; the ontogeny of sexual development, the imbrication of emotions and memory, the effects of fringe intentions on action, to name but a few. But with the premature deaths of both Rapaport and Klein, these efforts were eclipsed at a time when
academic psychologists were creating elegant new methods for investigating cognition, and we were on the verge of being able to exploit the revolution in neuroscientific methods including the use of brain-imaging techniques. In the absence of a healthy empirical thrust that could come only from university-based scientists who were also psychoanalytically informed, progress in probing into psychoanalytic ideas seemed to stall as the discipline became increasingly isolated from these new experimental studies of the relations between brain and behavior. Within psychoanalysis, voices began to be heard more loudly than before arguing that psychoanalysis is not a natural science with allegiances to objective proof, replication, and refutation. Rather, these voices proclaimed, it is a hermeneutic discipline that shares with other cultural disciplines, like literary criticism, a focus on meaning. I felt strongly that this focus was a mistaken one. This position would limit the generalizability of psychoanalysis to the therapeutic situation. Psychoanalytic proposition would be relevant only to the verbal interchanges between analyst and analysand. The consequential hypotheses of psychoanalysis, such as those touching on basic motives and cognitive organization, and the role of unconscious ideation, would apply to human behavior if and only if people entered into psychanalytic therapy. I believed that this view therefore amounted to a trivialization of psychoanalysis.

I continued to work both sides of the street, the clinical therapeutic side and the empirical experimental side. But my psychoanalytic writings continued in the form of Cassandra-like warnings about the dangers if organized psychoanalysis continued to neglect the knowledge base of its ideas. Measures such as the Fund for Psychoanalytic Research of The American Psychoanalytic Association, spearheaded by Bob Wallerstein, although a step in the right direction, seemed to be palliative and perhaps too little that had come too late. My critiques were published in The Psychoanalytic Quarterly and the Journal of the American Psychoanalytic Association, the last with my friend Gerald Aronson, a practicing psychoanalyst in Los Angeles. There we argued that mere demonstration of psychoanalytic propositions is inadequate for nurturing a robust scientific endeavor. We demonstrated against those who stated, “every psychoanalysis is a research project.” We countered that one must go further than demonstrating the existence of a phenomenon, or that a patient who responded in a particular way to an analyst’s intervention thereby strengthened that analyst’s hypothesis about the specific dynamics of that transference situation. We argued that the arena for probing into the generality of psychoanalytic propositions is broader than the clinical situation. Furthermore, the clinical situation is too fraught with uncontrolled and contaminating variables, and therefore venues other than the clinical situation must be exploited to expand the knowledge base of psychoanalytic propositions.

The means are at hand, we noted, to use extra-clinical tools to explore the cognitive, affective, and basic motivational areas that psychoanalysis had opened up to view. There were a few scientists, such as Howard Shevrin, Donald Spence, Drew Westen, Joel Weinberger, who pressed and continue to press in the direction of empiricism. And Lester Luborsky had long been trying to construct objective ways to evaluate the effectiveness of psychoanalytic treatment. But for the most part, psychobiological studies advanced on their own within university settings where the work was being adjudicated with open disputation, but with very little input from or credit to psychoanalysis, where the psychology of the irrational is known best.

And so, in the evolution of my own work, I gradually shifted all of my efforts to the study of schizophrenia in the area of genetics and pathophysiology. This direction led me into the study of brain areas such as the frontal and extra-striatal cortices, and the genetic transmission of schizophrenia. It led me into fruitful collaborations with Danish and Norwegian psychiatrists, with neuroanatomists, pharmacologists, cognitive scientists, and linguists here at home. My colleagues and I introduced a technique for measuring formal thought disorder that borrows heavily from Rapaport, Gill, and Schafer’s pioneering effort in the 1940s. It differs from Bob Holt’s Pripro scoring scheme, in many respects, including an avoidance of any tie to the Freudian dichotomy of primary and secondary processes, which, as Holt himself had already noted, no longer seemed to be a heuristic concept. We followed our discovery of eye tracking dysfunctions in schizophrenia into areas of the brain, like the middle temporal area, that are responsible for the detection of motion, and the phenomenon of formal thought slippage in schizophrenia into functional impairments in the superior temporal gyrus.

This shift in my interests does not reflect disenchantment with psychoanalysis as a vital presence in the history of ideas. In my opinion, psychoanalysis long ago established a secure niche there. It does reflect my disappointment with the way organized psychoanalysis has exercised its custodianship over its legacy, because it has not moved within the halls of academic institutions where ideas and research findings can be openly debated. Psychoanalytic training and the dissemination of its yield have maintained their presence in night or weekend part-time schools, funded by itself for itself. As for me, I have followed my research interests in new and different but not antithetical directions. And in this effort, I can still hear faint whispers of a hope that the bold hypotheses about the irrational and our basic urges that Freud placed before a dawning 20th century can still be studied by empirical science.
Relentless Hope: The Refusal to Grieve

Our focus will be on patients who have never mourned their parents’ failure of them, and who have become defensively mired in the relentless hope that somehow, if they can just be good enough, they can extract from current relationships the love denied to them as children.

Presenter: Martha Stark, M.D. is a graduate of and now teaching faculty at Harvard Medical School and the Boston Psychoanalytic Institute, and is a psychiatrist/psychoanalyst in private practice in Newton Centre, MA. She also teaches or supervises at a number of other settings such as the Massachusetts Institute for Psychoanalysis, the Smith College School for Social Work, and the Massachusetts School for Professional Psychology. Dr. Stark is the author of a number of books including Modes of Therapeutic Action: Enhancement of Knowledge, Provision of Experience, and Engagement in Relationship.

6 C.E. hours, 9 a.m.-12 p.m. & 1-4 p.m.
Cost: $90

Psychoanalysis in the Streets: Race, Social Class and Culture in Clinical Work in Public and Private Practice

The major goal of this presentation is to show how a psychoanalytic understanding of patients from diverse racial, social class and cultural backgrounds is helpful in many settings in the community, both in public and private sectors, and how they affect the treatment relationship or transference/countertransference.

Presenter: Neil Altman, Ph.D. spent 15 years working as a clinician and a supervisor in inner city public clinics. He is a graduate analyst and faculty member of the Postdoctoral Program in Psychotherapy and Psychoanalysis at New York University and maintains a private practice with children, adolescents and adults. Dr. Altman is the author of The Analyst in the Inner City: Race, Class, and Culture through a Psychoanalytic Lens. He is also editor of the journal Psychoanalytic Dialogues and associate editor of the Journal of Infant, Child, and Adolescent Psychotherapy.

3 C.E. hours, 9 a.m.-12 p.m.
Cost: $45

Through Mourning to Hope

Mental health work involves a high degree of tolerance for addressing the painful experiences of others. This workshop will focus on the ways in which the work of mourning (when it is called forth by an experience of loss) contributes to personal growth and the renewal or awakening of hope.

Presenters: Carol Gilligan, Ph.D. & Madelon Sprengnether, Ph.D.
Carol Gilligan, a graduate of Harvard University, was named by Time Magazine as one of the 25 most influential people in the US. In 1998 she received the Heinz award for her contribution to understanding the human condition. Dr. Gilligan is a writer, psychologist and the first Patricia Albjerg Graham Professor of Gender Studies at Harvard University, where she taught for 34 years. She is presently a faculty member at New York University. Dr. Gilligan is the author of numerous books including In a Different Voice, a landmark book bringing women’s voices into conversation with theories of human development. In addition, she and her colleagues developed the Listening Guide Method, a voice-centered, relational approach to understanding the human world.

Madelon Sprengnether, a graduate of Yale University, is Professor of English at the University of Minnesota where she teaches critical and creative writing. She has published widely in several fields including feminist psychoanalytic theory and is the co-editor of the groundbreaking The (M)Other Tongue: Essays in Feminist Psychoanalytic Interpretation and the author of The Spectral Mother: Freud, Feminism and Psychoanalysis, and Crying at the Movies. She has received awards from the Bush Foundation, the Loft and the National Endowment for the Arts. She recently completed the New Directions in Psychoanalytic Thinking Program sponsored by the Washington Psychoanalytic Institute and Foundation.

3 C.E. hours, 1-4 p.m.
Cost: $45

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***Registration is separate for the Continuing Education program. Participants may register for the Continuing Education Program(s) (April 2) or for the Conference (April 3-6) or for both the C.E. programs and Conference.
Dr. Frawley-O’Dea’s article, in the recent issue of this newsletter, concerning the current crisis in the church regarding the sexual abuse of minors by priests was thoughtful and welcome. It was limited in scope, however, due to her status as a layperson. I offer these additions and elaboration emanating from my eleven and a half years in the ministry and my background as a psychoanalytically oriented psychologist.

In the years of my seminary training, candidates for the ministry survived the rigors of formation by a wholesale suppression of sexual impulses, urges and fantasies as well as behavior on the conscious level. On an unconscious level as well, sexual material is repressed. This repression/suppression strategy is necessary for coping with the rigors of the formation process; the passive-dependent role imposed on candidates who wish to be approved for ordination, as well as the overall truncation of sexuality and sexual expression in the atmosphere of the Church at large. Though the goodness of human sexuality is affirmed in official documents, and in public discourse, suspicion regarding sexual fantasies, urges and behaviors is preponderant.

Those individuals who are able to engage in the repression/suppression strategy are the likely candidates who will proceed toward ordination. It is true that the priestly ministry bestows status and power on a candidate who enters the ministry. However, the initial motives of those who enter the ministry are more often than not dissimilar to the motives for those who enter any helping profession. What goes awry is not the toxicity of their initial motivation, but the failure to maintain the repression/suppression defensive strategy. Given the demands of the ministry, the loneliness of the solitary life, the inadequacy of social supports for priests, the high level of sexual stimulation in the broader society, the defensive strategy of repression/suppression cannot survive. Thus, sexually suppressed and repressed men begin to seek gratification of their needs, unfortunately on inappropriate targets. The assertion that these men are psychologically immature begs the question. How many mature men would choose this lifestyle in the first place!

Dr. Frawley-O’Dea suggests that the formation of candidates for the priesthood is characterized by a lack of access to women and this restriction perpetuates the psychosexual immaturity of many priests. This observation is accurate for those candidates who are heterosexual. But the lack of exposure to women says nothing about the immaturity of the homosexual seminarian. Thus the problem is so much broader than the exclusion of contact with women from the lives of candidates for the ministry. The problem is the burden of celibacy placed on candidates, and the repression/suppression of sexual desire, fantasies and urges for these very candidates.

This is not to say that a well-balanced life of celibacy is impossible. It is assumed that Freud was celibate in his later years, as well as Ghandi. But celibacy which emerges as a natural extension of a person’s development is much different from the celibacy which is demanded of young men as a “price” they have to pay to obtain a “position” which they desire in the Church. They begin with good motives, but the odds are stacked against many of these men.

The number of priests who act out sexually against children and adolescents are a small fraction of the population of priests. However the pressures on most if not all priests to maintain the repression/suppression strategy of coping extorts a heavy toll on their continued development, leading to the
incidence of alcohol abuse, the occurrence of depression and other mental disorders. Treatment facilities such as The Institute of Living in Hartford and St. Luke’s in the Washington DC area are providing remediation for the broad range of problems which occur in the life of priests. Though these programs are sympathetic to the plight of priests who have developed problems, they cannot implement the structural changes within the priesthood, which might minimize the occurrence of these problems in the first place.

To suggest that the Church needs to reconsider its position regarding its understanding of sexuality in human life would understandably elicit outrage from the official Church leadership. However, this is exactly what needs to be done, if progress is to be made in these troubling times. Timidity in speaking out against the obstinacy of church leadership is no virtue. Moreover, a major part of the problem is the identifications that are at play between many members of the hierarchy and many of the accused priests. Both bishops and priests may be so uncomfortable with their own sexuality their anxiety skyrockets especially when an infraction is revealed. In this sense the repression/suppression defensive pattern is just as characteristic for the psychological survival of bishops as it is for the survival of the accused local parish priest. What we know of defensive operations is that they distort experience so as to protect the ego from increased anxiety secondary to an intensification of libidinal impulses. I suggest that one of the reasons these problems have be so mismanaged is the anxiety elicited in the leadership by the very accusations lodged, the public disclosure and the consequent legal convictions obtained against errant priests. When anxiety increases unduly, and defensive operations fail, poor judgment ensures. “Thus sin plucks unto sin.” (Richard III, W. Shakespeare.)

A frequent argument in the wake of the sexual abuse scandals has been the questioning of the role of mandatory priestly celibacy. Indeed the role of mandatory priestly celibacy and the sexual abuse of minors are two distinct questions. However they are not unrelated. The requirement of celibacy restricts the range of possible candidates for the priesthood. Only those who maintain a repression/suppression defensive style would even present themselves as candidates for ordination.

An adoption of optional celibacy would be a manifestation of progress, not of solving the sexual abuse crisis directly, but it would serve as a symbol of progress in the Church’s understanding of sexuality in general. It is my impression that the policy of mandatory celibacy, which has existed for so long in the Church, was more appropriate for the ministry which was lived within the protections of the monastery than it is for the priest who operates in the middle of an urban and active life. Monasteries provided structure, routine, a tranquil environment, the lack of stimulation from the outer environment. The everyday life of priests in the modern world lacks these supports. Temptation is everywhere; and resistance to erotic stimulation from the secular world is pervasive.

Vulnerability to acting on sexual desire affects heterosexual and homosexual seminarians and priests alike. Resistance to succumbing to these desires requires a Herculean strength of will. In my experience after 11 years of the ministry, resignation was the only workable option. I am concerned for the welfare of many of those who remain. Richard Sipe reports many priests, both heterosexual and homosexual, lead double lives. But even in the face of this duplicity, tensions persist which burden the repression/suppression strategy for survival. Is the psychological price these individuals have to pay to function in their chosen profession too high? They may say no, it is not too high a price. After all, religious commitment and service is by nature oriented toward personal sacrifice. But psychological consequences to this self-denial frequently will occur, inflicting a defensive breakdown within the personality structure of the priest, leading to a host of aberrations and pathologies. As the poet Yates suggested in The Second Coming, “Things fall apart, the center cannot hold.”

Joseph Amato is a psychologist on the psychiatry staff of The Stamford Hospital in Stamford, CT. He was ordained a Roman Catholic priest in 1980 and resigned the ministry in 1991 after 11 1/2 years of service.

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SOCIAL RESPONSIBILITY AND HEALTHCARE: THE NEED FOR SOCIAL CONTAINERS

This article, and the following one by Neil Altman, were originally sent as part of the Section IX Report. I felt that they addressed issues that were so important to the work of the Division that I asked that the articles appear separately to receive the attention they deserve. The following is from Dr. Peltz’s introductory remarks at a recent conference, The Psychic Costs of American Healthcare, held in San Francisco in November 2002. The Editor.

Among the many troubling issues we are facing these days, I think the crisis in health care and all that it implies about our society ranks as one of the worst. I wanted to begin with something cheery or at least ironic, but instead I have some grim statistics, a collage of headlines and a few personal stories I would like us to think about together—keeping a larger question in mind, that is, the question of what we believe our society ought to be responsible for and what the consequences are when these responsibilities are not fulfilled.

The statistics I’m about to present come from an excellent document put out by Physicians for a National Health Plan (PNHP). A terrific amount of research and information is contained in their newsletters, as well as a proposal for a national health plan we should all know about and understand. You can subscribe to the newsletter by joining PNHP at 312-554-0382. I encourage you to join.

At any given point, some 41 million Americans are completely uninsured, that translates into roughly one out of six, and millions more have inadequate coverage. A recent survey reported that one in four Americans age 19-64 was without health insurance for some period during the past year. Who are those people? They are low-wage earners whose employers do not offer health insurance. They are laid-off professionals who can’t afford to continue their health care coverage. They are people who are poor but not poor enough to receive the attention they deserve. The following is from Dr. Peltz’s introductory remarks at a recent conference, The Psychic Costs of American Healthcare, held in San Francisco in November 2002. The Editor.

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At any given point, some 41 million Americans are completely uninsured, that translates into roughly one out of six, and millions more have inadequate coverage. A recent survey reported that one in four Americans age 19-64 was without health insurance for some period during the past year. Who are those people? They are low-wage earners whose employers do not offer health insurance. They are laid-off professionals who can’t afford to continue their health care coverage. They are people who are poor but not poor enough to meet the guidelines for Medicaid. And they are middle class people who feel the cost of coverage is too high, and are willing to risk illness without coverage.

In 2002, 2.2 million people lost their health insurance due to the primary breadwinner being laid off. Nearly half of working age Hispanics lacked health insurance for all or part of 2000. Over 18,000 people die every year because they lack health insurance. Here is a recent one: more than 600,000 retired steel workers are losing their health insurance and prescription drug benefits because their former employers are filing for bankruptcy. Many of these former employees are also losing all or part of their pensions. One 51-year-old man who worked 32 years for a Chicago steel company had his pension reduced from $2400 to $1100. Health insurance premiums for his wife, who has asthma, and him will be $900 a month. Go figure! 61% of uninsured Americans with two or more chronic conditions could not obtain a prescription due to cost. Realistically, that means if you have a thyroid condition and high cholesterol, and could use an antidepressant, you’re out of luck. Or worse, if you have diabetes and high blood pressure you’re even more out of luck. Meanwhile health care spending will double by 2011, according to the Health Care Financing Administration.

Then there are those of us with health insurance. How many times a month do you hear the stories I hear of friends or friends of friends who have complained to their physicians in HMOs, are refused the necessary tests only to find one year later they have cancer which has fully metastasized? This isn’t to say the cancer could have been prevented but if early detection is truly a cause for hope, surely you’d think the medical system would cooperate. I’ll use myself as an example of another kind of situation we all face under the current system. My family is covered by Blue Cross. We pay a high premium for the Preferred Provider Program, which I was told when I enrolled would give us maximum choice and coverage. So one day I walk into the lab I have gone to for years to get a routine blood test and am told they are no longer contracting with Blue Cross. Then after paying out of pocket and learning I need some minor surgery I’m told that Alta Bates, my local hospital, and all of the providers in the Alta Bates medical practice, i.e., Sutter Health, are no longer contracting with Blue Cross. I did not receive any letter of notification or warning. At that point we were effectively uninsured in our local community and couldn’t receive medical care from our family doctor, my daughter’s pediatrician, or local surgeons. I was forced to find new doctors in San Francisco, in order to proceed with the necessary surgery. Meanwhile I was paying top dollar for “top of the line” health insurance coverage. I called my insurance broker to see if there was anything I could do—change companies for instance—and her response was, “The same thing could happen at any moment if you change to Blue Shield, so you may as well ride it out.”

Then I began hearing the really horrible stories about cancer patients in the midst of chemotherapy needing to abruptly interrupt their treatments and locate new care systems that would take Blue Cross, which sometimes
meant temporarily relocating in order to continue treatment. We never read about this in the newspapers. The Express, an alternative Berkeley weekly, covered the story. No one should be under the illusion that even upper middle class professionals like us are in any way exempt from the consequences of a healthcare system in which corporate profit is the primary directive.

The healthcare industry spent over $234 million on federal lobbying in 2001, more than any other industry. Kaiser Permanente of CA paid its phone clerks at call centers in Northern CA significant bonuses to limit access to appointments. The Well Point Networks, the parent organization of Blue Cross, posted a 46% increase in profits for the first quarter of 2002—in this economy! Kaiser earned a net profit of for the first quarter of 2002, which was 90% over 2001. And Kaiser premiums are going up another 25% again next year. The overhead for these insurance companies often averages more than 35% of premiums—administration and profits. The average US hospital spends over one quarter of its budget on billing and administration. Canada’s National Health Insurance program has 1% overhead. Think about how much money could be available to either providing health insurance to the uninsured and/or lowering costs if that 35% was available. In fact that is exactly what organizations like the Physicians for a National Health Plan have shown. At least $120 billion annually could be saved, enough to fully cover the uninsured and upgrade coverage for those now underinsured.

One more enraging statistic: The pharmaceutical industry is currently the most profitable on Wall Street. This industry spent $322 million on lobbying Congress and $29 million on federal campaign contributions. The former CEO of Bristol-Meyers received $74.9 million in “executive compensations” and owned $76.1 million in stock options. (Enron paid its top 144 executives and directors $621.7 million just before it headed into bankruptcy. Meanwhile the 4500 employees fired after bankruptcy will share a settlement of about $19,000 each in severance pay.) The US leads the industrialized world in income inequality. The top one-fifth owns 83% of wealth.

This is not a statistic to be proud of. But even worse, and really what I want to emphasize, is that we are losing what I think of as desperately needed “social objects.” Social objects is a term I think of that refers to those aspects of a society we depend on for safety and well-being. Social responsibility in a democratic society necessitates insuring that these social objects remain intact. People need to be provided with basic care in order to thrive in their attachments, and society has a major role in supporting that basic care. If no one safeguards the safety nets—health, education and social welfare, protection of environmental resources, and they are subject to the whims of the market, then they will be lost. These are the social objects that a democracy depends on. Otherwise our votes are only marginally meaningful. Whether we have a Democrat or Republican in office won’t matter much if the corporate lobby is making all of the decisions behind the scenes. Even venture capitalists like George Soros understand that market needs are often in direct conflict with the needs of a community. When safety nets—our unalienable rights as defined in our constitution—are rightfully maintained, the members of this society can rest assured that anxieties about health and safety are being contained. Social objects provide social containment in the good sense. That doesn’t mean we won’t be anxious about getting sick, but we can know that if we do we won’t be left out to dry or die, as the case may be.

I might be going out on a limb in saying this but if a society maintains one thing and practices another and the general regard for the welfare of its citizenry is minimal in practice, I think eventually this will be reflected in the kinds of the crimes that are committed. It doesn’t take a PhD to know that abused children will often grow up and abuse their children. If a country puts profit over human welfare isn’t it logical that eventually human welfare, human frailty and vulnerability will be the targets of attack? When I began writing this introduction we didn’t know who the Washington DC sniper was. Now that we do, taking all of the complexities into consideration, isn’t it also possible that John Allen Mohammed learned that it’s arbitrary who lives or dies. I believe there is meaning in the fact that his victims were chosen at random—shot in front of Home Depot, a park bench, or a bus stop; just as it is left to chance whether you’ll be born into a family in which your father in the CEO of Bristol-Meyers and needn’t ever worry about healthcare or to a single working mother who is laid off and has no healthcare at all.

Of course the odds are against you, and by now a lot of people feel that way, people who themselves have been abandoned in some way by our system. Abandoned to homelessness, as Mr. Mohammed was after his business failed, abandoned to mental illness, as so many people are who aimlessly roam the streets. At some point it’s possible to lose the capacity to value humanity. In fact, it’s possible to learn to detest it. So, in all, I think the consequences of eroding and ultimately losing our socially containing objects are devastating. I think it’s time we focus our efforts to work with those who have done the research and planning to change this. I look forward to this day and all that we can learn from it.

Rachael A. Peltz is a psychologist in practice in Berkeley, CA and is currently president of Section IX.
On November 1 and 2, 2002 a conference entitled The American Dilemma Revisited: Psychoanalysis, Social Policy, and the Socio-Cultural Meaning of Race was held at New York University. The conference was an attempt to recall and critically extend the discussion about a number of the issues that animated Gunnar Myrdal’s classic work, itself an influential study of the complex consequences of the way race is constructed in the United States on its African-American citizens in the early period of the twentieth century. While we recognized that racial matters have come to include a wide range of ethnic groups, we decided to retain a central focus on the particular relationship between blacks and whites as a starting point for what will hopefully develop into a productive, ongoing dialogue about examining the contemporary anatomy of race in the nation.

The conference was built on the premise that a failure to understand the complex character of the shared, historically derived, and unconscious conceptions of our individual and cultural differences has hindered progress in resolving issues related to the destructive social and personal consequences of racism. The organizers felt that psychoanalysis, addressing human experience on multiple levels, is uniquely positioned to facilitate an inter-disciplinary and multi-faceted exploration of the unconscious as well as conscious dimensions of racism as we move into the twenty first century.

The conference was unique in many ways. It was co-sponsored by a training program in psychoanalysis and psychotherapy (NYU’s Postdoctoral Program in Psychotherapy and Psychoanalysis) and a program in African-American studies (NYU’s Institute for African-American Affairs). This interdisciplinary co-sponsorship was only the beginning of the rich cross-fertilization across disciplinary and racial boundaries that took place at the conference. Panelists spoke from intellectual backgrounds in psychoanalysis, psychology, sociology, film studies, literary criticism, law, psychiatry, and political science. There was a keynote address by a distinguished and accomplished novelist and author, John Edgar Wideman. There was a poetry reading by Toi Derricotte, in dialogue with Walter Mosley, and a showing of a film, The Color of Fear II.

Panel topics covered a great deal of intellectual ground: the first panel took up the roots of racism in psychological, socio-economic, and historical terms. The next panel took up the complex intersection of gender and race. The third panel addressed issues related to fantasies of the body in racial terms, and the fourth panel addressed the change process, in particular a comparison between the change process at the individual level in psychotherapy and the social change process. In a final plenary, a diverse panel of people with decades of experience dealing with America’s racial quandaries pulled together some of the themes they had heard in the previous two days’ discussions. Panelists and organizers who are psychoanalysts included Neil Altman, Paul Wachtel, Marsha Levy-Warren, Donald Moss, Adrienne Harris, Theresa Aiello, Dolores Morris, Jane Flax, Muriel Dimen, Carolynn Grey, Lynne Layton, Kimberly Leary, and Peter Wolf. From other disciplines, presenters included the keynote speaker, novelist and author John Edgar Wideman, sociologist Douglas Massey, historian Noel Ignatiev, film scholar Ed Guerrero, philosopher Tommy Lott, psychologists Anderson J. Franklin and Adelbert Jenkins, psychiatrist and author Price Cobbs, literary critic Hortense Spillers, former US Attorney General Nicholas Katzenbach, and Professor of Law and author, Patricia Williams.

The film, which was shown at the beginning of the second day, documented a multi-racial and multi-ethnic men’s encounter group. The interaction among the men was emotional and dramatic, and focused on the consciousness-raising of one of the white participants about the powerful impact of white racism on black people. The film stirred up powerful emotions among the attendees, mirroring some of the emotional processes occurring in the film, and providing an experiential complement to the more intellectually-focused panels. The poetry of Toi Derricotte, which is personal and emotional, along with the engaging writing of Walter Mosley, brought the proceedings to a personal level with which all in the audience could resonate. Thus stirred on the levels of both heart and mind, the audience of over 150 people engaged each other and the presenters in a way that was rich, thought provoking, and challenging throughout the two-day event. Some of the interactions were emotional and difficult, as befits the subject matter, saturated as it is with echoes of violence, oppression, and injustice. At the same time, there was enough of an atmosphere of freedom and safety in this multi-racial and multi-ethnic audience to permit constructive and honest dialogue. We were particularly pleased to see that most of the presenters, as well as the other attendees, stayed throughout the conference to listen to each other. Thus, the discussions could draw upon one another to link the various panels and other events. People left the two-day event enriched, stimulated, and inspired to keep the dialogue going back in their own homes and places of work.

The conference had the financial support of a range of foundations, from the Ford Foundation to smaller family-run foundations like the Yip Harburg Foundation the Eugene Garfield Foundation, and the Louis and Anne Abrons Founda-
tion. Dr. Gertrude Fraser of the Ford Foundation worked with us on the plans for the project, and encouraged us to build in extensive follow-up activities, ensuring that the conference would bear fruit over an extended period of time. The first follow-up activity will take the form of a course given in New York University’s Faculty Resource Network during June of 2003. The Faculty Resource Network is an enrichment program for the faculty of small community and liberal arts colleges around the country. Our course is based on the content of the conference. A number of faculty members from Faculty Resource Network affiliated colleges were funded to attend the conference as well so that they could return with a project in mind to enrich their home-institution’s curriculum in some way based on what they had learned.

Another follow-up activity is a proposed colloquium in New York University’s Humanities Seminar series. This series features colloquia, open to faculty and graduate students throughout the University, that are inter-disciplinary in nature. Again, we will be basing the content of the colloquium on the content of the conference, drawing on the rich inter-disciplinary content of the conference. Part of the proceedings will be published in *Black Renaissance/Renaissance Noir*, the journal of the Institute for African-American affairs at NYU, as an important part of our efforts to disseminate the insights gathered at the conference.

This conference and the follow-up activities mark an important landmark for psychoanalysis’ efforts to address social issues and become involved in the larger community. The fact that a major foundation, as well as several smaller foundations, found the project fit to fund is evidence that the organizers succeeded in demonstrating the relevance, indeed the crucial importance, of psychoanalytic perspectives in addressing and remedying this pressing social problem. This achievement is, I believe, part and parcel of other special features of the conference: its inter-disciplinary and racial/ethnic inclusiveness. I have never attended a conference, certainly never a psychoanalytic conference, at which Euro- and Afro-Americans presented and attended in approximately equal numbers, and in which dialogue proceeded so freely across boundaries that are usually not approached, much less crossed. We need to do more along these lines if psychoanalysis is to survive and thrive. Jane Darwin’s Presidential initiative this year is to get psychoanalysis out of the consulting room and involved in the community. We who organized the conference and who attended are happy to be part of that effort.

Neil Altman is a psychologist in New York City and the author of An Analyst in the City. He is also APA Council Representative for the Division.

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This list was compiled in various ways, mainly through consultation with the bibliographic treasure called Amazon.com. My apologies if members who published books recently were left off the list or if information listed is incorrect.
Patterns
Building Blocks of Experience
Marilyn Charles
with a foreword by James S. Grotstein
0-88163-372-9 December 2002 200 pp. $39.95

“Not only is she a practicing psychoanalyst; she is also a gifted poet and artist and brings all three talents to bear in order to shed light on how the infant organizes and communicates his or her experiences. . . . This is not a work on esthetics so much as an esthetic work on psychoanalysis, one that adds dimension, clarity, and richness to it.”
James S. Grotstein, M.D., from the foreword

“To all those brow-knitted surveyors of Bion and object relations theorists (and we are many) comes Marilyn Charles to clarify, interpret, elaborate, and apply in new ways the value of their contributions. . . . Charles elucidates the essential patterns of psychic development, how these patterns become distorted and disrupted, and how therapy can be restorative. It is no surprise, given the value Charles places on pre- and non-verbal patterns, that she reaches to comprehend the female body — and, similarly, given the value she places on language and prosody, that she does so through analyses of the work of female poets, notably Adrienne Rich and Sylvia Plath. Yet, always the clinician, Charles remains clear-eyed about our work with our patients. In Patterns she fulfills her mission, helping us to think about our

Beginnings
The Art and Science of Planning Psychotherapy
Mary Jo Peebles-Kleiger
0-88163-313-5 2002 344pp $49.95

“Dr. Peebles-Kleiger has written a masterful and comprehensive summary of how the psychotherapist should think in developing a psychotherapeutic treatment plan for patients. She accomplishes the difficult tasks of being both scholarly and practical at the same time. Her book will be equally useful for students and experienced clinicians alike.”
Glen O. Gabbard, M.D.
Baylor College of Medicine

“A superb integration of theory, empirical research, and clinical wisdom. Beginnings brings together in a wonderful way advances in psychological research, psychotherapy theory, and practical planning of a treatment intervention. It presents the best available introductory text to guide the young psychotherapist through the labyrinth of theories, findings, and recommendations that can often destroy the natural creativity of the beginning practitioner or even those of us who are more experienced.”

Volume 19 in the Psychoanalytic Inquiry Book Series

A Spirit of Inquiry
Communication in Psychoanalysis
Joseph D. Lichtenberg, Frank M. Lachmann, and James L. Fosshage
0-88163-364-3 2002 276pp $39.95

With the graceful facility of masters, Lichtenberg, Lachmann, and Fosshage offer a thorough story of the developmental origins of communication and build with clarity their case for a flexible, resourceful, and empathically inventive spirit of communication on the part of the analyst. Readers at all levels will find here the freeing and affirming voice of senior clinicians who demonstrate how the interactive, nonverbal, and relational dimensions of the analytic process combine with apt words to reorganize experience, memory, and affect and to facilitate the emergence of reflective functioning and mutual inquiry.”
Stuart A. Pizer, Ph.D.
Massachusetts Institute for Psychoanalysis

The Internal World and Attachment
Geoff Goodman
0-88163-361-5 2002 352pp $57.50

“An exhaustive and definitive exploration of the interface of object relations theory and attachment research. Goodman provides an excellent critical appraisal of all past attempts at integration and offers one of his own that establishes him as a major theoretician in this field.”
Peter Fonagy, Ph.D., RBA, University College London

“In this most thoughtful and thought-provoking book, Geoff Goodman tackles what may well be the outstanding unsolved problem in contemporary psychoanalytic theory. Attachment research and the accumulated clinical understanding of self and object representations constitute two important bodies of knowledge. But how to put them together? Goodman possesses the clinical eye and the research acumen to make sense of the imposing literatures on both sides of the aisle; he also possesses the intellectual daring to propose an innovative model for integrating the insights of both traditions. Packed with acute discussions and fertile observations, The Internal World and Attachment represents a watershed. The search for a unified theory of psychic development suitable for clinical work is now officially begun.”
John Kerr, Ph.D., Weill Medical College
Cornell University

Infecteding the Treatment
Being an HIV-Positive Analyst
Gilbert Cole
0-88163-352-6 2002 224pp $39.95

“Infecting the Treatment takes the debate about discourse and analytic subjectivity to a new level and expands our understanding of technique. By exploring the nuances of sameness and difference in shared identities and spoiled identities, Cole shows us the porousness and permeability of all identities, the web of public and private meanings individuals use to negotiate and tell their stories.”
Adrienne Harris, Ph.D., New York University

Father Hunger
Explorations with Adults and Children
James M. Herzog
0-88163-259-7 2001 336pp. $49.95

“A pioneer investigator, Herzog is exacting in his research, original in his thinking, and masterful in his clinical work. Father Hunger takes the reader to the center of the developing self and to a man’s role, both as external caretaker and as internal presence, in eliciting and then modulating the necessary but potentially destructive aggression of his offspring. Bravo! A passionate book about primal passions, Father Hunger is a supremely psychoanalytic achievement.”
John Mundar Ross, Ph.D., Author, What Men Want and Coordinator, Father and

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Looking for Ground
Countertransference and the Problem of Value in Psychoanalysis
Peter G. M. Camochan
0-88163-324-0 2001 432pp. $57.50

“It is a valuable, extensive, and comprehensive exposition of the history, development, theories, and practice of psychoanalysis . . . the concept of countertransference is used to guide and illustrate the evolutionary development of psychoanalysis as a field of human concern and human knowledge in its widest sense.”
Ernest S. Wolf, M.D., Psychoanalytic Quarterly

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Winter Wisdom from The Analytic Press
A rt pushes back the void. The sudden death of Stephen Mitchell left a great void, and his posthumous book *Can Love Last? The Fate of Romance Over Time* consoles us. It is the bittersweet fruit of his labors that made him so highly regarded in our contemporary analytic world; one he helped shape through his open mind and his generous spirit. From his now classic book, *Object Relations in Psychoanalytic Theory* (co-authored with Jay Greenberg) to this final one, he left a rich intellectual legacy.

I learned of this book from Stephen while it was in progress. In these ethically challenged times, I should make a full disclosure: We each lived, practiced, taught, and wrote in different cities. I was not a part of his New York academic world, nor a participating member of the Relational school, nor even one of his close colleagues who are still actively mourning his premature death. However, this does not make me either indifferent to his loss or someone who only knew him through his writings. On the contrary, for it was his initial enthusiasm for my book, *The Collapse of the Self*, that led to its inclusion in the Relational Perspective Book Series published by The Analytic Press. During that process our communication was limited to a few brief telephone calls. We did not actually meet until after its publication. The meeting took place during the social hour of an analytic conference where we had presented papers. I had been hoping to speak to him alone to find out what he was working on, and to seek his advice about my writing.

I saw him across the room talking to a mutual colleague who had written an endorsement for my book. She smiled in recognition, and I went over to join them, standing there silently as they spoke with one another. Stephen animatedly went on with what he was saying, but it was clear that he did not know who I was. He turned to me enquiringly, introduced himself, and asked my name. Speaking for the first time, I said, “You are going to be so sorry you asked that.” He smiled and asked, “Why?” I said, “Who is your favorite author?” With what must have been a flash of aural recall, he suddenly beamed and said, “Rochelle?” I told him I’d like a word with him when he was free.

He came out to join me on the terrace and we started talking shop. I told him that I thought my last book completed whatever I had to say clinically. I wanted to write for a more general audience. “And you—where are you now after your many books?” He said he was now writing for a general audience. I told him I was writing *Crazy in Love* on the transcendent longings that fuel erotic desire. He said he was writing *Can Love Last* —a book on romantic love. I confessed that I didn’t quite yet know how to make my way out of our familiar clinical world. He simply said, “You must speak to my agent.”

There can be few acts that can be more encouraging to a writer than being published and being led to a coveted agent. Stephen did both. Can I then be neutral in reviewing *Can Love Last*? Probably not—but I can be empathic to the creative task Stephen chose for himself. I know so well that it takes many hard, writing-filled hours to free oneself of the jargon of one’s clinical pen, in order to be useful to those who do not speak language that is second nature to us. This review is my tribute to him, and my analy-
siss of what he projected and achieved in Can Love Last?

One could discuss a number of the ideas in Can Love Last? for Stephen Mitchell had never written (and probably could not write) a book that was not erudite. Margaret Black, Stephen’s wife and professional colleague, made that so clear in her Foreword. This last work is no exception even as he began reaching out to what publishers call a “high end trade,” i.e., intelligent general audience. I have good evidence of the book’s appeal to such an audience from a reaction of a charming friend. He might best be characterized as a cross between Peter Pan and a middle-aged serial lover who simply hasn’t been able to stay attached to one person. He romances one, and then goes on to the next. I gave this chap a pre-publication copy of Can Love Last? with the instructions to read it in the service of his eventual cure. Among the variety of Stephen’s clinical examples, I recognized his case—and he did too! While my friend has not yet been cured, he found the book stimulating and helpful, and I know he read it carefully. Perhaps, if he’s moved to seek therapy, he shall—with any luck—find a Stephen Mitchell as analyst.

For Stephen’s many case vignettes are of people who essentially despair over their lack of, or their loss of, passion for those they love. By and large, Stephen’s patients do not appear to be mere belly or butt bangers, i.e., individuals who are content to conduct their sexual lives on the level of indiscriminate promiscuity. The sexual passion his patients want is for the most part nuanced and balanced. They have a romantic itch of the soul that is at least as strong as their genital itch. They care about their relationship with the partners they wish to love, even as they angst over their inability not to be able to sustain erotic passion or love towards them. I think of their dilemma as one of the more noble aspects of conventional existence. They have the capacity to suffer the pain of ethical and moral guilt for their actions—or lack of feeling—in a world where many cannot.

The book’s clinical examples focus primarily on heterosexual lovers who long to be able to experience, and continue to feel, strong erotic desire for their partners. However, like my friend, these men and women are people for whom change is probably not possible without a therapeutic journey to illuminate their unconscious internal world. I see them as held in thrall in a deeply entrenched sadomasochistic (i.e., self-suffering) position. The cases may differ, but I think the underlying dynamic is the same.

Stephen’s cases also reflect our contemporary culture. He shows that these patients are not quite the same as those who sought treatment with Freud. In that Victorian era, the “self was even more repressed than the sexual” (according to Elliot Gilbert, late professor of Victorian literature). However, some of Stephen’s patients suffer the same “psychical impotence” as any Victorian analysand. Beyond Freud’s era and its gloomy aura of unsavory sex, sexual passion for the current heirs of the sexual revolution is now a good thing. Sex is now understood as imbuing us with vigor, stimulation, and life at least during the pre-AIDS time in which most of Stephen Mitchell’s patients came of age.

Although today’s patients are supposedly spared a Victorian sense of sexual guilt, they are even less guilty about their expectation of a fulfilled self. When they cannot love the person whom they find sexually exciting—or when they no longer have sexual desire for the one they love—they experience an uneasy guilt and unhappiness. Rank might say that these patients, have no guilt regarding their sexual will, but they have ethical guilt about their lack of their will to love.

I think Stephen might have agreed, given his attention to the issue of will and guilt. I would have loved to further discuss with him Rank’s idea that all willing fosters guilt, for it is the inevitable guilt of our separateness from the other. How we express our sexuality is but one aspect of human will. The irony of this guilt of willing is that in the absence of willing (i.e., if ethical willing is denied) the result is a feeling of inferiority. I would have liked hearing his thoughts on this in relation to his patients.

These patients who have strong sexual wills indeed know that love and sex are vitalizing forces. Or, their sexual and romantic lives would be vitalizing if only some twist of their psychic baggage were not messing up their relations with their love object. Love here is seen in its familiar context of commitment, stability, permanence, marriage, creating a home and a family. They know they have a right to expect a rich sexual life, but they experience constriction and deadness when this sexuality is in a relational context. Then, their passionate self gives way to a sexually stifled self.

Thus, it is not so much an issue of sexual dysfunction—most of the men and women he cites are clearly able to “go for it”—but there is always trouble when they try to keep it going in a relationship with a specific other. As befitting one who shaped a whole generation of the Relational school, the emphasis is on those who suffer in the relationship they create to house their sexual life. In one explanation of why someone who once was sexually exciting to them is no longer so, Stephen cites the sources of deflation as idealization, aggression, and the inevitability of change. I would have also liked to be able to discuss these last three themes with him. The role of idealization is fundamental to my own work on desire—and I see it as both a necessary and a transcendent longing. I would have added the importance of the role of identification in both the transcendent aspects of idealization, and in holding on to pathological internal objects.

I would have also raised with him—in his discussion of hawks and doves—that aggression as an instinct is something I think even Freud might have relented on by now after all the metapsychological advances that came after him. I would have told him that I believe the human capacity for
destructiveness certainly exists within all of us, and cannot be ignored as it flashes in our face daily. Depending on how we are constituted, our destructiveness can turn against others as in a sadistic mode, or reflexively expressed as our self-defeating sadomasochism (the most frequent mode of his patients). Yet, it is probably better not to think of the expression of aggression as inevitable, i.e., an instinctual drive that must inevitably explode in the way one’s sexual drives presses on the self. Even if we both grant the toughness of women, I would have wondered aloud if seeing aggression as an instinct is a holdover “guy thing.” Perhaps he would have been amused, but I know his discussion would have been thoughtful and illuminating.

The idea of the inevitability of change would prompt me to want to explore this in relation to an essential Buddhist precept. In some of Stephen’s clinical examples, when desire flees in relation to their love object, they suffer. Buddhist wisdom has it that desire itself (grasping after something) creates suffering. In Stephen’s cases, the suffering comes from lack of desire—but in a sense, the unhappiness of those in Stephen’s examples comes from deeply desiring the very desire they cannot feel. They are driven to change this fundamental aspect of themselves and they are fortunate in having an analyst who is in full sympathy with their quest.

I noted Stephen’s brief mention of meditation and the search for the transcendent. I would have liked to discuss this aspect of my own journey with him. Given his capacity for helping those who suffer, I think he would have no trouble in recognizing a compassion in himself for all “sentient beings” that is a fundamental ideal of (Tibetan) Buddhism. Whatever else Stephen’s work reflects about his theoretical constructions and beliefs, Can Love Last? first and foremost shows his humanity for his patients. It is to the sorrow of all that he was a man interrupted.

Finally, Can Love Last? has given me some closure on what has always puzzled me about the notion of the “relational.” Not being part of its school—or a straight member of any one theoretical school—I had not used the construct in my own clinical metapsychology. In this book, the mystery of the relational rationale becomes clear for me. I had long formulated the dynamics of an individual as their construction of their subjective self as a response to their identification with their internal objects. I have long experienced analysis, as did Loewald, as a chance for an individual to utilize the mental make-up of the analyst to find and internalize new object relationships that enabled them to re-construct their internal object world on a less pathological basis.

Heretofore, constructs such as the relational and the interpersonal (although I am aware of the distinctions drawn by each of their schools) evoked more of the outer world of the patient, rather than the inner subjective world. It was the latter that I felt it my task to understand either through my empathic skills or, failing that, through my capacity to accept a patient’s unconscious mental projections until I clearly understood their subjective meaning.

However, by Stephen taking his work into the field of love and romance, the two worlds of self and other become unmistakably interrelated. Failures of romance and love are failures that reflect both the self structure of one’s mind and one’s interpersonal constructions, as well as their reciprocal dynamics. If I am impelled by pathological identifications in my internal object world and internal object-relationships, I will inevitably find and desire those love objects that help me re-create early failed love. I will be sadist to your masochist, or masochist to your sadist. Somewhere in the trace memories of my limbic system, I will find the perfect Fairbainian “exciting and rejecting object,” or become that kind of object in relation to the other. Love is unmistakably relational.

I would have liked to have told him that he was a doctor of limbic love, and that he taught and helped an entire generation and those to yet to come. I would have personally thanked him for the book.

Rochelle G. Kainer has practiced in Washington DC for the past 30 years, and lectures and supervises at the Washington School of Psychiatry. She is currently working on Crazy In Love: The Transcendent Longings Fueling Erotic Desire.

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  - “Where they love they do not desire, and where they desire they do not love”
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The most consistent finding of psychotherapy research is that “the quality of the therapeutic alliance is the most robust predictor of outcome” (Safran & Muran, 2000, p. 1). Across all therapeutic modalities, nothing predicts good outcome as reliably as the patient’s experience of the therapist as warm, caring, and genuine, and, thus, the patient’s experience of being seen, understood and helped. This has been something of a sticking point for different schools of therapy, as such data seem to strongly suggest that technique and specific ways of listening, understanding and intervening do not matter, and neither do, for that matter, the therapist’s theoretical orientation (gasp!) or level of training.

In Negotiating the Therapeutic Alliance (Guilford, 2000) Jeremy Safran and Christopher Muran turn the problem on its head. Acknowledging the fundamental importance of the therapeutic alliance and its power to effect outcome, they seek to provide a theoretical basis for the therapeutic alliance, and for that, they go to contemporary relational theory. Having done that, they develop specific, explicit intervention strategies and therapeutic ways of being with patients to facilitate its development, foster its operation, and most importantly, repair it when it is ruptured.

Card-carrying members of the relational school, the authors’ guiding assumption is that both the alliance and its rupture are co-constructed. A rupture in the alliance reveals not only the heart of the problem, but also the very nature of the relationship, and can illuminate the contribution of each member of the dyad to the disruption of the therapeutic process. Thus, ruptures in the therapeutic alliance present rich—maybe the richest—opportunities for deepened understanding and therapeutic results of greater substance.

Making the most of the therapeutic opportunities that ruptures present is what this book is about. Central to Safran and Muran’s enterprise is the practice of metacommunication, a therapeutic activity that replaces transference interpretation as a central mechanism of therapeutic action. Metacommunication is “mindfulness in action” (p. 108) in the therapeutic realm. At its best, it involves dyadic mindfulness: it is a collaborative enterprise whereby both members of the dyad reflect on their experiences of the rupture in an attempt to re-establish communication, and thus connection, at a meta-level; when it works, the therapeutic process is not only restored, but becomes further enriched. Safran and Muran show precisely how metacommunicative processes contribute to the establishment and maintenance of a high therapeutic alliance and to the resolution of ruptures. These authors describe a therapeutic practice involving highly sophisticated, clinically rich and complex processes and interventions, which they present in exquisite detail.

Though the book’s subtitle is “a relational treatment guide,” a more accurate characterization of the clinical processes that are precisely detailed here is better captured by the gestalt that emerges from the three gorgeous epigraphs that open the book. The epigraphs are from three masters: a humanistic master (Martin Buber), a Zen master (Ko Sahn), and a relational psychoanalytic master (Michael Balint). Much more than a relational treatment, Safran and Muran’s treatment model integrates relational, but also experiential, humanistic, and Buddhist strands within a relational metapsychology.

Most intriguing to me, and I would guess most novel to an audience defined by shared psychoanalytic assumptions, are precisely the aspects of Safran and Muran’s model that come from outside psychoanalysis. These assumptions, offered matter-of-factly, are, if not quite radical, then by no means mainstream. For instance, Safran and Muran write,

[T]he therapist’s ability and willingness to accommodate the patient by working in terms that are more meaningful to him or her can play a critical role not only in building the alliance in the immediate context, but also in helping the patient to develop a more generalized trust in the possibility of getting his or her own needs met in relationships with others (p. 23; italics added).

The idea of accommodating the patient is a new language for psychoanalysis, relational or otherwise. And a welcome one, to my mind.

Safran and Muran’s lexicon for describing the therapist’s stance uses terms such as friendliness and affection; kindness, mutuality, directness, presentness, “the absence of contrivance” (a phrase from Buber) and generosity; and genuine openness and humility. Key to the stance is the idea of approaching each therapeutic moment “with a beginner’s mind” (which they see as akin to Bion’s dictum to approach each moment “without memory and desire”). “[I]f your
mind is empty, it is always ready for anything; it is open to everything. In the beginner’s mind, there are many possibilities; in the expert’s mind, there are few” (p.36; quoting Zen master Shunru Suzuki).

The book evolved out of training manual, and as a result, one of its major strengths is the richness and abundance of clinical material. The numerous vignettes reflect the complexities and imperfections of real live therapeutic process and beautifully illustrate in action the very ideas and principles the authors propose. Explicit, detailed and alive in the writing, the clinical vignettes breathe off the page. Safran and Muran write with the authority of long clinical experience. These are therapists who have been in the trenches of intensive psychotherapy, who have banged their heads against many walls and know from the gut just how lousy it feels to be stuck. They have thought about these matters deeply and the reader benefits from their experience.

Eschewing both the cookbook perils of many training manuals, and the lack of specificity of many texts on technique that talk the talk but don’t walk the walk, this is that rare how-to book which articulates principles, details interventions, as well as the rationale for them, and then shows them in action. You can read the actual words to use to put these principles into action, something students will specifically appreciate. Regarding training and supervision, Safran and Muran emphasize that learning their model involves learning to use the self, and often learning about it in ways one does not always welcome. While the authors affirm the value of both book learning and skill training in intervention, they emphasize the fundamental importance of personal work.

My favorite was the chapter on therapeutic meta-communication, a must read for beginners and seasoned clinicians alike. No therapist I can think of, no matter how senior, would not find some gems, some new tricks, some useful new angles here—for, after all, who could not use some help in the detection and management of maladaptive interpersonal patterns, with particular emphasis on their enactment within the therapeutic relationship?

In this chapter, Safran and Muran articulate both general and specific principles that should inform stance and technique. Throughout informed by so well knowing that during an impasse “patients typically feel alone and demoralized,” these principles constitute a book of therapeutic grace, an explicit guide to how to avoid various all-too-common therapeutic sins, a step-by-step guide for how to promote within ourselves as therapists the kind of mindfulness, and generosity, that, at its best, our work requires. In speaking about adopting a tone of skilful tentativeness during the exploration of an impasse, for instance, they show how tentativeness translates into an invitation to the patient who is feeling stuck and hopeless to collaboratively understand what is taking place. Their third principle, do not assume a parallel with other relationships is an important one to highlight to an analytic audience. They matter-of-factly state that “the therapist’s premature attempts at pattern identification are typically experienced as blaming by the patient” (p. 109) and that “[i]nterpretations that are offered in the context of a therapeutic impasse too often are delivered in a critical and blaming fashion that reflects therapists’ frustrations and their attempts to locate responsibility for the impasse in the patient rather than in the therapeutic relationship.” If therapists heeded just these statements, drop out rates from psychodynamic treatments would be cut in half. Such gems are delivered modestly, simply, and without fanfare. On the other hand, it is worth noting the self-assurance and unequivocal nature of Safran and Muran’s tone: it is in places such as these—and there are countless instances like them—that the sure hand of clinical experience shows itself.

But there are also some subtle jangles in the text. The epigraphs from Buber, Balint and the Zen master are all about the inseparability of self and other in relation. And while in many places in the text that kind of relationality is lived and breathed, in others, Safran and Muran interestingly focus on disembedding (a loaded word for a theory where Oedipus once reigned supreme). It is in the disembedding from a relational configuration gone bad that Safran and Muran find the mechanism of change they most want to formally highlight. Change comes from stepping out, not stepping in.

It is also interesting to note that the book starts out with mindful hope and openness, “All situations are workable provided that one fully acknowledges and accepts what the situation is. Even the position of being stuck is a position that is workable once one accepts it and ceases to fight against it.” (p. 119). The book ends, however, in a tone of resignation, with optimal disillusionment as the leading construct. While, as good dialecticians, we all know we are always oscillating between inseparability of self and other, on one hand, and stark existential aloneness on the other, it is nonetheless worth musing about this trajectory.

While probably multidetermined (or with as simple an explanation as different sections being written by one or the other of the two authors), it occurred to me that this

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“Safran and Muran have made a substantial and original contribution to the field, accomplishing what they set out to do: providing a theoretical rationale for the therapeutic alliance and providing a treasure trove of highly specific tools of both attitude and action (stance and technique).”
trajectory might reflect the return of the repressed phenomenon, in this case, the psychoanalytic custom of leaving well enough alone. Or more formally stated, the principle of analyzing the negative, but not the positive, transference (i.e., therapeutic alliance), allowing the latter to work its magic procedurally. It is striking that if, in Safran and Muran’s model, ruptures are exquisitely and richly mined, repairs—and their relational meaning, dynamics and experiential consequences—are not.

For instance, in the example of Ashley and her therapist (pp. 95-98), the way out of an impasse turns out to be the therapist’s somewhat impulsive self-disclosure: something about what Ashley says “gets” him, and in turn, his self-disclosure “gets” her, and gets the breakthrough. Given the authors’ otherwise unwavering commitment to moment-to-moment micro-analytic processing, what they say about why this startling turn of therapeutic events is best left unexplained is somewhat surprising: “While in some situations, this type of retrospective analysis can be helpful, in others, it can be a way of diluting or undoing something genuine that has taken place in the relationship…the compulsive need to analyze everything, itself needs to be analyzed” (p. 97).

Understanding what about the therapist’s comments touched Ashley in such a way as to overcome the impasse would seem to be as great a metacommunicative opportunity as is the impasse itself. A strand of my own work has been devoted to exploring the experience of repair and success with as much care and skill and intrepidity as is usually devoted to rupture and failure (see Fosha, 2000, Chapter 8 on the healing affects). My guess is that if repairs were as fully explored as ruptures, the trajectory of the book would be less dichotomized with hope at the beginning and“mature” resignation at the end.

Commenting on the larger aspects of this issue, Adam Phillips notes: “Development in psychoanalytic theory is always described as a process in which, at each stage, the child is encouraged to relinquish something with no guarantee that what he or she is going to get instead will be better. This is a hard school and we might wonder what it is in us that is drawn to stories of renunciation, to ideologies of deprivation…. (p. 744; italics added). Increasingly, it appears that psychoanalysis can accommodate alternatives to the deprivation scenario, including perhaps even scenarios of healing, celebration, love, and transcendence (e.g., Bollas, 1989; Davies, 2002; Grotstein, 2000). While Safran and Muran provide many examples of clinical work not based in scenarios of deprivation, the metacommunication of their text has not yet fully unpacked the potential residing in the clinical work itself.

There is a not quite explored, and potentially very fertile, tension in this book between a clinical practice informed by the experiential, humanistic, and Buddhist traditions (as well as by relational psychoanalysis) and a relational theory arising from a psychoanalytic practice. Safran and Muran do not explore the implications of their clinical methodology for relational theory itself, and I wish they would; they have the potential to make as original a contribution to relational theory as they make to the practice of psychotherapy. Mark Epstein (1995) also wrote about the resonance between Zen and psychoanalysis, but it would be wonderful to have Safran and Muran, steeped in relational theory and rigorous psychotherapy process research, take on these matters and follow them into the realm of metapsychology.

Having said that, Safran and Muran have made a substantial and original contribution to the field, accomplishing what they set out to do: providing a theoretical rationale for the therapeutic alliance and providing a treasure trove of highly specific tools of both attitude and action (stance and technique). If these insights are incorporated into one’s clinical practice in a mindful and authentic way they are bound to do precisely what they are meant to do: strengthen the therapeutic alliance, activate the powerful forces of therapeutic healing, and thus better allow what each of us does to be more potent and more helpful.

References


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Molly Anne Rothenberg, PhD

What causes neurotic suffering? Weaving together formulations from “cognitive” psychoanalysis (Weiss and Sampson) with developmental research (Stern) and contemporary affect theory (Green), Volney Gay proposes a new, synthetic account of the formation of neurosis that helps us understand why and how psychoanalytic treatment alleviates it, without recourse to classical drive theory or behaviorism. Because Gay provides his readers with nuanced readings of literary texts and case studies from James, Freud, Winnicott, Conrad, Chertoff, Dostoevsky, and Demos, among others, he can conjure up a vivid picture of children’s experiences with unpredictability and affective misattunement, experiences that set the stage for pathology. But Gay renders his readers a service that goes beyond illustrating the theory with examples when he articulates how neurotic behaviors derive ultimately from pathogenic beliefs: he not only shows how these beliefs evolve and promote suffering, but he also demonstrates how particular religions, political systems, corporate strategies, and scientific discourses variously affirm or combat pathogenic beliefs. In his conclusion, Gay even offers us a vision of a modern psychoanalytic understanding of neurosis that has important implications for ethics. As a result, this book should find readers among psychotherapists from a variety of backgrounds, scholars of literature, politics, philosophy, and religion, and a broader public interested in the etiology of pathological psychic phenomena.

It is impossible to convey the depth of Gay’s readings in this short space, but let me recap his striking discussion of Henry James’s Washington Square, set as a companion piece to one of Gay’s own case studies of inverted subject-object relationships, as an entry to his argument. In James’s novel, a prominent doctor, whose infant son dies of a disease he could not cure and whose wife dies in childbirth with their daughter, profoundly if unconsciously hates the little girl, no doubt because she is a living insult to his narcissism. The father insists that his daughter Catherine is “dimwitted” and so fosters the idea that she needs him to take care of her and make decisions for her. In this way, he is able to pretend that he loves his daughter even as he conveys the message that he despises her. Catherine, who is terrified of her father yet dependent upon him, quickly learns that her suffering satisfies her father and gives up her own hopes for love at her father’s behest. As Gay underscores here and in later chapters, the parent exploits the child for his own narcissistic needs, and the child learns to try to satisfy those needs in order to maintain a relationship with the parent. Because the child has no means other than the parental model for understanding what motivates feelings and behaviors, the child necessarily internalizes a disturbed and contradictory understanding of herself and thereby consigns herself to live a life devoid of joy.

The James novel portrays the horror of such parent-child relationships as well as their compelling nature. Gay hypothesizes that such relationships put the child in an impossible position: attempting to find a “rational” explanation for irrational behavior as a means of managing anxiety, the child will come to regard her behavior, feelings, or even her existence, as the reasons for her parent’s actions. The child will then be likely to regard her random successes in staving off parental rage or depression as behaviors that can be regularized as rules. But because these “successes” can never cure the parent, the parent always will repeat irrational behavior, so the child necessarily will feel that she has failed and thus seek ever more stringent ways of controlling herself as a means of mitigating the unpredictability. Parents who are themselves out of control often project the causes of their problems onto others, especially their children, which only confirms the child’s sense of responsibility and drives the child to greater efforts at monitoring herself, even as the parents also increase their efforts to control the “problem-child.” These children do not have the luxury of experiencing joy, for joy requires that one accept transience and celebrate the integrity of the ego in contradictory affective states; these children, by contrast, are striving to create permanence (a wish that is doomed to failure, but nonetheless strongly desired) and rid themselves of chaotic feelings that come from confusing and contradictory parental behavior.

Gay devotes Chapter Two to contrasting the type of causal thinking that underpins a medical model of disease with the type of causal thinking that grounds contemporary psychoanalytic thinking, in order to establish the importance of fantasies as (nonmaterial and particularistic) causes of pathology. He argues that neurotics develop these fantasies as a means of establishing some kind of self-understanding, some theory of mind, in the face of otherwise unpredictable behaviors; because these understandings are the result of an “initial failure to comprehend accurately why one suffers” (misperceiving an unpredictable situation as one susceptible of control and regulation), then the child will use primary process thinking to create fantasies based on a failed rationality.

The child’s need to find a way to sustain a relationship to a disturbed parent in the face of repeated encounters...
with unpredictability, narcissism, and inverted self-object relationships, will give rise to what Weiss and Sampson have called “pathogenic beliefs.” Gay lists the five most common pathogenic beliefs at the end of Chapter Three:

1. Everything that happens and that people do is caused by some form of intentionality.
2. There must be ways to control these intentional, causal agents.
3. Affects can be controlled by “willpower.”
4. Perfection is a worthy goal and entails controlling affects in self and others.
5. Novelty is (always) bad.

In fact, Gay points out, pathogenic beliefs “operate like entrenched ideologies: every possible outcome validates them” (p. 181). Such beliefs are the “objects” of psychoanalysis: they are what we study, and their transformation is the goal of psychoanalytic treatment.

We also find these beliefs in any number of religious, political, and philosophical statements: one of the strengths of the book is Gay’s interpretation of texts by such disparate thinkers as Mao Tse Tung, Hitler, Czeslaw Milosz, W. Edward Deming, and Searle to establish the widespread nature of these beliefs as well as the helpful recognition of their pathogenic nature. The broad dissemination of these beliefs in the public sphere (and the availability of critiques of them) does not mean, however, that standard cognitive treatments can help the neurotic, in whom these beliefs are unconscious. Those suffering from pathogenic beliefs require a mode of treatment, Gay says, that either positions them within a quiet, predictable environment, such as a religious retreat, or allows them to find out about these beliefs transferentially, in a safe and secure place, such as the psychoanalytic setting. But recognizing these beliefs in other systems of thought is crucial for social well-being and may help us distinguish systems that contribute to pathology.

In Chapters Four and Five, Gay discusses his hypothesis in more detail, incorporating significant psychoanalytic developmental research and affect theory and emphasizing how psychoanalytic treatment works. Elucidating Daniel Stern’s research on affect curves, Gay suggests that an attuned, good-enough parent who allows the child to experience the natural arc of a feeling state, mirroring and verbalizing the experience to help the child encounter it as objective reality, will assist the child in consolidating inner resources for coping with intense affects. By contrast, a parent who cuts short the natural rise and fall of the arc—whether because the parent cannot tolerate the intensity of the feelings or because the parent is misguided in trying to teach the child to control rather than discover its feelings—will undermine the child’s capacity to manage its emotional life. The child is likely to experience intense affects as disordering and dangerous: Gay follows André Green’s terminology here in denoting these as “blitzkrieg” affects. Arguing that repeated but apparently minor episodes of disattunement are sufficient to teach a child (all of whom are naturally quick to observe changes in the parental environment and try to adjust to them) to establish a sense that her/inner world harbors experiences that will be catastrophic if they are not vigilantly controlled, Gay focuses our attention away from an external trauma theory of neurosis (without denying that such traumas exist) to the inner dynamic of the child’s psyche.

The final chapter of the book provides a summary of the argument, including more extensive discussions of each of the pathogenic beliefs listed earlier. It also assesses the contribution of post Freudian psychoanalytic thinking (Winnicott, Wallerstein, Erikson, Semrad) to therapeutic techniques that recognizes the importance of blitzkrieg affects and pathogenic beliefs. These techniques must go beyond narrative reconstruction because “the inner connections we hope to find linking one part of our patient’s feelings with memories of the safe diminution of those feelings are not present. These is no pattern (and thus no narrative continuity) linking the experience of blitzkrieg affects with experiences of interpersonal safety” (180). Rather, the “ultimate goal” of analytic work, Gay proposes, is to uncover those deeper terrors that are responses to overwhelming and uncontrolled affects. Upholding the basic rule makes the invisible visible; it asks the patient to bring into the hour the host of devices, spit selves, defensive techniques, and externalized parts of the patient’s self with which the patient has learned to exist in a nether world...By holding the basic rule constant the analyst creates a grid of comparative memory and expectation against which to judge the presence or absence of authentic emotional expression...by holding open a frame of expectation and by tolerating the efflorescence of transference, analytic technique makes possible analytic process; the gradual revelation of the patient’s response to overwhelming affects that “advance in force towards the heart of the ego.” (pp. 178-179)

This chapter also contains some of Gay’s most incisive readings of literary texts from Shakespeare, Tolstoy, Dostoevsky, Shelley, and Conrad, as well as an assessment of the utility of Aristotelian thought for recognizing and repairing pathogenic beliefs. For those who are looking for a summary of Gay’s theory, this chapter in particular will provide an overview of the significant elements and a chance to sample the
Gay’s achievement here resides not only in the thoughtfulness with which he brings disparate theories to bear upon one another, nor in the vistas for humanistic exploration his theory opens up, but also in his insistence that we respect the analysand’s attempts to make sense of an irrational world: we must see these pathogenic beliefs in the context of the child’s efforts to bring order to chaos, to experience some sense of control, and, most importantly, to remain connected to a loved, if disturbed, parent. In effect, the neurotic analysand is seeking to sustain a “needed” relationship with the parent, and it is this desire which gives rise to the intensity of the transference experience. Gay takes issue with those who do not think that the analyst becomes a new object, affording a new emotional experience; he argues as well with those who would turn psychoanalysis into discourse analysis or narrative reconstruction. But this is not a book about technique—or even theory—so much as it is an orientation: Gay points out a way for us to find common ground with our analysands, to respect their efforts to create meaningful relationships, and to help them to come to a wider sense of what it means to be able to experience the full range of human emotion. In this way, Gay’s commitments to religious studies and other humanistic endeavors inform and shade his theoretical discussion, without giving ground as to the objective reality of the phenomena we study.

Because the book explores links among the theoretical and humanistic texts from different perspectives, it can seem repetitive at times. On my second reading however, I appreciated the way that Gay exfoliates an increasingly detailed focus on different aspects of the theory from chapter to chapter while keeping the whole in mind. I think that this procedure will make it likely that readers with diverse interests in psychoanalysis, including teachers, may find the approach in a given chapter more congenial than another. But any reader who wonders how and why some children develop seemingly without difficulty while others lead lives of mental suffering—indeed, any reader who wonders how to bring more joy into his own life—will appreciate the wealth of insights in this book.

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**SELF PSYCHOLOGY AND DIAGNOSTIC ASSESSMENT, BY MARSHALL L. SILVERSTEIN. MAHWAH, NJ: LAWRENCE ERLBAUM ASSOCIATES, 1999; 296 PAGES, $34.50.**

In this most intriguing text, Marshall L. Silverstein offers a comprehensive analysis of the application of self psychology to personality assessment. The book addresses the question of what patients say through their responses to the Rorschach, their TAT stories, and their drawings of human figures, about the self state, its vitality, injuries, feelings of competence, buoyancy, and vulnerability.

The first part of the book begins with analyzing the shift from classical drive theory to self psychology, exploring major concepts that even Kohut acknowledged difficulty in clearly defining what he meant by them. These concepts, clinically most important nonetheless conceptually elusive and hard to grasp, are presented in a clear, non-ambiguous, straightforward language. Especially illuminating is the author’s discussion of compensatory structures, a concept that is less familiar than other concepts of self psychology and one that may hold particular interest for those concerned with personality assessment.

In the second part of the book, Silverstein provides clinical illustrations of projective test content indicating self states and their associated selfobject functions. This part begins with a detailed review of the principal approaches to content analysis in clinical interpretation of projective tests. Chapter four provides an excellent, thorough and systematic discussion about the integration of psychoanalytically oriented theory and personality assessment, including convincing examples drawn from the tests. Discussing the importance of the diagnostic context in interpreting test responses, the author states that similar responses can capture different subjective meaning in different psychopathological states. Thus, for example, the same response might indicate fear of fragmentation in a decompensated borderline state, and reflect an injured self in a disturbance conceptualized as a self disorder (p. 107). This suggestion that the specific meaning of the content should follow from the clinical developmental diagnosis seems to have most important implications for practitioners. The chapter is strongly recommended to both practitioners and graduate students of personality assessment in any clinical program irrespective of the program orientation.

In the following chapters the author demonstrates the conceptual and clinical characteristics of mirroring,
idealization and twinship by providing illustrations of projective test responses. The concluding chapters present complete projective test protocols of two patients for further understanding the application of a self psychological perspective to test interpretation.

One might describe the author’s work as demonstrating responsiveness of a particular kind. This work involves the engagement of the clinician in a process, where interpretation is not only a version of the truth but also a derivation of an intersubjective “play” conducted between the assessor and the patient. The diagnostic work thus approaches becoming therapeutic in itself. For patients who lack responsiveness in their past or present experience this approach can point to frequently submerged areas of a devalued self-experience that could be used for exploration in subsequent treatment. Certainly, the full message of the assessor/therapist in this “play” requires not simply the knowledge of content and metaphor, but also the immediate contextual framework. Without the situation-dependent cue (e.g., the Rorschach card, the place of the response in the sequential order), clinical interpretations might degenerate into cliches.

Particularly intriguing is the author’s unique style of using self psychology concepts. By bringing a rich array of raw material quoted from test protocols, Rorschach responses or TAT stories are being revealed as much more than merely solutions to a perceptual-cognitive task but also as communications in this intersubjective “play.” In this sense, Silverstein focuses his attention on the communicative aspects of the projective tests. The tests are thus seen foremost as a means of communication and as such might serve as a stimulus to a semi-structured free association assessment enterprise. It is the clinician’s task to listen to this communication, and clearly the author is doing that with an extraordinary sensitivity to patients’ needs. This kind of work notably enriches our understanding of patients and might further be creatively used in the therapeutic process. It should be noted that many of the responses Silverstein uses are frequently given percepts. However, his attentiveness, colored by a self psychological conceptualization, to what patients are trying to convey is undoubtedly the assessment analogue of optimal responsiveness. The importance of the assessor’s responsiveness, which might make the assessment process therapeutic itself, belongs also to Kohut’s thought that the need for responsive, available selfobjects is not confined only to early periods of development, but might also appear at any stage when necessary selfobject functions are interrupted.

The author stresses that this type of interpretive work should be theoretically based on a self psychological perspective, using content analysis primarily. At this point, despite my general view of the book as a remarkable and outstanding achievement, I do have some reservations. Concerning the theoretical perspective, Silverstein presents interpretations using both self psychology and the more familiar ego psychology and argues that a self psychological view may offer a more phenomenologically accurate picture of the personality than does ego psychology.

This claim might reveal some reservations concerning the belief that there is one voice within the complexity of the patient’s experience that represents the patient’s true subjectivity. The assessor, according to this belief, searches for the core subjectivity through the test responses, interpreted in terms of self psychology, and this might constitute the key for a fruitful therapeutic process. The cutting edge of self psychology in terms of providing a more accurate picture is not self evident, at least not in all cases. I think that psychoanalytically oriented diagnostic assessment should not be a field susceptible to explanation in terms of any single theory. Rather, it must be open to the assessor’s engagement with many theoretical perspectives, with the aim of finding those that work best in given cases and in a specific analytic relationship.

Moreover, although this approach might help shift the focus to the patient’s personal subjectivity, it still uses the clinician’s own conceptual categories into which the patient’s experiences are detected and entered by the assessor. While the essence of good analytic work is not imposing the clinician’s perspective on the patient, capturing the patient’s subjective experience unmediated through the clinician’s theory is an impossible ideal. Within these limits, however, Silverstein’s work might be viewed as approaching the subject’s experience as much as it is possible, being fundamentally concerned with searching for what the patient really needs. The two case studies clearly demonstrate this point. In both cases one can be impressed by the author’s interpretations that do not remain experience-distant as many test interpretations do. Silverstein captures, in a congenial and erudite manner, the extraordinary complexities involved in discerning these patients’ genuine experiences and the two cases show the power and utility of interpreting projective test material from a self psychological perspective. However, this perspective should by no means be considered as more accurate than any other theoretical conceptualization used for interpretation.

Concerning the methodological point of view, although one cannot overestimate the valuable array of material that might be derived from content analysis, I do not think, as the author claims he does, that we should abandon the standardized scoring of the Rorschach and use test responses primarily as a stimulus revealing internal representations and experiences. The author’s main approach in analyzing the data represents Freud’s belief that the analytic method itself might be seen as an empirical method, with the
In further exploring his fruitful ideas, the author might be skeptical of a score-based approach to the test. However, analytic clinicians, including the present author, who tend to interpret the Rorschach have affected many psychoanalytic variables. Schafer’s process orientation and Schachtel’s experiential approach to the test provide a manner that accentuates process variables. Analytic ideas might thus be studied in research producing statistically significant results without damaging their intrinsic quality.

The relatively few clinicians who work empirically with psychodynamic theories may know that the Rorschach, when used with the Comprehensive System approach, reveals a well-constructed test for exploring different measures of personality. Nonetheless, these measures are employed almost exclusively by researchers and are not used to answer questions arising from daily clinical practice. With some exceptions, psychoanalysis still tends to rely exclusively on clinical data, as has been the approach of the present book. It would thus be most challenging to look for operational definitions of the wonderful ideas and insights of this volume in terms of the Comprehensive System’s variables.

To the psychologist-psychoanalyst, one of the most exciting features of the Rorschach is its ability to be used in a manner that accentuates process variables. Schafer’s process orientation and Schachtel’s experiential approach to the interpretation of the Rorschach have affected many psychoanalytic clinicians, including the present author, who tend to be skeptical of a score-based approach to the test. However, in further exploring his fruitful ideas the author might be interested in considering starting a new round of creative dialogue about the integration of self psychological concepts with the Comprehensive System’s variables and aggregate scores. It seems that a combined analysis of structural features, and sequence and content of a given Rorschach protocol, can help to provide a clearer and more experience-near interpretation of an individual’s test results, as well as empirically-based findings that might help in bridging the gap between research and practice in psychoanalysis. The results of such a psychoanalytically oriented empirical work would probably be read by many members of Division 39 rather than by the relatively few of those emphasizing both method and content in exploring psychoanalytical concepts.

To sum up, the cutting edge contribution of this book to contemporary psychoanalytic thought and personality assessment is undoubtedly clear. The book adds sophistication and intellectual challenge to the assessment enterprise and a strong claim to examine psychoanalytic theory through projective tests. The test of any psychoanalytic theory is in the clinical situation and Silverstein provides extended examples throughout, all of them showing an admirable clinical sensitivity. The present review has touched on only some selected highlights mainly concerning the use of the Rorschach. Nonetheless, readers for whom the question of what the patient really needs resonates, and readers who may want to search for answers through projective tests, should consider Silverstein’s book a “must read.” It is one of the most absorbing and articulate statements of the current status of personality assessment to date. This superb new volume deserves a wide readership, and I strongly recommend the book to experienced clinicians and students.

Psychoanalytically oriented clinicians who are engaged in both therapeutic and assessment work would find this book particularly useful, providing a substantial response to the need for exploring a self psychological conceptualization not only for understanding the therapeutic process but also for interpreting projective tests.

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Psychoanalysis in Childhood and Adolescence comprises a collection of manuscripts and commentaries by an international panel of noted child and adolescent clinicians and academicians who re-examine the current role of psychoanalysis for this population. The authors met in Basel, Switzerland, during January 1999, on the 60th anniversary of Dr. Dieter Bürgin’s birth. In addition, Dr. Bürgin serves as both an editor of this work and contributes a chapter on the role of pain in psychological functioning. Additional manuscript contributors include: Kai von Klitzing, Bertrand Cramer, Paulina Kernberg, Peter Blos, Phyllis Tyson, Jill Miller, Annette Streeck-Fischer, Marianne Leuzinger-Bohleber, and Peter Fonagy and Mary Target. Manuscript commentaries are provided by: Heidi Simoni, Paul Riedesser, Barbara Steck, Julia Pestalozzi, Heiner Meng, and Barbara Rost.

Although this text totals 156 pages in length, Psychoanalysis in Childhood and Adolescence provides a wealth of concise information spanning a broad range of topics. Research findings and clinical discussions explore issues in child development, play therapy assessment and techniques, feminine object relations and triadification, pre-verbal emotional development, the role of illness and medical interventions on child psychological development, inpatient treatment of traumatized children and adolescents, unresolved late adolescent concerns, mentalization in child psychoanalysis, and the role of compensation and pain in psychic development.

Kai von Klitzing’s chapter on Psychoanalysis and Development provides a thought-provoking discussion of the developmental underpinnings of transference and countertransference including narcissistic transference, splitting, and hysteric transference. Von Klitzing reminds the reader that the reality of analysis lies in observation and reconstruction of psychic development. This is akin to longitudinal research in that psychic developmental history is reconstructed through analyzing past correlates to dysfunction in the present. Clinical observations of the interactions of child behavior and those of the caregiver are emphasized to provide insights for reconstruction of this development. The hypothesis of Parallel Distributed Processing (PDP) is presented as evidence for the contributions of complex nonsymbolic computations to developmental cognitive processing. These nonsymbolic components underlie language and symbolism and are more intuitive and implicit in nature.

Von Klitzing builds a case for the PDP system in the developing child’s self-regulation of emotional states by reading those of the caregiver. This system becomes integrated with symbolic systems as development progresses. This integrates the growing body of developmental research and knowledge with that of current analytical research and practice. Emotion schemas are formed from early representations of self in relation to others. This phenomena is established through repetition of affective states consisting of sensory, visceral, and motoric elements and may occur in consciousness or within the unconscious. The analyst is encouraged to explore these pre-verbal and nonsymbolic elements in process of reconstructing development. Von Klitzing provides a compelling longitudinal case example, which follows the development of a boy from prenatal parental affective states and attitudes through pre-Oedipal and Oedipal triadification followed by attachment and separation issues.
In his chapter, Can Therapists Learn from Psychotherapy Research? Bertrand Cramer recapitulates the importance of the often discounted “nonspecific agents” present in the therapeutic relationship. A study is described in which mothers, seeking consultation on behalf of their infants, are given an option of choosing either psychodynamic or interactional guidance treatment approaches. The mothers were provided with descriptions of each treatment modality and were referred for treatment based upon their preferences. Cramer presents data indicating discrepancies between patient perceptions and those of therapists regarding the process and outcome of therapy.

Paulina Kernberg’s chapter, The Forms of Play, provides an excellent overview of play therapy assessment and techniques. She provides descriptive thumbnail sketches of play behaviors characteristic of youngsters with autistic, psychotic, borderline, narcissistic, conduct, and trauma disorders. Kernberg also presents a compelling case study of a 4-year-old boy with separation anxiety through ten sessions of play therapy. This chapter provides an appealing read for the student and seasoned play therapist alike. It presents a modern perspective on the progression of play therapy in a style reminiscent of Winnicott (1971) and Axline (1969). On a personal note, I have assigned this chapter as required reading for my current class of pre-doctoral interns and highly recommend it to all engaged in play therapy.

Phyllis Tyson provides a compelling exploration of the unique developmental conflicts encountered in the mother-child relationship for females in Love and Hate and Growing Up Female. Emphasis is placed on the importance of the mother’s role in providing stability and balance in the development of the child’s emotional regulation through parental projections and conflict resolution. For girls, the mother serves as both primary object and a source of gender identification and self-regulation. Tyson describes the separation-individuation process for girls as having no clear metaphorical analogy as with the Oedipal complex in boys. The separation-individuation process is different for girls in that ambivalence is experienced with both the pursuit of intimacy with the mother and the need for establishment of autonomy. To quote Tyson,

[The] mother’s role is to provide a regulating balance. If she can absorb some of the ambivalence and rage and help the toddler find adaptive ways of expressing these affects as well as ways of complying with certain of her demands, she can maintain a sense of safety. Her timely intervention insures that affective storms do not reach proportions that undermine self-regulation and self-confidence, yet she conveys that angry feelings can be adaptively expressed (p. 48).

The child wishes to be feminine like her mother, but also has needs to develop her own identity. Tyson further describes how pathological reaction formations and narcissistic entitlement can develop as defense mechanisms if the child fails to develop adaptive emotional regulation. These conflicts are resolved if the mother can help the young child negotiate her separation-individuation struggles through balancing of feelings of love with those of anger. Development of these skills is important for the child in resolving the later triangle shift associated with wishes to be the central object of the father’s affections while managing ambivalence about maternal needs.

In Psychic and Somatic Expressions of Preverbal Loss, Peter Blos presents a case example of a child adopted at thirteen months and referred for therapy at four and a half years of age. Loss of familiar persons, belongings or surroundings occurring before language is available, is expressed behaviorally and somatically in tension discharge. Blos describes how these conflicts can be manifested during toilet training, drive expression, fantasy and defenses. This unique case was further complicated by the adoptive mother’s projections after giving birth to a new baby. The birth of the sibling compromises the adopted child’s ego functioning and resurrects infantile modes of somatic and behavioral expression into play. This is truly a fascinating case!

Jill Miller contributes The Impact of Illness and Medical Intervention on a Child’s Inner World: A Psychoanalytic Viewpoint. A case study is presented which illustrates a five and a half year old child’s perception that doctors and her own body were attacking her while she was receiving multiple surgeries for shunt failures secondary to bilateral intraventricular hemorrhaging and hydrocephalus. Miller expands upon the developmental regressions and experience of handing over of one’s body to the care of others described by Anna Freud in physically ill children. Anna Freud outlined the process a child undergoes to make sense of the experience of his or her illness and develop adaptive coping mechanisms. Miller indicates that some children exhibit increased maturity following an illness while others return to a previously established level of functioning. However, for other children, prolonged illness may have a more dramatic impact on development and personality formation.

Annette Streeck-Fischer provides a discourse on psychoanalytically derived inpatient treatment strategies for children and adolescents. Developmental trauma involving abuse, neglect, maltreatment are discussed in terms of the impairments to self-regulation of psychic, neurological, and biological systems and corresponding behavioral problems. The special problems with concealment, dissociation, and blocking as defenses for managing trauma are addressed. These youngsters often experience difficulties with verbalizing or mentalizing their recall of the traumatic events
which gives rise to heightened arousal, emotional states, and often dissociation. This chapter foreshadows the succeeding chapter on mentalisation by Fonagy and Target, which provides a brilliant exposition of the theoretical and applied roles of these processes in therapy. Children require special assistance to successfully work through trauma issues. Providing a safe, supportive environment and assisting children in dealing with extreme emotions facilitates their ability to work through past traumatic experiences. This appears to be one of the most difficult concepts for inpatient clinicians to convey to direct care staff. These children’s maladaptive behaviors are often misinterpreted as volitional, noncompliant or disrespectful. This presents a special challenge for clinicians to in-service and educate staff about these children’s underlying emotional needs. Staff members often fail to consider the initial added trauma that admission to an inpatient unit contributes to the already traumatized child. These children are often in the custody of social services and are separated from familiar surroundings and persons. Streeck-Fischer’s chapter provides insightful commentary and case examples of the special considerations required for these children.

Marianne Leuzinger-Bohleber discusses, a “third chance” for completing developmental conflicts left unresolved in adolescence. A case example is presented to illustrate how these conflicts can be revisited in adulthood. The analytic descriptions are rich with symbolic content of this young man’s transference and countertransference issues. This case illustrates how repeated traumas at multiple developmental stages further prevents the opportunity for resolution in adolescence. This case also provides for interesting dream work and an overview of extended family dynamics. This chapter provides a thought-provoking look at the reconstruction of development for the psychoanalyst and illustrated early on in the book by von Klitzing.

Bürgin concludes the book with a chapter examining the role of compensation and pain in the development of the psyche. Homeostatic correlates are presented for the child’s psychic adaptation to physical and emotional pain and stress as well as his or her perceived deficits in coping. Bürgin recapitulates the infant’s need for external stabilization, namely by the primary caregiver, to facilitate adaptation to pain and stressors while fostering emotional stability.

Most of the topic manuscripts in Psychoanalysis in Childhood and Adolescence are followed by thoughtful and scholarly commentaries by additional noted psychoanalytic thinkers. These commentaries further support the contributions of the primary authors and provide additional case examples from the commentators emphasizing the relevance of topics to their practice and research.

I highly recommend Psychoanalysis in Childhood and Adolescence to all clinicians who engage in analytic, dynamic, object relations and play therapies. These current thoughts and research findings are important to adult as well as child/adolescent therapists in that they re-examine the developmental reconstructions of adult psychopathology. For the child therapist, this body of work provides a refined perspective on more age-appropriate developmental considerations for therapy and highlights the role of pre-verbal and somatic factors. This text is “jam-packed” with a wealth of succinct and diverse topics with little unnecessary filler material or discussion. For highlighting and underlining readers, you are forewarned that the myriad of useful comments, quotes and theoretical examples may deplete your ink!

References


Gregg A. Johns is Internship Training Director of the Mississippi State Hospital’s APA-Accredited Pre-Doctoral Internship Program in Clinical Psychology. He is an experienced child and adolescent therapist and currently supervises psychological services for intermediate and chronic inpatient adult males.
In this engaging and practical book, Mark Blechner sets himself a goal that reflects my own interests in dream analysis over the past two decades: bringing clinical dream interpretation back into dialogue with laboratory dream science. After all, as he points out, it was Freud’s original objective in *The Interpretation of Dreams* to integrate mind and brain through unpacking the layers of our dreams. Blechner (p.5) further elucidates his objectives by naming four topics that he aims to cover, separately and in unison: the theory of dream formation, the meaning of dreams, the clinical use of dreams, and the implications of dream phenomena for understanding the brain.

Entering into the subjective dialogue of reading his book, an active process for me as I write my own notes and queries on the margins of the book’s pages, I wonder how Blechner and I will get along on this topic that I care so much about. As a Jungian psychoanalyst, I regard dreams as integral to all psychotherapeutic treatment. I also regard them as highly synthetic and creative commentaries on the emotional meaning of our lives, and on the meaning of the transferential field when they are brought into treatment.

Will Blechner, who is a supervising and teaching analyst at the William Alanson White Institute and at the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis, be a friend or a foe as we travel through his book together? By page nine, I know that I am in friendly company when he writes, “Dynamic repression is not the main source of the difficulty we have in understanding dreams; rather the problem is that the dream is not concerned with communicability… The bulk of our thinking is unconscious, and part of what keeps it unconscious, besides dynamic repression, is that it has meaning without communicability” (italics in the original).

At this early point in the book, I know that Blechner is not basing his arguments on a theory of manifest/latent dream content, in which the manifest is a specific disguise, but rather on the assumption that dreams express themselves in forms that are not normally meant for communication and have to be translated, just as we would translate unknown languages or appreciate poetic or artistic metaphors. Moreover, Blechner continues, “Before we can interpret someone else’s dreams, we must become adept at understanding our own. All of us are, on some level, afraid of our dreams [because] our dreams are relentlessly precise about the most intimate issues in our lives” (p. 9). He dubs this fear “oneirophobia” and, although I don’t especially like neologisms, I fully understand why he wants to give this fear a name. We face it every day in our clinical work and every morning when we are recalling our own dreams.

In this review, I want to cover the topics that are likely to reduce our oneiophobia, and perhaps make us more courageous in asking for and working with dreams in all clinical settings. What is the meaning of dreams? Is it discovered or created? As Blechner points out, Freud’s claim that the manifest dream disguises latent dream thoughts has been questioned by analysts and dream researchers alike. The basic Freudian method of dream interpretation, using the dreamer’s free associations, combined with symbol translation, to undo the dream’s disguise and reveal the original thought (usually a wish-fulfillment), is not supported by laboratory dream science, or recommended by Blechner.

Rapid Eye Movement (REM) sleep, during which we usually dream, occurs about every 90 minutes throughout a night’s sleep. We can also dream during nonREM sleep, although less regularly and less vividly. The fact that dreams occur so frequently, along with other findings, has prompted dream researchers to postulate that dreams do not start with a fully formed verbal thought. Instead, the basic stimulus for the dream may be an image produced during REM sleep by periodic firing of the pons, a brain stem structure. The image is then synthesized by higher brain functioning into an ongoing narrative that elaborates a story based on that image. The primary dream stimulus may be even more obscure—perhaps a visual feature which the higher perceptual functions then transform into a recognizable person or object. The underlying dream is unlikely to be a verbal thought.

The question of whether meaning is created or decoded is one on which Freud and Jung differed in their early theories of dream interpretation. Whereas Freud believed that free associations would lead to unmasking latent dream thought, Jung claimed that free associations “always lead to a complex, but we can never be certain whether it is precisely this one that constitutes the meaning of the dream…. We can…always get to our complexes somehow, for they are the attraction that draws everything to itself” (Blechner p. 20). Jung believed that Freud’s approach led to a reduction rather than to the meaning of the dream. As Blechner says, “In a way, Jung’s view was prophetic for psychoanalysis. In 1967, the members of the Kris Study Group on dreams at the New York Psychoanalytic Institute came to the conclusion that dreams have no special significance in clinical psychoanalysis” (p. 21). All of the psychodynamics that are derived from Freudian dream analysis can be accessed from any approach to a patient’s free associations.
This is a logical outgrowth of the method of free association, Jung would have claimed, rather than a conclusion about dreams.

Blechner’s ultimate recommendations for dream interpretation are remarkably Jungian: when interpreting dream images, especially those that are more vivid and bizarre, “they should not be reduced to phrases that sound more linguistically coherent but are further from the original dream percept. Perhaps they should not be interpreted at all…. Instead of translating them, we can make their meaning clearer by describing the overall context of the dream, perhaps as a question” (p. 27). Thus, Blechner recommends staying close to the actual dream image and accepting it as a sort of metaphor to be explored within the context of the overall dream.

Going even one step further, Blechner suggests that we use the manifest narrative of the whole dream as a guide to its meaning that supersedes specific associations. He begins with the manifest dream narrative and says, “if you analyze a dream piece by piece, and you arrive at an interpretation of the dream that fits into the totality of the manifest dream narrative, you are on the right track. If the associations contradict the manifest dream narrative or seem irrelevant to it, then they have not led you closer to the meaning of the dream… Associations, as Jung and others have pointed out, can clarify the dream, but they can also lead us astray from the dream” (italics in original, p. 57).

Finally, and this was a surprise for me, Blechner also recommends at least entertaining the possibility that the dream narrative is communicating something that is literally true. He mentions research done by Stanley Palombo that showed that his own patients could connect an aspect of the dream with an actual experience 92% of the time, if they were questioned directly, but gave this information only 38% of the time if they were not asked directly about it. Blechner says that patients tend not to tell their analysts such literal connections without being asked because they believe that analysts are not interested in them. Based on Blechner’s recommendation, I began asking my patients whether dream images and narratives had ever literally happened to them and have found the results extremely fruitful, more so than I would have predicted.

Ultimately, Blechner believes that dreams are a kind of inner representation that is often not immediately understood by the dreamer. When we tell a dream “we are converting it from a primary nonspeech experience into a verbal text… Good dream analysis then becomes the process of providing the subject of which the dreamtext is the predicate” (p. 96). The dreamer can be helped by the associations of the analyst or therapist as much as by his or her own associations. For all of these reasons, Blechner would like to call dream analysis “dream clarification” or “contextualization,” saying “Here is what the dreamer is concerned with and this is the question posed by the dream.” When these things are known, the dreamtext is often understandable (p. 97). Blechner believes that all approaches to dream clarification have their place, and he lists the main points of many different methods to show how they work within his perspective. Blechner’s conclusion about the process of dream analysis makes clear that he would claim that the meaning of the reported dream is constructed or created, not found. “The dream has within it a huge amount of information about the dreamer… The kinds of information that you can extract are all valid, but the dream will tell you different things depending on how you approach it. And so you, as the dream analyst, can choose the kind of information you will get out of the dream” (p. 106).

If the purpose of dreaming is not wish-fulfillment or compensation, then what is it? Taking into account sleep and dream research which has established that all human beings spend a lot of time dreaming (once I heard that it was about seven years of an “average life time”), and that most of our dreams are not remembered, much less told, Blechner develops a theory of “oneiric Darwinism.” The reason we dream, he states, is to “create new ideas, through partial random generation, which can then be retained if judged useful… Dreams introduce random variations into psychic life and

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internal narratives. They produce ‘thought mutations.’ Our minds can then select among these mutations and variations to produce new kinds of thought, imagination, self-awareness, and other psychic functions” (p. 77).

With such a constructivist approach to dream analysis, how would Blechner evaluate any particular dream interpretation? He says “Three primary factors in evaluating a dream interpretation are: (1) Does the interpretation make sense? Do all the dream details fit into the interpretation? Is it internally consistent? (2) Is there harmony between the deductions derived from the associations and the manifest content? and, (3) Is there consensual agreement between you and the patient?” When these factors are established he adds, “consider going further. I always want to know: What has this dream told us that we did not know before? What does it tell us that we could not have known any other way?” (p. 144). According to the theory of oneiric Darwinism, dreams are creative and synthetic, but I wonder how this accounts for the repetitive nature of our psychological complexes that are frequently represented in our dreams. Certainly some dreams are repetitive and driven.

Throughout the book, Blechner gives detailed relevant examples of how his ideas are applied in clinical work. Then, in the final part of the section on clinical work with dreams, he offers accounts of special topics such as wordplay, dream symbols, Kleinian positions in dreams, dreams and counter-transference, dreams as supervision and dreams in supervision, and a reallocation of madness. At times, I felt there were too many examples illustrating the same points. In general, though, the examples are useful and make his ideas more applicable.

The final section of the book is devoted to some fascinating speculations about how psychoanalysts and neuroscientists might cooperate in doing dream research. First, Blechner takes on the question of how we distinguish dreaming and waking life from each other in our memory; indeed, we can’t always make such a distinction. He also reviews some research that shows that people tend to remember others’ dreams better than their own, although they can recognize their own dreams when they are told. This may account for something that I have noticed, and found to be true for others as well: that I recall my patients’ dreams better than they do, and better than I recall my own dreams. Blechner says the same thing.

Discussing repression and dissociation in relation to dreaming, Blechner shows why clinicians and neuroscientists should be talking to each other. He discusses the possible connections between REM sleep and dissociation, as well as the psychotherapy that has been developed for post-traumatic stress disorder called “eye-movement desensitization and reprocessing” (EMDR). Perhaps most persuasive (for me, at least) is Blechner’s argument that clinicians should systematically research some ordinary dream occurrences which may have important neurological meaning. One example is when something or someone is identified as being the same, but different, as in “it was my mother, but it didn’t look like her.” He wonders if these are representations of “internal objects” somehow relate to the unusual pathological syndromes in which people cannot identify the face of someone familiar. The term for this is “prosopagnosia.” This kind of disjunctive cognition is but one example of perceptions that are common in dreaming, but rare in waking life, which might open important research avenues between the psychoanalysis and the neuroscience of dreaming.

Overall, Blechner illuminates many new perspectives on clinical analysis of dreams and on dreams themselves. He more than meets his objectives, and has written a book that should be required in any seminar or class in which dream interpretation and dream psychology are taught. His approach is precise and comprehensive, and he cleverly investigates the conundrum that we are in the dreams that we dream.

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That Obscure Subject of Desire: Freud’s Female Homosexual Revisited

Edited by Ronnie C. Lesser & Erica Schoenberg.

That Obscure Subject of Desire: Freud’s Female Homosexual Revisited is a multi-disciplinary effort, including papers by academic theorists notable in the areas of film theory, the social sciences and literary theory as well as those by practicing psychoanalysts. The editors, Ronnie C. Lesser, PhD, (co-editor of Disorienting Sexualities: Psychoanalytic Reappraisals of Sexual Identity) and Erica Schoenberg, PhD, are analysts widely-known for their influential work highlighting queer, gay and lesbian perspectives. This collection of essays is conceived as a “dialogue” amongst scholars, each of whom take as their starting point Freud’s 1920 paper, “The Psychogenesis of A Case of Homosexuality in a Woman,” which is helpfully reprinted in this volume.

To begin Psychogenesis, Freud stakes his paper’s “claim to attention” upon his observation that “[h]omosexuality in women...[has] been neglected by psychoanalytic research” (p. 13). Echoing Freud in her Introduction, Lesser tells us that the inspiration for this volume is the disregard this case has suffered throughout the history of psychoanalytic discourse as well as the marginalization of lesbians in the broader cultural milieu. However, she also points out that Psychogenesis has served as a foundation for subsequent disparaging theories of female homosexuality. Thus, we are drawn to the interesting paradox that the significance of Freud’s case history lays at once in its obscurity and its influence.

Much like In Dora’s Case, an interdisciplinary collection of essays compiled nearly two decades ago spotlighting the “spiritual twin of our anonymous putative lesbian” (Grey, p. 148), the project of this anthology is to initiate discovery on the ground of Freud’s “failure,” precisely where he encountered questions regarding what he called the “dark continent,” feminine sexuality. The authors herein seek alternatives to Freud’s account of the unconscious determinants of the adoration this “beautiful and clever girl of eighteen” lavishes upon her beloved, a woman about 10 years her senior, who was known to “live with a married woman as her friend, having intimate relations with her, while at the same time she carried on promiscuous affairs with a number of men” (pp. 13-14). Whereas Freud characterizes his narrative as one “in which it was possible to trace its origin and development in the mind with complete certainty and almost without a gap” (p.13), each author in this collection challenges the discrepancy between this bold assertion and the twisting and turning psychical trajectory Freud offers to account for his patient’s courtly love of the “cocotte.” Freud’s chronicle provides fertile ground for these writers, who call into question nearly every aspect of the case, including Freud’s decision to see the patient (despite his misgivings) since she was brought to psychoanalysis by her father; his use of the Oedipus complex to map her unconscious erotic life and his characterization of her style of loving as “masculine,” his accusation that she is lying to him through her dreams, and his termination of the treatment with the suggestion that it should be continued by a female psychoanalyst.

The papers in this volume are divided into two main sections: “Contributions from Academic Scholars,” and “Contributions from Psychoanalysts.” However, the great divide in this collection does not run along the lines of authorial profession; there is a notable schism in how these writers approach the act of reading Freud. This divergence is one that bears close scrutiny. On the one hand, several outstanding pieces by Teresa de Lauretis, Adrienne Harris and Donald Moss with Lynne Zeavin are noteworthy for their original theorizing, not about Freud the man, but about the objects of his inquiry, sexuality and the unconscious. Their creativity is achieved against a solid background of attention to the elements of Freud’s text without sacrificing careful regard to the cultural context of his work. Allowing the gaps, contradictions, and slippages in the writing to speak to us, these writers interpret Freud’s text. De Lauretis’ inventive piece works and re-works Freud’s case as she theorizes lesbian desire by re-conceptualizing the Oedipus complex, thoughtfully contemplating memory, desire and reading itself in the process. In an essay reprinted from Psychoanalytic Dialogues, Harris’ scrupulous attention to the letter of Freud’s case history opens onto a provocative analysis of psychoanalytic history, which offers a firm base for her exploration of “gender as paradox.” Moss and Zeavin’s “The Female Homosexual: C’est Nous” is a rewarding and utterly original psychoanalytic “improvisation” on sexuality and “the voice.” Using Freud’s case as their starting note, these analysts remind us of the fundamental psychoanalytic principle, which we insist on forgetting time and again: that consciousness is a manifestation of unconscious dynamics, not the other way around. At once poetic and startlingly clear, their essay does nothing less than reveal how psychoanalytic truth radically undermines conventional epistemology. In fact, Moss and Zeavin perfectly capture the strategy of reading Freud they share with de Lauretis and Harris when they write: “We aim to counter Freud’s sexual theorizing with...”
Freudian sexual theorizing” (p.199; emphasis mine). And what is “Freudian theorizing”? Lacan defines it thus:

Not for us the synchronization for the various stages of Freud’s thought, nor even getting them to agree. It is a matter of seeing to what unique and constant difficulty the development of this thought—made of the contradictions and its various stages—responded. Through the succession to antimonies that this thought always presents us with, within each of these stages, and between them, it is a matter of confronting what is properly the object of our experience1 (1954-55/1988b, p.147).

On the other hand and in contrast, the majority of writers in this collection deploy a reading strategy which Lesser describes in her Introduction as “viewing knowledge as a sociopolitical product” (p. 1). Their works foreground critiques of Freud the misogynist, Freud the homophobe, Freud the heterosexist, and Freud the oppressor, seeking to address and redress the injustices they believe Freud perpetrated upon his patient.2 Fueled by what Goldner (in her publicity blurb) describes as “feminist indignation” regarding the case Freud so “willfully misunderstood,” these authors point to his “appalling behavior”(Lesser, p. 1) as he is “blindsided by his need,” (ibid, p. 4) thus “denying subjection” to his patient (ibid, p. 8). Freud is called to task for his “profoundly digressive and incoherent essay”(Gagnon, p. 78), and accused of “simply perpetuat[ing] the heterosexual myth of his time (and ours)” (D’Ercole, p. 118) as well as “react[ing] with thinly disguised rage to challenges to masculine authority and prerogative” (Grey, p. 151). He is also denounced for enforcing a “determined silencing of one female homosexual” (Schoenberg, p. 216) that results in “a blaming, self-serving account” (ibid, p.228). And with a large dose of the “Schadenfreude” Dimen notes in her Conclusion, we are even told that “the only thing that makes this particular text pleasurable to read is that ultimately, Freud is shown, despite his own attempt to have it otherwise, to be unsuccessful…”(Woolwine, p. 103). It is this emphasis on Freud as the agent of deprivation which leads Lesser, in her Introduction, to state, “we wished to remove the patient from Freud’s shadow and give her a voice” (p. 1).

But let us listen to what happens when the attempt is made to actualize this “wish”: in place of the fantasied restoration of the patient’s singular voice, we encounter a profusion of imaginary authorial identifications. Perez-Foster reflects upon her experience of “Carribean gender training”; Schoenberg reviews a dream and narrates her struggles writing her essay; Carolyn Grey recounts her Wellesley college education. Thus, in response to this impossible wish, to give what one does not have to give, we find the authors repeating the very thing for which they inculpate Freud. That is, they substitute their own voices there where they damn Freud for “confus[ing] the voice in his own head for that of the patient” (D’Ercole, p. 119). Dimen’s Conclusion recognizes this problem, but excuses it by concluding, “If you discredit the personal voice, the first-person narrative, you risk eliminating one of the most important resistances to disciplinary power” (p.250). However, such an assertion misses the mark by refusing to engage the penetrating questions raised by Moss and Zeavin’s powerful psychoanalytic argument for the “unreliability” of the first person voice, even when (or

1A specific example of this type of inquiry would be Jean LaPlanche’s reading regarding the ego in Life and Death in Psychoanalysis (1976). There La Planche points out that conflict in Freud’s work between “a totality and a specific agency, a cathected love object that nevertheless arrogates to itself the position of subject” is a paradigmatic instance of how the contradictions in Freud’s work are inseparable from the contradictions in the object itself. That is to say, the ego passes itself off as the totality of the subject and this can only be apprehended through interpretation, rather than “choosing” one “Freud” over the other. As I will discuss below, there is an overwhelming dominance in That Obscure Subject of Desire of essays which focus on Freud’s person rather than his case history, foreclosing the kinds of uniquely psychoanalytic questions which could emerge through the act of interpretation, i.e., what it might mean that theory so often stumbles when faced with the feminine (see Mieli, 1993).

2 Explicitly and implicitly, such characterizations respond to the harmful, destructive and vicious ways in which psychoanalytic theories of homosexuality have been deployed historically. The lingering stain of this pernicious legacy is unquestionable; nevertheless, what requires questioning is how psychoanalysis can address such normalizing, hateful discourse. Thus, while I agree that this injustice must be confronted, I disagree with the strategy (deployed by many of the authors in this book) of dismissing Freud’s work on the ground that it is merely a “sociopolitical product.” As a very incomplete list of scholars and analysts who interpret Freud’s work in order to reach its “beyond” regarding questions of sexuality, I include here Copjec, 1994; Dean, 2000; Gallop, 1982; Lacan, 1972-73/1998; Lewes, 1988; Mieli, 1993; Mitchell, 1975; and Mitchell and Rose, Eds. (1982).

3For example, let us look at Freud’s remarkable response to the question of anti-Semitism in his letter of 1934 to Arnold Zweig, “Faced with the new persecutions, one asks oneself again how the Jews have come to be what they are and why they have attracted this undying hatred” (1934/1970, p. 91). Freud does not dismiss persecutors of the Jews as ignorant, anachronistic, or merely tyrannical: he searches to understand what about Judaism has tyrannical: he searches to understand what about Judaism has
perhaps especially when) it speaks in the name of moral authority. 3

Replacing Freud’s reading of his patient’s unconscious conflicts, we find here hypothesized portrayals of her supposed conscious experience as a “self” in conflict with the social order. “Imagine,” writes D’Ercole, “the excitement this 18 year old girl must feel as she catches sight of the possibilities of life lived with a freedom her own mother never enjoyed... Her words suggest a determination and confidence, a sense of agency that is minimized by Freud’s psychoanalytic story” (p.119). Perez-Foster asserts that the girl was “courageous” and that she “protested her confinement and squarely faced her father and eventually his surrogate” (p. 138). “She shines through as a remarkable resistor to authority and to what has come to be called patriarchy,” states David Woolwine (p.110). The problem with such portrayals of a lesbian activist avant la lettre is their complete collapse of conscious experience and unconscious dynamics. Such a breakdown obfuscates the specificity of Freudian discourse on sexuality, and its singular achievement in deciphering the trajectory by which the ideas and laws of human civilization come to inhabit us and live us, despite our ignorance, renunciations, and manifest repulsion. As Russell Jacoby writes, “If Freud was conservative in his immediate disregard of society, his concepts are radical in their pursuit of society where it allegedly does not exist: in the privacy of the individual” (1975, p.26). The question is, why do so many of these authors find it necessary to bypass the question of “psychogenesis,” altogether in order to avoid psychopathologizing same-sex desire? 4

The stumbling block, which is cited again and again in this volume, is Freud’s reliance on the inseparable concepts of bisexuality and the Oedipus complex, which can provoke the mistaken conclusion that he is simply endorsing a biologically-based heterosexual imperative. De Lauretis, Harris, and Dimen each highlight the gap between the Freud who rejected such an imperative in The Three Essays by radically positing the arbitrariness and contingency of the object and the Freud who asserts that his patient “changed into a man and took her mother in place of her father as a love object” (p. 22). Nevertheless, even if one believes Freud is fundamentally reactionary vis a vis sexuality (a belief which would have to ignore much of his writing and practice) building a psychoanalytic theory without structural principles such as the Oedipus complex forces one to either presume what one wishes to explain (how human subjects become sexed and sexual) or to abandon the question all together. After all, these concepts, problematic as they may be, make it clear that for Freud, men and women, heterosexuals and homosexuals, are not born, but made. “Ultimately,” writes D’Ercole, “what we need to develop is a theory of sexuality devoid of gender and sex that is based of feelings, erotic and otherwise...” (p.127). This recommendation for a sexual theory without sex endorses the idea that we must rid psychoanalytic theory of sexual difference altogether in order to avoid supporting socio-political inequality. Such a recommendation does not take into account that sexual difference is psychical, not anatomical according to Freud. That is, sexuality is “simply” how human subjects are constituted as sexed and sexual in relation to lack, and only to each other as an effect of the misapprehension of lack. How the psychical consequences of anatomy and the illusion of sexual complementarity (that the other has what one does not) come to figure lack is the crucial question here. And if Freud falters on this point, it is this very faltering which can show us the way. 5

De Lauretis is right to point out that despite its title and Freud’s manifest intentions Psychogenesis “leaves the reader with no clearer view of homosexuality” (p. 45). Indeed, this case history clearly fails in its attempt to offer us a thesis of the etiology of homosexuality. Despite Freud’s boasts of a certain and seamless theory, he tells us “It is not for psychoanalysis to solve the problem of homosexuality” (p. 31), and he consistently undermines his own arguments. However, it is Freud’s lapses that reveal to us that this essay is not “about” female homosexuality at all, but that its topic is feminine sexuality. 6 Let us take a little detour back to Three Essays where a significant repetition awaits. Recall that Freud begins the Three Essays by questioning all conventional theories of sexuality. Homosexuality is the

4Perhaps in this context, this well-known quote from The Three Essays bears repeating: “Psycho-analytical research is most decidedly opposed to any attempt at separating off homosexuals from mankind as a group of special character...All human beings are capable of making a homosexual object-choice and have in fact made one in their unconscious...Thus, from the point of view of psychoanalysis the exclusive sexual interest felt by men for women is also a problem that needs elucidating and is not a self-evident fact based upon an attraction that is ultimately of a chemical nature” (1905, pp. 145-146, note1).

5As Lacan’s work on feminine sexuality takes up precisely this question and other impasses in Freud’s work, it is surprising that there is no essay in this anthology by a Lacanian psychoanalyst or theorist. See especially (but certainly not exclusively) Lacan,1972-73/98; Andre, 1999; Verhage, 1999; Mieli, 1993; Wright, 2000; Dean, 2000; Millot, 1990; Harari, 2001.

6As Roberto Harari writes, “...do not expect Freud to show up for an appointment if it is to take place in a conventionally defined place. One has to proceed very cautiously with Freud because when we believe the texts will provide [the] answers we expect they do not; they go to unexpected, unforeseen places” (2001, p. 63).
linchpin of his attack on the established view that sexuality is natural. He rejects all existing theories of homosexuality, like degeneracy or “acquisition” through social influence as unsupportable. But just when you think he will offer his own peculiarly psychoanalytic theory of homosexuality, he completely bypasses the question. “It will be seen,” he writes, “that we are not in a position to base a satisfactory explanation of the origin of inversion upon the material before us” (1905, p.146). But it is precisely through his attempt to answer this question that he discovers one of his most radical premises: “Nevertheless,” Freud tells us, “our investigation has put us in possession of a piece of knowledge which may turn out to be of greater importance to us than the solution of that problem” (ibid, pp. 146-147). That “piece of knowledge” is that the object has no necessary connection to the sexual drive, that they are utterly independent of one another.

Jumping from 1905 to 1920, we find Freud again unable to account for “heterosexual” (this time, specifically “female homosexuality”) despite his boasts to the contrary. But it is this very impasse that leads to another momentous leap in Freud’s theory: the advance to Oedipal asymmetry.

It is clear that in Psychogenesis Freud struggles mightily to maintain the “positive Oedipus complex” which would simply have the boy love his mother and the girl her father without explanation. But as he works through the unconscious life of his patient, this clearly becomes untenable. It a statement so subtle that its importance could easily be missed, Freud shatters his own simple equation: “From the very early years, therefore, her libido had flowed in two streams, the one on the surface being one that we may unhesitatingly designate homosexual. This latter was probably a direct and unchanged continuation of an infantile mother-fixation” (p.29; emphasis mine). This represents a new and significant addition to Freud’s thought. With the introduction of a girl’s “infantile mother-fixation,” girl and boy can no longer be seen as mirror images of one another vis a vis their libidinal relationships to their parents. The discovery of Oedipal asymmetry, which Freud will continue to flesh out in his later essays on feminine sexuality, shows us that psychoanalytic sexuality cannot possibly be reduced to the fruits of a biological instinct, nor does it represent a merely conventional view of sexual desire. The remarkable paradox is that the innovation of Oedipal asymmetry in Psychogenesis will turn the question of female homosexuality on its head. Henceforth, the mystery for Freud becomes how any woman could possibly become heterosexual given the mother’s status as her first Other. This is a difficulty he was never able to resolve and this irresolution has been left to question us.

One way to confront this is to follow many of the essays in That Obscure Subject of Desire, to condemn Freud for his “failures” and “mistakes” and condemn ourselves to repetition. After all, many of the objections these writers raise are precisely those addressed in 1975 by Juliet Mitchell’s Psychoanalysis and Feminism. DeLauretis, Harris, and Moss with Zeavin, whose critical attention encompasses a psychoanalytic appreciation for the irreplaceable value of “failure,” show another way us. Even the unfortunate “failure” of so many of the essays in That Obscure Subject of Desire nonetheless reveals how condemnations, by remaining entrapped in the terms of the discourse they decry, actually support the very problem they protest. Thus, the predominance of arguments in this collection which turn on the idea of “who has it and who doesn’t” only serve the phallic myth of wholeness and the fantasy of eradicating lack. In fact, I would argue that the very asymmetry of the masculine and feminine positions, which Freud begins to unveil in this essay, can lead to an opening onto a radical Otherness, to the possibility to sustain and appreciate difference, as well as the opportunity for a discourse which would not be structured by this mythical ideal of completion. As Mieli points out, the issue of rightful political equality should not be confused with a denial of the Real of sexual difference, because such a denial only supports “the phallic illusion of avoiding symbolic castration” (1993, p.424). An alternative to such a position certainly necessitates our encounter with a “beyond” of Freud.8 Sadly, however, taken as a collection, I do not find that That Obscure Subject of Desire can take us there.

In the end, it is not a question of defending Freud. As H.D. quotes her analyst, “Please, never— I mean, never at any time, in any circumstance, endeavor to defend me...You will do no good...The only way to extract the fear or the prejudice would be from within, from below...” (1956, pp. 86 -87). As this famous female patient teaches us, defending Freud would be of no use. And so we discover it is the question of reading him that can make all the difference.

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References on Page 52

7While DeLauretis and Fuss both note this passage in their essays, neither writer shares my interpretation of its significance.

8Again, I find Lacanian theory to be invaluable to such an endeavor. See footnote 4.
Pragmatism is to apple pie as strudel is to psychoanalysis. One might argue that strudel and apple pie constitute discrete categories, and that a wise baker would not attempt a merger between the continental recipe and our patriotic pie. Yet, the eclectic or nouveau menu is now positively correlated with the pedestrian. Wafting in that air is a zeitgeist that provokes one to look anew toward neat taxonomies. A desire to disrespect discrete categories provokes, and the risk of a perverted merger could well reward the curious baker. Such a risk has been undertaken in Peirce, Semiotics, and Psychoanalysis, and the result most certainly satisfies the appetite. In this slim volume, John Muller and Joseph Brent have assembled ten papers that, having for the most part originated in a seminar, challenge each other to examine possible intersections between the work of the nineteenth century American thinker Charles Sanders Peirce and psychoanalysis.

As noted in the preface, Peirce’s work has found several homes over the past twenty years: literary criticism, philosophy, semiotics, linguistics, and philosophy of science. However, for the most part, an interest in Peirce has not been formally commandeered in hopes of illuminating issues central to psychoanalysis. The apparent prior lack of interest in Peirce among those who utilize a psychoanalytic lens may in part be understood by the comment made by several contributors to the volume under review that human behavior was simply not the area of Peirce’s primary concern. However, Peirce himself might well be bemused by this collection in which contributors range from perches philosophical to psychiatric.

The life Peirce lived is interesting in its own right, and Joseph Brent paints in vivid colors a portrait of a man who in attendance at the Metaphysical Club in Cambridge in the 1870’s gave birth to the pragmatist tradition while debating with William James and others (c.f., Hookway, 1997). That this fountainhead of American philosophy may be little known is, according to Brent, due in part to a vendetta against Peirce maintained by Harvard from 1889 to 1991. Brent further informs that Peirce used opium as an adolescent to treat pain suffered from trigeminal neuralgia, began to exhibit symptoms of bipolar disorder in his twenties, continued to experiment with drugs, and may be considered to have been something of a dandy. Such a history brings to mind Foucault’s (1988) declaration that madness may be considered the point in which one is no longer capable of contributing to a corpus of work, and that such a break provokes society with the task of restoring reason. Certainly, one may quarrel with Foucault in regard to the theoretical import of a correlation between madness and great works. However, the particular combination of illness and genius serves to make Peirce’s life a worthy subject of psychoanalysis. In line with Foucault’s observation, the volume under review attempts a restorative task in the engagement of both the man and his work.

An overall objectivist logical orientation may be considered to be a hallmark of Peirce’s work. Brent considers Peirce’s interest in logic to have been an obsession, and in his own paper, David Pettigrew wonders whether Heidegger if such a logical focus runs the danger of uprooting the subject of humanness in favor of a technical analysis. Interestingly, in the last paper, Teresa de Lauretis suggests that the Peircean logical is a commonsense logic, not the logic of the syllogism. Such divergent viewpoints provide a multifaceted platform from which to view Peirce’s work. While the scope of this review cannot do justice to the work or to the nuanced points of divergent interpretation among the contributors, a brief summary may serve to entice the reader to pursue the matter further by picking up the volume itself.

Although Peirce was not interested in cognition per se, within his work on signs, there is much regarding what he called habits of inference. For Peirce as illustrated by Brent and others, signs such as sounds and body movements stand in an intelligible relation to other physical things. A definition asserting that a sign may be defined as anything that might generate an illusion is to be found in a paper by Vincent Colapietro. Within such a model, thought is a sign and self is a form of dialogue. Here trinities appear to rule the day, as taxonomies of three appear in varied forms. First, Peirce posits three types of signs: icons or likenesses, an index which is denoted by dynamic relations such as a grime indicating pain (to use Brent’s example), and a symbol itself, which is considered by Pierce to be a conventional marker. In regard to the structure of thought another tripartite taxonomy is as follows: reasoning (or fully worked out inferences), a critical reasoning (or heuristics), and unconscious inference. Additionally, there is what Peirce referred to as the Third. The Third affords a grounding context or symbolic order, and culture is one example of such an order or context. The Third mediates between direct experience (firstness) and an experience of an object as other (secondness) to provide order or generality.
Within Peirce’s models, the sign functions as an element in a working triadic system. Thus, the sign stands for an object to an “interpretant.” The interpretant is how a sign relates to another sign. While this is not dependent on the human mind, Pettigrew observes that a sign impacts a person’s tendency toward action and may provoke a change in habit. For Peirce, the ultimate significance of a sign is the logical interpretant. Exactly how this is to be understood is a matter of some debate, and Angela Moorjani finds that there is not general agreement among Peirce’s commentators. Such an observation is extended in Vincent Colapietro’s and Teresa de Lauretis’ respective papers in which each comment on the others differing approaches. According to Colapietro, Peirce contains two distinct classifications of interpretant, and Colapietro maintains that de Lauretis blurs this distinction. For her part, de Lauretis argues that Colapietro has attempted a false alliance of deliberate agency between unconscious and conscious. The nuances of their debate, of which there is most certainly overlap, cannot be dealt with fully here. However, what is found among these papers in addition to an examination of Peirce’s work is an intimate glimpse into interpretive debate that is not commonly found in a single volume.

In addition to examination of the models of functioning signs that Peirce built, the volume attends to its integrative task. Psychoanalytic theory is applied to Peirce’s semiotic theory via connection to the human experience. Content ranges from de Lauretis’ exploration of a transsexual woman’s experience while going to a public bathroom to urinate in order to analyze the relation of habit to gender to others’ approaches to pathology including examination of psychosis. Here the reader finds much in regard to Freud’s functional understanding of conversion symptoms, and Lacan’s use of language and symbols to illustrate that semiotic understanding in itself is not new to psychoanalysis. Joseph Smith notes that Peirce’s thought on pleasure is congruent with Freud’s, as both find the desire to remove stimuli and tension (c.f. Schachtel, 2001/1959 for an alternate point of view in regard to pleasure). Furthermore, James Phillips provides illuminating session material in which the analyst is treated as a relational symbol whose meaning when corrupted by a patient, serves as a window from which to engage pathology. John Gedo follows suit here, and through focus on the analysts’ language explores the risk of being misunderstood versus mastering the semiotic codes used by the analysand that includes silence as illustrated in case material of a treatment in which the patient had suffered prior trauma. Phillips also looks to the schizophrenic as not in, but engulfed by, thoughts that terrify due to an alteration in which internal thought is confused with the state of the external world. Phillips additionally comments that it is an awareness of opacity and externality of the sign that distin-

guish the poet from the psychotic, and in so doing explicitly challenges earlier arguments made by Sass (1992).

As a psychologist, writing a review for a psychology newsletter, this reviewer finds it notable that James received little attention within the volume. One reason this may be the case is that James focused on conscious mental life (Flanagan, 1991) while Peirce afforded greater attention to the unconscious. In his paper, Wilfried van Eecke notes that for Peirce, humans are multiple trains of thought occurring simultaneously and some of these move from unconsciousness to consciousness. While an increased emphasis on the unconscious may serve to make Peirce more attractive to psychoanalysis, one point in which James and Peirce diverged suggests that James’ understanding of pragmatism is not without its own attractive features. With his support of a fallible introspectionism that is personal, private, and uniquely one’s own, James makes room for particular actions and perceptions. In so doing, Pierce found James flawed (Hookway, 1997). As Brent illustrates, for Peirce it is a mistake to privilege individual knowledge, and instead one needs to look to the community who can question if knowledge is to be adequate.

As Moorjani notes, the unconscious of Peirce is not the unconscious of Freud. For Peirce, psyche is grounded in a cosmic mind. This coupled with the fact that both Colapietro and de Lauretis give credence to a personal unconscious leaves one wondering what role Peirce may have in illuminating semiotic thought within psychoanalysis over the long term. That such an answer is not yet forthcoming suggests that more ink may need to be spilled if we are to arrive at a lucid understanding of Perice within a psychoanalytic frame. However, the current volume assembled by Muller and Brent is a lovely first course, and one can only hope that more will follow.

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Louis Rothschild is in private practice in Providence, Rhode Island. In addition to research on social and clinical categories, he has co-authored paper on William James and essentialism is forthcoming in the journal: New Ideas in Psychology.
I was hardly able to put down Judith L. Mitrani’s *Ordinary People and Extra-Ordinary Protections* once I began. Dr. Mitrani is able to express our common humanity, and how primitive mental states and protections are a part of everyone’s personality even in her choice of title for her book. It drew me in by her ability to express extremely difficult concepts in an understandable form and address this very difficult topic in a not only readable but intriguing way. She draws on the work of Klein, Bion, Bick, Meltzer and Winnicott and especially her friend and mentor Francis Tustin. As Dr. Jim Grotstein states in the forward “Out of that analysis emerges a significant new view of very early object relationships. In her writings, Dr. Mitrani shows a crisp, articulate and versatile grasp of the extraordinary masks those who have had early misadventures with objects resort to in order to survive.” (p. x)

The opening lines of her introduction express one of the most touching things about how she views her work and the common humanity we all share, when she begins her book by stating:

> This book is about ordinary people—analysts and patients—who share a common humanity consisting of strength and frailty, triumph and failure, joy and tragedy, agony and ecstasy. We’ve each suffered and avoided experience, behaved with both dignity and hubris, been courageous and cowardly, stupid and wise. We have, at times been lost and have also had the good fortune to be found, we’ve been seen as well as overlooked, often dropped and sometimes up-lifted. (p. 1)

Dr. Mitrani identifies herself as a post-Kleinian, a group of Kleinians who have modified the ideas of Melanie Klein and blended them with the work of Bion, Winnicott, Tustin, Bick and Meltzer. She uses the concepts of intersubjectivity, the mutuality of transference and countertransference in combination with Bion’s concept of container and contained as a way of understanding her clients and framing her extremely thoughtful interpretations, always expressed in the context of the transference in the current moment of the analytic hour, starting with the “first moment of contact” (p. 5).

She believes, as did Klein, that interpreting everything as “indirect reference to the relationship with the analyst” serves to make contact with and “begin to mitigate the early infantile splits in the ego…” and to “lessen the burden upon the patient’s day to day life and his relationships outside the treatment” (p. 6). She emphasizes extreme attention to detail: to verbal and non-verbal communications, as information to inform her interpretations and as attempts at contact from a very young “infant” part of the patient, in the belief that that is where the process of psychic change begins, and the patient can be found and finds herself/himself in the safety of a good, attentive mother. It is her belief that educating clients about analysis is unnecessary, and as the process of being in it, and being “seen” and understood, will bring out their own unconscious needs and wishes for more contact and a deep process of healing, change and understanding.

Her chapter on adhesive identification, starting from the work of Ester Bick and built on by Meltzer, Anzieu, Winnicott, Meltzer and Tustin, describes the early infant’s “lack of psychic boundaries sufficiently capable of holding together their mental and emotional contents, as yet indistinguishable or undifferentiated from their bodily contents” (p. 20). Bick “proposed the notion of a psychic skin as a survival function which binds the self together as the infant moves toward an integration of a cohesive sense of self.” Some of the interpretations needed by patients with these needs include words such as “falling-into-space,” “dead-end,” “spilling out into space,” “evaporation,” “disintegration,” “nameless dread,” “unintegration.” Although these words seem very foreign to me, I am finding that as I use them with particular clients they indeed do speak to what they are trying to communicate to me and are not experienced, to my surprise, as foreign to them at all.

She speaks to one of my biggest concerns about Kleinian analysis when in attempting to interpret the deepest anxieties of patients she says that “interpreting the defense and its destructiveness without acknowledging the patient’s fear of catastrophe and his conviction that he must hold himself together risks leaving him feeling uncontained and misunderstood, and often results in silent hurt and increased defensiveness” (p. 25). In my experience it also can lead to premature termination and flight from analysis by patients with early childhood trauma who do not feel understood, but re-traumatized and psychically invaded.

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**ORDINARY PEOPLE AND EXTRA-ORDINARY PROTECTIONS: A POST-KLEINIAN APPROACH TO THE TREATMENT OF PRIMITIVE MENTAL STATES by JUDITH MITRANI. PHILADELPHIA, PA: BRUNNER-ROUTLEDGE, 2001; 256 PAGES, $31.95. SHARON GROSTEFAN, LISW**
Tustin’s work with autistic and psychotic children details the blocking of awareness of reality that she observed in these children. Tustin “understood the point that without an awareness of space there can be no relationship, and without relationship the process of identification cannot be set in motion.” Adhesive identification “serves to establish a sensation of existence rather than a sense of self and object as separate living entities.” Dr. Mitrani goes on to clarify in great detail to speak about her thoughts about the “term adhesive pseudo-object relations by comparing and contrasting it with normal/narcissistic object relations” (p. 38). She then goes on to use detailed clinical illustrations to illustrate and clarify these concepts and how she worked with and interpreted them, as well as her belief in the importance that those analysts who work with these patients be supported, just as a new mother needs to be supported to insure they not “retreat into their own protective shells” and get discouraged in their efforts to make contact with their patients. Again, her detailed clinical illustrations of working with ordinary patients with great difficulties, she illustrates how she made contact with them through the use of her own countertransference experience, her own daydreaming, struggling with her own sense of inadequacy. One example of how she used all of this and was able to contain her patient’s intensive castigation of her extreme distress after a long break in the work was the following interpretation,

I thought he was letting me know how it felt that I was leaving an absolutely unwanted and broken little-him to die alone in a strange, deserted place, with someone who would merely preside over his death, happy to be rid of him. Or perhaps that he was feeling that he was such a big baby that he had damaged me and I no longer could bear him” (p. 78).

As her client concurs, she continues,

I thought he was trying to communicate some crucial bit of his experience, perhaps of a little-he who had died long ago, unable to bear the terror and rage over being abandoned. Perhaps his silences now were an attempt to kill of not only these unbearable feelings but that part of his mind that could experience these feelings and fears.

This illustrates the completeness of her interpretations, her very thoughtful use of language, her ability to convey extremely difficult psychic experiences in great detail, as well as the humanity, compassion and non-shaming way she speaks to her patients who are in the midst of such incredible unknown dread. It is a hallmark of her style of working that touches me deeply.

In chapter five she writes about the experience of working with a pregnant patient and her maternal development in analysis. In chapter six she addresses the containing of ecstasy and Tustin’s ideas on the “unbearable ecstasy of “at-one-ment” and the infants experience of the “beautiful mother” and our need to help contain the “gratitude and love, reverence and awe” that patients express and feel toward us, in addition to tolerating the hatred and envy. How important it is for our clients to internalize the analyst and their good positive qualities in order to insure successful analytic treatment, and their ability to love and forgive themselves. In my experience, our ability to bear this part of the patient’s experience is closely linked to their ability to tolerate and express the negative experience of us they also have and trust the relationship will survive. If we undermine their love for us by interpreting the negative transference prematurely we circumvent a vital part of the analytic process.

In chapter seven Dr. Mitrani speaks with poignancy of an analytic treatment that was prematurely interrupted and her learning from that experience. She takes into account in her analysis of the premature leaving of the patient “the emergence of the fear of breakdown in this analysis: those inherent in the analytic setting, those connected to the analyst’s failures, and those related to the history and character of the patient” (p. 130). Again, as is a hallmark of her work, she speaks to the shared responsibility and experience of both patient and analyst and each of our contributions to the process.

I was touched by her ability to speak to our limitations as analysts, and our need to “examine our failures to account for our losses, as best we can, and to keep going forward in our work to help our patients to re-experience some portion of their forgotten lives” (p. 146). Sometimes there are external factors that interrupt the process, in this case permanently, and in this case the interruption actually happened in the analytic space itself where voices from another room were overheard. To me this speaks to the issue of timing and its importance in analysis, to the need to stay tuned into the patients process as best we can to not go too deeply into the unconscious without the patients permission, places where the patient is not yet ready to go. Based on my experience, this is a particularly deep concern for patients with early childhood trauma and it takes great skill on the analyst’s part to not have them flee treatment.

Chapter eight addresses the issue of countertransference. Dr. Mitrani begins with a history of countertransference from Freud who saw it as a need for more analysis in the analyst, to the more current thinking as articulated by Dr. Mitrani as a tool to help us better understand our patients so we can construct more accurate interpretations. In this chapter she particularly emphasizes through clinical material the need to be patient in thinking through our interpretations, and listening quietly, carefully examining and thinking about
what the patient is trying to tell us about their experiences of
us in as non-defensive a way as possible. Her ability in this
clinical vignette to hear a very difficult description of herself
from her patient, take it in, examine it for its truthfulness
about her and her patient’s experience of her, and to use that
to help the patient, speaks to her skill as an analyst. She also
speaks to our need to not deny our deficiencies. She is able
in this way to see the “patient as an ally rather than an adver-
sary to the process of analytic explorations, and to come to
consider all communications coming from the patient as a
useful ‘second opinion’” (p. 149).

Her concluding thoughts speak poignantly to our
need to learn from our mistakes and failures and to see each
person as a unique individual. We need to be willing and
open to learn and listen to our patients and how they com-
municate to us both how we are helping them thrive and how
we are getting in the way of their healing. She addresses our
need to be cautious in our “tendency toward arrogance, pride
and omnipotence, [and] fear of failure” (p. 159), and about
the serious responsibility we take on as analysts with our
patients. She speaks about the weight of that responsibility
especially when a patient is in the infantile transference, and
our need to be responsive to all the developmental levels and
needs of our clients—infantile, adolescent and adult.

Dr. Mitrani emphasizes the importance she places
on making contact and interpreting the internal world of the
patient. She does this extremely skillfully. I worry that in
this process the external world of the patient may be short-
changed. Our patients bring to us real life current issues and
to ignore those misses something vital. I think it also misses
an opportunity to make contact with fragile people in a way
that is not so threatening to their need to defend against
being known, and seen too deeply, too soon. I believe that
deep change occurs only after a long period of establishing
trust.

I fell in love with Judith Mitrani, the analysts and
human being. Not with her perfection or flawless analytic
understand, or with my total agreement with her, but with
her humanity, spontaneity, incredible compassion and hope,
her willingness to use and look at herself in the process and
share that so publicly with her readers. I see that as a rare gift
and a sign of great humility and humanity.

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Peter Shabad’s book, Despair and the Return of Hope is an essay in the truest sense of the word. It is “A literary composition, analytical or interpretive, dealing with its subject from a...personal standpoint” (Webster’s Collegiate). He has managed to take many literary, philosophical, and psychoanalytic ideas and concepts and present them in his own personal formulation that has meaning for others. From Dostoevsky, Shakespeare, Freud, Sullivan, Winnicott, Rank, Becker, Loewald, E. Singer, Buber, Heidegger, Kierkegaard, and Ortega y Gasset, to name a few, he weaves a fabric of man’s role in relatedness and selfhood. Interwoven are clinical vignettes that aim to relate his conceptual views with everyday clinical practice. Shabad’s capacity to write clinical vignettes is exemplary. Throughout the book and in his clinical material Shabad reveals clearly, cogently, and emphatically where he stands. While a number of his ideas and statements have been present in the oral and written tradition of psychoanalysis, he nevertheless is able to state his views of them in clear tones, especially when these ideas are challenging and critical of some contemporary views.

A leitmotif throughout this book is the way a person in despair regains hope and strength in facing the vicissitudes of life. Mourning is an essential part of this transition. From an existential viewpoint Shabad discusses mourning as a grieving of loss and finiteness experienced through death in its actual and symbolic meanings. It also has to do with the letting go of fantasies and patterns that inhibit a person from living life fully. The change can only take place in a relationship (therapeutic) in which the therapist is authentic. The mourning process will deal with affects such as guilt, shame, spite, regret, and remorse, the last two to be more fully discussed below. A mourning process in psychoanalysis is not new although not frequently emphasized. Zetzel (1970) makes the ability to mourn a criterion for psychoanalytic treatment. Shabad brings an experiential view to the process and illustrates the therapeutic interactions that bring it about through clinical examples. His view on hope is consistent with earlier writers such as Schachtel (1959) who distinguished two forms of hope. One is compared to Pandora’s box, which is often the way a person comes to treatment. This form is a passive one and close to despair. A second type of hope stems from a person’s capacity to actualize his life. Mitchell (1993) makes a similar but more detailed distinction. He cites Boris for the regressive hope of Pandora, and Erikson, Winnicott, and Kohut for the productive form of hope. In his many clinical vignettes Shabad illustrates how this productive hope is kindled. A person comes to therapy with the Pandora’s box form and leaves with the more productive type. Shabad describes the clinical process by which this change comes about. It is in the experiential nature of his book that Shabad contribution shines, i.e., in relating his experience and evoking the reader’s experiences about the mourning process and its way of helping a person actualize himself. Shabad notes that the mourning process is a paradoxical process in which a person needs to acknowledge his “orphaned desires” that are unrealistic in order to give up their irrational demand for fulfillment.

In addition there are point and counterpoint subsidiary themes. Some of the themes are as follow: Authenticity is essential and with it a courage to be oneself. A disembodied self is consistent with a talking heads approach to therapy where the communications are simply intellectual and non-experienced. He is critical of Freud’s metapsychology and is critical of treatment that overemphasizes the transference neurosis (everything being between the analyst and patient) since this lessens the real events in a person’s life. His position is consistent with an approach in psychoanalysis that emphasizes that the positive transference masks a negative one. The therapist needs to be spontaneous in contrast to always being controlled in the session. Spontaneity would be in keeping with authenticity. Technique may be antithetical to authenticity and spontaneity. For example, if empathy is used as a technique it would be antithetical to spontaneity and authenticity. Shabad does indicate that the analyst has to remain his own center of gravity to allow the patient to grow. He also notes that how a therapist has dealt with his own disillusionment will be reflected in his clinical work. This list of sub-themes is merely a part of the wide range of topics Shabad addresses.

In view of limited space, I have selected to comment on two topics. First, throughout, Shabad emphasizes the indebtedness one owes to others and the need to be useful. I consider this an important point that is often overlooked. Shabad also stresses the importance any two people have for each other while each maintain a sense of self. Second, his next to last chapter deals with a most important issue: regret and remorse. Shabad emphasizes the regret for the road not taken as opposed to acts done. For Shabad regret “...has to do with omitted actions...” and remorse “...to committed actions...” (p. 286). He makes a further distinction in that
regret refers to a wrong to oneself and remorse is to another. Both constitute a “...fleeing from one’s conscience...”(p. 286). While I agree that the conscience in an existential and in an ethical sense is important for a sense of regret and remorse, the distinction between regret and remorse that he makes between to oneself and to others is a personal one, which does not hold in my view. Both are an essential part of regret for we can be sorry for the sins of omission as well as of commission. Remorse is an acute gnawing pain, a “biting back,” as Shabad notes, associated with conscience and guilt. He discusses the issue of generosity and reparation as fundamental to reconciling the conscience of people who are regretful and remorseful. Generosity and reparation are important concepts. His emphasis on conscience, guilt, reparation and generosity stem from an existential approach via Kierkegaard, Buber, and Sartre and differs from a postmodern view in its emphasis on these very subjects. While Thompson (2002) has recently stated his view that postmodern thought can just as readily be viewed as existential in its focus, I think the topic of regret along with the others Shabad mentions makes for a distinction between these two viewpoints and places Shabad clearly in the existential view. Edith Piaf’s song, Je ne regrette rien, expresses somewhat celebratory, and maybe defiantly, having no regrets. Often the inability or refusal to regret is due to underlying pain. In his last paragraph Shabad states,

Psychotherapy has provided humankind with the tools to fulfill Kierkegaard’s (1843) ethical injunction of self-acceptance, “to choose oneself.” Although I still have some distance to travel myself, I believe there is something profoundly satisfying about attaining integrity in the twilight of one’s life, and in facing oneself in all one’s unembellished truth accepting what one sees with a degree of serenity.

So it may be possible from a position of self-acceptance and serenity to say I regret nothing. If this is too ideal then it may be possible to say I have a few regrets but I did it my way.

I can readily recommend this book for it expresses the essence of psychotherapy, its ethical base, and of self-actualization in the context of human interaction. Reading this book is a challenge. At times one muses about Shabad’s personal take and where one agrees, disagrees, or is uncertain. Winnicott, whom Shabad quotes frequently, is not read for “...logical argumentation, but rather to experience an invitation to muse and to create along with him.”(Gargiulo, 1998). So too for this book. Each reader will respond on a personal level and may well find other aspects of this book more relevant than those I have. Shabad presents an encompassing view to current discussions of long standing issues in psychotherapy.

While reading the book I found myself admiring Shabad’s bold task of integrating a wide range of authors with whom I was largely familiar. Then I read the following quote from Leslie Farber that Shabad cites in his book,

Whereas true admiration keeps its distance, respecting the discrepancy between admirer and the admired one, envy’s assault upon the object with a barrage of compliments serves not only its need to assert itself in the costume of admiration, but also the lust of the envier to possess the very quality that initially incited his envy (p. 171).

I trust my admiration is the former one although I can admit there were moments when the latter was present. However, envy is only destructive when it is unacknowledged.

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FROM SOCIOLOGY TO PSYCHOANALYSIS: 
THE WORKS OF NANCY J. CHODOROW

The work of Nancy Chodorow has had far-reaching and important consequences for psychoanalysis, for feminist theory and for how the sociological and analytic study of gender and gender categories. Nancy J. Chodorow is a psychoanalyst in private practice and a professor of sociology at the University of California-Berkeley. She is the author of the four books reviewed here as well as numerous articles, chapter contributions and commentaries in the fields of object relations and psychoanalytic feminism.

THE REPRODUCTION OF MOTHERING (1978/1999)

When The Reproduction of Mothering was published two decades ago, it put the mother-daughter relationship and female psychology on the map. This book was recently chosen by Contemporary Sociology as one of the ten most influential books of the past 25 years. With a new preface by its author, this updated edition is testament to the tremendous impact that Nancy Chodorow’s work continues to exert on psychoanalysis, social science and the humanities. Rereading it enabled me to visit a “treasured old friend” with the experience that I have gleaned personally and professionally since the book was written. Chodorow’s work links psyche and culture, psychoanalysis and sociology. Her points in this book can be separated into four main ideas: 1) How most women come to think of themselves as heterosexual, 2) Why women have the urge to mother, 3) What personality traits are specific to women, and 4) How the pattern of male dominance might be understood and might be changed.

In the revised edition, Chodorow sharpens these critiques through revision. This is in keeping with the tradition of Freud, who forged new ground in areas such as the death instinct and the seduction theory, and then amended his theories after considering additional material obtained from his patients and from society. In the Preface, she discusses the progression of her thinking from 1978 until the present and writes now as the psychoanalyst she has become while remaining connected to the feminist sociologist and anthropologist whom she was when she wrote the book. In formulating her summary conclusions of psychological improvement for both sexes with shared parenting, Chodorow acknowledges the changed economy of 2003. The development of shared parenting has challenged the traditional mothering role resulting in a paradigm where mother and children have insufficient time for each other. In a touching coda, Chodorow acknowledges that her book was written from a daughter’s point of view, not realizing the enormous transformation that maturity and life itself would bring. I myself have often thought that I wish I could somehow contact patients I treated in my 20s, before marriage, before children and apologize for some of the interpretations that I made at that time. These interpretations were intellectually and theoretically driven, but impractical and probably insensitive now that I have personally experienced the tremendous growth, transformation and personal drain that come from combining professional growth, intellectual growth and parenting young children.

Chodorow describes her later thinking as considering the clinical individuality of personal gender, which includes the clinical individuality of any mother/daughter relationship. She professes that culture does not determine the personal meaning of gender or the particularity of any mother’s unconscious fantasies about her daughter. Instead, each of these is created with a characteristic emotional tonality for the individual (p. xii). In the initial segment of her book, she traces the classical model of Freudian development. Chodorow’s exploration of the Freudian model of female development indicates that a girl’s gender development is tied to her closeness to her mother. The female seeks a privilege that the boy has attained: The boy is more valued by the mother as an object and is a source of her own Oedipal gratification and yet he has the need and the ability to detach himself from the mother. The female solves her conundrum by translating her envy of the male privilege into heterosexual desire. Chodorow provides an excellent analysis of Freud’s theories of gender and sexual development and has brought creativity, criticism and contemporary vision to her reading. She notes that much of Freud’s theory of the Oedipal conflict and the Oedipal revolution relies on happenstance. The father has to be in exactly the right place at the right time, as do the naked bodies of both sexes. Chodorow goes on to formulate an in-depth analysis of female and male development, and the summary of her hypothesis is that a girl’s desire for men can be said to result from her stronger desire for her mother. Chodorow continues with an elaborate description and explanation of heterosexual object choice. A girl’s identification with the mother must be differentiated into various aspects of female development, sexual development, courtship, heterosexual relationships and eventually motherhood. The girl’s resolution of her Oedipal complex creates a leitmotif with vestiges of her primary identification with her mother realized throughout her life.

Chodorow’s discussion of gender issues, and how their resolutions influence adult object choice, is particularly fascinating. What happens when the girl does not become identical to her mother? What happens when the girl rejects aspects of her mother? When the girl has the image of her
mother, which features of that image does she adopt, does she accept, does she pass on and why? What relationship do these issues have to the actual mother of her childhood? Chodorow’s discussion of pseudo-empathy hypothesizes a girl’s identification with her mother and then developing a form of sibling rivalry with her own children as they compete for the idealized internal image that the mother has of her relationship with her own mother. This results in the mother resenting all of her own offspring as competitors for the idealized mother.

One may wonder what role female sex drives (and awareness of sexual seductiveness and efficacy) play in this? Not all women consciously or unconsciously desire to be mothers and many in our society actively reject that role. This issue was particularly present during Chodorow’s discussion of the contrast between the female mothering instinct and the male sex drive, and should female sexuality as both a biological drive and an expression of female desire and female power. This formulation about women has come a long way since Freud’s Vienna where Hannah Decker spoke eloquently of Dora and the thinking in Freud’s time of women being psychologically and physically inferior to men and being seen in many cultures as baby machines and as purer creatures who had to be kept from the nastiness of full sexual realization in order to preserve their role as mothers. Another essay would be needed to discuss how this has played out in the Judeo-Christian world, but it is important to give women validity for the full range of their femininity and for the freedom to express themselves in whatever modality they choose.

In a key section of the book, Chodorow discusses the psychological development of adult females and adult males, giving reasons why women tend to be more empathic, due to the fact that their ego boundaries are less firm. She posits that if women are seen by society, and view themselves, primarily and exclusively as mothers, then any liberation of women will continue to be experienced as traumatic by society. Chodorow makes a plea for a far fuller and more informed male responsibility for childcare and for women to strive for and to be granted economic and emotional freedom. She presents excellent reasons for change and presents us with a new model of a family that is potentially more life engendering and vitalizing for both parents and children.

Chodorow hypothesizes that in a society where mothers provide nearly exclusive care and certainly the most meaningful relationship to the infant, the infant develops its sense of self mainly in relation to her (p. 78). Insofar as the relationship with the mother has continuity, the infant comes to define aspects of itself in relation to internalized representations of aspects of its mother and the perceived quality of her care. The infant’s mental and physical existence depends on its mother, which the infant comes to understand. It experiences a sense of oneness with her and subsequently develops itself only by convincing itself that it is in fact a separate being from her. She is a person whom it loves with egoistic primary love and to whom it becomes attached. She is the person who first imposes on it the demands of reality. Internally, she also is important. Chodorow quotes Alice Balint, who argues that the essence of “love for the mother” (p. 79) is that it is not under the sway of the reality principle, in contrast to the love for the father. The child knows its father from the beginning as a separate being, unless the father provides the same kind of primary relationship and care as the mother. It is very much in the nature of things, therefore, when the father expresses his own interests (p. 80). The child can develop true hate and true ambivalence in relationship to a father whose wants differ from those of his child. The child’s reaction to its mother in such a situation is not true hate, but confusion that it is part of the failure to recognize the mother’s separateness. Interestingly, children are more obedient to their father not due to any greater strictness on his part nor from the fact that he represents authority, but because the archaic foundations of an original natural identity of interests has never existed in relationship to the father.

According to Chodorow, a boy must attempt to develop masculine gender identification and learn the masculine role in the absence of a continuous and ongoing personal relationship to the father and without a continuously available masculine role model (p. 176.) Psychologically, boys appropriate specific components of the masculinity of their father that they feel would otherwise be used against them, but they do not as much identify diffusely with him as a person. Boys are taught to be masculine more consciously than girls are taught to be feminine. When fathers or men are not much present, girls are taught the heterosexual components of their role whereas boys are assumed to learn their heterosexual role without teaching through interaction with the mother. Chodorow realizes that masculine identification is predominantly gender role identification. By contrast, feminine identification is predominantly parental. Girl’s identification processes are more continuously embedded in and mediated by their ongoing relationship with their mother and thus they develop affective relationships with others. In contrast, a boy’s identification processes are not as embedded or mediated by a real affective relationship to his father, thus the male tends to deny identification in relationship to his mother and rejects what he takes to be the feminine world. “Masculinity is defined as much negatively as positively.” Chodorow theorizes that feminine identification processes are relational whereas male identification processes tend to counter-relational, defined more by rejection than by acceptance.

In an article published in the Radcliff Quarterly (Winter 2000), Chodorow discussed the concept of woman-mother as an obvious, taken for granted, world historical fact that had not been seen as worthy of noticing in any
of the social science, psychoanalytic or popular literature. Chodorow suggested that the developmental centrality and power of maternal subjectivity “for many women the personal and emotional investment and sense of what it means to an individual unique woman to be a mother should be recognized.” Her concern is that many work places require mothers to return to work shortly after the birth of their child and well before that mother-baby pair can become attuned to one another. Chodorow is concerned that these work-share programs seem to be based on the belief that children do not need their mothers, and that mothers should not be particularly aided in theirmothering. In other countries, such as Norway, working mothers can take almost one year off with pay after giving birth and three years with a guarantee of the same job. Norway has publicly funded childcare for children over age three, and a workday that goes from 8:00 a.m. to 4:00 p.m., so that working parents can be with their children.

The author feels that the future of mothering depends on a number of different developments. On the economic and political level, policies need to foster and support mothering not just for the sake of children but for mothers themselves. She advocates for decent maternity leave policies, an end to punitive work practices and for family policies that might allow mothers to work less and spend more time with their families. Her plea is for the acknowledgment of maternal subjectivity and maternal identity, and that the “mommy track” be seen as positive rather than punitive and negative.

In her new preface, Chodorow acknowledges the criticism of her book as generalizing across gender lines and expressing concerns that she repudiated bodily experience and drives. In her attempts to create an account of female psychologies in which women are not appendages to their libido (p. xiii.), Chodorow reiterates that in 1970 it was important to challenge the tyranny of biological explanations of gender which included a psychoanalytic theory that derived female psychology almost exclusively from reactions to genital difference in which presence or absence of the penis mattered extensively. Chodorow then concluded that she currently finds tension in her book between the book’s main contribution, an account of the psychological reproduction of mothering and its political afterward, and argues for equal parenting. She pays tribute to the feminist movement and acknowledges that many mothers indeed do wish to share parenting and that many fathers do wish to participate in the parenting experience. Chodorow does not claim that men cannot or should not be caretakers of children, but rather she notes that the call for equal parenting must be faced in light of the distinctive character of the mother/child bond.

Currently, our culture has changed and with it the roles of mothers and fathers have become more equal than could have been imagined in the 1970s. However, the issue of childbearing remains a reality, and it is from this biologi-cal realm, combined with its psychological implications, that this book must be considered both valid and groundbreaking.

Chodorow feels that she has evolved now to the point where she is “more respectful of the ways in which individuals do in fact create their emotional reality and sense of personal meaning and less absolute about how they ought to create it.” Chodorow’s journey to this point has been a delight of innovative thinking for our time.

FEMINISM AND PSYCHOANALYTIC THEORY (1991)

In this book, Chodorow presents papers written over the past 15 years combining previous essays with new essays from which she gleans some original, interesting and provocative thoughts and questions. In The Reproduction of Mothering, Chodorow argued that males become dominant due to inadequacies in the mothering that they received, and in the turning from mother to father as an object of identification. Chodorow expands on this argument in the later book by accessing research of Chasseguet-Smirgel and Grunberger. Of particular interest is the finding that men, in their attempt to deny their own needs for love, often become intolerant of those who can express the need for love (p. 75). Women have not repressed these needs and still want love and confirmation and may be willing to put up with limitations in their masculine lover or husband in exchange for some evidence of caring and love. Men must defend themselves against the threat of intrusion by women and at the same time, because needs for love do not disappear through repression, tend to find themselves in heterosexual relationships. According to Chasseguet-Smirgel and Bibring, when a boy’s mother has treated him as an extension of herself, and at the same time as a sexual object, he tends to continue to use his masculinity and possession of a penis as a narcissistic defense. In adulthood, he will tend to look on relationships with women for narcissistic-phallic reassurance rather than for mutual affirmation and love (p. 76).

In Chodorow’s estimation, if the shadowy father could become more visible and more participatory in family life, the emotional attitudes inherent in both sexes would disappear. Chodorow feels that because women have maintained a close identification with their mothers, their inner lives are far richer than those of men, and they do not need the other sex with the same intensity that men crave women. Chodorow argues that men fall in love more romantically than women because the affectionate side of their natures has been repressed. This appears to be the basis for male aggression against females.

The essay, Psychoanalysis, Psychoanalysts and Feminism, ties together her questions about the relationship of feminine/feminism, and Freud, confirming that Freud does give us a prime example of distorted ideology about women and women’s inferiority, an ideology which feminists must confront, challenge and transform (p. 176). Chodorow argues
that Freudian theory does not just suppress women but gives us a theory concerning how people, women and men, become gendered and sexed, how femininity and masculinity develop, and how sexual inequality is reproduced, a task which no other major classical social theorist has made central to their thinking. Freud tells us how nature becomes culture and how this culture comes to appear to be experienced as “second nature” or natural, arguing that the social organization of gender happens through transformations in consciousness in the psyche and not only through social and cultural institutions. Freud and psychoanalysis tells us how people become heterosexual in their family development, how the original love of one’s mother translates into heterosexuality rather than lesbianism, how a family structure in which women mother, produces in men a psychology and idealization of males and of male dominance, masculine superiority and the devaluation of women and things feminine, and how women develop maternal capacities through their relationship to their own mother.

Both Chodorow and Freud suggest that these processes do not happen smoothly, and that these combinations and permutations are fraught with contradictions and strains. If issues are not resolved adequately and at appropriate times, people develop conflicting desires, discontent and neuroses. In spite of a push towards heterosexuality, women still want relationships and closeness to women, and male heterosexuality is embedded in Oedipal devaluation, fear and contempt of women as well as a fear of the overwhelmingness of mother and of acknowledging emotional demands and needs (p. 177). Chodorow views male dominance on a psychological level as a masculine defense and a major psychic cost to men built on fears and insecurities rather than on straightforward power.

Chodorow proceeds to discuss the difficult minefield of the relationship between men and women. She writes about her difficulty in finding a convincing explanation for the virulence of male anger, fear and resentment of women and aggression towards them. Similar is the focus on the ways in which society places value on women for “being” whereas men are prized for “action.” In her view, the female functions as object while the male functions as subject. This comes about, according to the author, because female development is more complex than male development due to the female’s prolonged, intensive and unconscious identification with her mother. The end product of this closeness, in many societies and across civilizations, is that women become defined by their relationship to others yet maintain a secure sense of identity as women.

In rethinking the Oedipus complex, Chodorow agrees with Freud that the girl’s Oedipal develops much later than the boy’s, and the boy engages in early Oedipal conflict and resolution in order to escape from the overwhelming and intrusive presence of his mother. While Freud feels that this is a positive event, Chodorow feels that in order to separate so early and so profoundly, the boy pays a price by repressing his feminine self in order to break his tie with his mother and not feel close to her. This results in a lifelong rejection of aspects of his own feminine self, and a pervasive rejection of “the feminine” in culture and society.

According to Chodorow, these differences have complex implications for later relationships. The complexities of this situation are illuminated by sociological and clinical findings (p. 74.) Conventional wisdom has it, and much of our everyday observation confirms, that women are more often the romantic ones in our society, the ones for whom love, marriage and relationships matter. However, several studies point to ways that men love and fall in love romantically, and women sensibly and rationally. Most of these studies argue that, whereas women can be economically dependent on men, women must in fact make rational calculations for the provision of themselves and their children. Chodorow suggests that women’s apparent romanticism is an emotional and ideological mask for their economic dependence. She postulates that the reason for women initiating divorce at an increasing rate in current society is due to the income available to them, to recession hitting masculine jobs as much as feminine jobs, and to the feminist movement removing the stigma of divorce. According to Chodorow, this process is furthered by men themselves, who persist in maintaining distance as a result of their own Oedipal resolution, which has led to the repression of their affective relational needs (p. 35).

This work is a valuable contribution to students and practitioners of feminism and of psychoanalytic theory. A knowledge of how we become who and what we are, and how subtle unconscious processes are at work from earliest infancy yields patterns of misunderstanding, inequality and prejudice that exist within our culture as well as within each one of us individually. According to Chodorow, psychoanalysis is a theory that enables people to examine their life situation, to make sense of it and therefore to act to change it.

**Femininities, Masculinities And Sexualities (1994)**

This book contains an intense and complex overview of the work of Sigmund Freud and others (from Klein to Lacan), and their work on psychoanalysis, on sexuality and on gender. The book is based on a series of lectures Chodorow presented at the University of Kentucky, and argues that, although Freud’s psychoanalytical theories and practices are controversial, they must be interpreted in the milieu in which they were written. If one is willing to understand and “accept” the limits of the historical contexts in which they were written, Freud’s theories have much to offer contemporary psychoanalysts. In the first chapter of her book, Chodorow discusses Freud’s clinical formulation of “normal femininity,” and discusses the relationship between sexuality and gender differences. According to Chodorow, a woman’s choice of a male
sexual object or lover is typically so different developmentally, experientially, and dynamically from a man's choice of a female sexual object or lover, that it is not at all clear whether we should identify these by the same term (p. 35). Chodorow focuses on specific theorists and indicates trends in psychoanalytic writings and thinking that warrant reflection. Her plea is for more explicit attention to the development of heterosexuality in both men and women and for more explicit attention to the development of love and passion in homosexuals. She indicates that psychoanalysis does not have an adequate developmental account of "normal heterosexuality" although all sexuality results from psychological struggle, and needs to be accounted for. She contrasts this with the rigorous psychoanalytic examination of homosexual development and argues that an important ingredient in any woman's or man's love or sexual fantasies, erotic desires, and behavior will be found in his or her particular unconscious and conscious appropriation of a richly varied and often contradictory cultural repertoire which has been presented directly through what we think of as cultural media and indirectly through parents, siblings and other early parental figures (p. 79).

Interestingly, Chodorow postulates that a consistent thread running through the stories of psychology and culture is the accommodation that most men and women have to make to deal in psychological terms with male dominance. Men have social and familial power and cultural superiority, and Chodorow presents examples of their sexual dominance as well. Chodorow deals with the question of how men and women love and indicates that there are as many kinds of masculine and feminine love as there are men and women, and these views are shared by personal psychology, by family and by the culture in which one exists. Chodorow calls for an individual investigation of how any person's sexual orientation, organization, erotic fantasies and practices result from anatomy, from cultural evaluation and construction, from intra psychic solutions to conflict, from family experience and from gender identity. All of these will enter the individual case of how any woman or man loves (p. 91).

Chodorow, like Freud, uses clinical experience to portray gender and sexual variability and to challenge cultural and psychoanalytic normalization. At the conclusion of the book she argues that, since psychoanalysts have nearly a unique access to many peoples' sexual fantasies, identities and practices, they should use this access to help us fully understand gender and sexuality in all of its forms (p. 92). A caution about generalizations pervades the book with a request to analyze patterns of gender differences as a means to make differences intelligible, but to avoid interpreting generalizations as universal, which would deny the specific individuality and cultural difference that exists among men and women (p. 90). Although this book does not answer the question it raises, it posits that there are as many solutions for what makes one a sexual being as there are humans in the world, and rejects any categorization of normal versus abnormal sexuality.

**The Power Of Feelings (1999)**

In this book, Nancy J. Chodorow makes a case for depth psychology and psychoanalytic interpretation. Chodorow is dedicated to reclaiming the "power of feelings" which she sees as the capacity of unconscious fantasy to process interpersonal experiences and the culture in which they exist in a manner specific to each individual. By so doing, and by interacting with other people and with one's own interior environment and doing it with personal meaning, a behavioral change can occur. In this work, Chodorow discusses and critically analyzes psychoanalytic theories that are deterministic and see the present as wholly determined by the past or see gender-specific behavior and responses as the result of biological programming. Chodorow discusses anthropological theories as the product of social structure that yields a cultural dialogue. Capacities that develop innately are projection and interjection and infants using these capacities before they acquire language.

Feelings cross disciplinary boundaries and raises questions about the place of feelings, and argues for the integration of psychological experience which is both transformative and subtle. The book is organized in four sections. In the first section, psychoanalysis is described as a theory about the development of personal meaning in the clinical encounter. The second section focuses on gender as an aspect of self-creation layered by subjective, social and cultural processes. In the third section, psychoanalytic theory and clinical practice are contrasted with anthropological theory and field situations. The final situation discusses psychoanalysis as a grand theory of mind and a primary method for the ongoing generation of self and a meaningful life.

According to Chodorow, a person develops psychological strategies over a lifetime such as fantasizing, projecting and introjecting, and each individual takes what they need from their culture in order to develop. Each person thus has a need to understand their own self and to create a life story that makes their unconscious and conscious experience intelligible. This book, containing a discussion of recent trends in anthropology, describes the relationship between culture and individuality and utilizes theory to illustrate and illuminate clinical practice. She utilizes her own clinical work to demonstrate the importance of the consulting room and the distinctive relationship between analyst and analysand. The author views the past as "always drawn into the present." She departs from the traditional Freudian position of clearly delineated psychosexual stages of oral, anal and genital, feeling that such delineations are constraining. We continuously create and recreate the meaning of ourselves in relationship to others and always with feelings and emotions. She makes a plea for the
psychoanalyst to recognize the individuality of each patient and to negotiate a specific and personal meaning to deal with the emotions and fantasies that arise in the clinical setting.

In developing her theories beyond the reproduction of mothering, Chodorow has expanded her theory to posit that gender is unique to each individual and that even gender has personal meaning that is constructed and changed. Although Chodorow rejects the idea of a fixed notion of masculinity or femininity, she feels that everyone does construct a sense of male or female self, and we all possess the ability to create a personal meaning as we blend our innermost self with the culture in which we are growing. The great strength of this book is the work done by Chodorow to move theoretical formulations into encounters in the psychoanalytic environment. The author makes a plea for focusing on the present. Theory informs practice, but it is the day-to-day encounter between the analyst and the analysand that yields the direction in which the work must go. Chodorow maintains a “both-and” approach in response to the conundrum that she approaches rather than “either-or” approach as a psychoanalyst and as a clinician and enjoins both clinician and feminist to experience the power of the psychological. “Feminism recognizes differences” she writes “but it defines them politically rather than individually in terms of political, social, identities like race, class and sexual orientation (p. 70). According to Chodorow, psychoanalytic understanding of the power of transference, projection and introjection run counter to feminist assumptions about the exclusive cultural or political construction of gender and gender meanings (p. 71).

Chodorow argues throughout the book that if cultural meanings matter, they matter personally. They are projectively constructed, animated and creative. Reciprocally selves and emotions, however culturally labeled are, like gender, introjectively reshaped partially through unconscious fantasy through the unconscious inner world that develops from birth onward. Emotions may be culturally recognized or unrecognized, but they are directly felt and become implicated in unconscious aspects of the self and world (p. 171). Psychoanalysis allows for recognition and understanding of the personal meanings that create psychic life and give it “a glow.” Analysis enables an enfolding of the split off or repressed aspects of psychic life into the centered unknown that makes continuities of discontinuities (p. 272). People fear that entering psychoanalysis will eventually stop a writer from writing or a painter from painting, that neurosis is the root of creativity and that psychoanalysis wishes to remove the latter along with the former. However, it is only the split off unconscious fantasy that cannot inform creativity or otherwise make life fuller. Unconscious fantasy, if not split off, has a potential to deepen experience and to enhance creativity (p. 273). Chodorow’s quest has been to direct the light of understanding towards the ways in which we create personal meaning and to explore the use and generation of intersubjective, cultural, and social meaning in the process of creation. She concludes her book with an affirmation of the personal and psychological. Chodorow asks that all of us become more conscious in our every day experience and sensitizing ourselves to the power of feelings all around us. She feels that by doing so we can make a difference in our world.

Chodorow’s vision of psychoanalysis focuses on emotional life and views this as the space where individual fantasy and perception of reality are created. Her view is that psychoanalysis is a method for investigating meaning and that meaning is not merely discovered but actually created in the unconscious out of the immediacy of experience. It is our job as analysts to deconstruct the meaning in the here and now and insist that feeling is the playground for the psychoanalytic method.

In this book, Chodorow allows us to investigate psychoanalysis as theory, and psychoanalysis as a practice of therapy. As many reviewers have indicated, Nancy Chodorow certainly has “a passion for psychoanalysis.” Her clear, concise and far-reaching analysis of the complex problems underlying the impact of society upon the individual holds a magnifying glass to many of the practices and values with which we live so comfortably. In reading her book we may learn to examine some of these practices, and come to understand how they develop and how we may have come to accept them. Chodorow’s concern is with feelings that are enmeshed within stories about self in relation to others and about the inner and outer world both generated and created. In this lucid and insightful journey through theoretical formulations, Chodorow explores and illuminates the works of Loewald, Erickson, Winnicott, Schachtel, Klein, Mitchell, Bollas, Ogden and others, viewing the works through a contemporary lens combining her knowledge of psychoanalysis, gender studies, and cultural anthropology, helping the reader to understand the implications for contemporary society as well as developing an understanding of what is useful compared with what is narrow or rigid. The final chapter, containing her personal views, is revealing about the depth and sincerity of the author, and the depth and complexity of her understanding and theoretical formulations.

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Learning from Patrick Casement: In Learning from Our Mistakes, Patrick Casement is still carefully listening to his patients and supervisees. “I have chosen to be informed by an awareness of the unconscious,” he writes in the introduction (p. xvi), “together with a recognition of transfereence and the power of phantasy, and to be guided by a sense that the past is often found to be dynamically present in the patient’s current life and in the consulting room.” In this slim volume Casement also gives us the opportunity to hear and learn from how he listens. Casement writes in an open, accessible idiom. He eschews jargon, but he clearly practices what he teaches and creates an attitude of openness toward the unknown.

Casement’s clear, accessible writing creates a space where the reader can learn. It is therefore not a surprise that Casement’s 1982 clinical case should have been commented on by so many different psychoanalytic writers representing so many different theoretical perspectives over the past twenty years. One of the pleasures of reading Casement’s new book is a chapter revisiting that case.

I will briefly review topics covered by Casement and describe some of the methods he offers for learning from the patient how to recognize and repair our mistakes in treatment. But my main focus will be on how Casement’s description of the treatment of Mrs. B. (in which he carefully listens to what she is saying, consciously and unconsciously, and in which he learns from his mistakes) has created a space in which psychoanalytic writers from diverse backgrounds have been able to dialogue and use his work to illustrate diverse psychoanalytic concepts.

In nine chapters Casement explores the paradox that psychoanalysis has the potential to free the mind but also to bind it if we rely on dogma rather than developing our own disciplined way of working. He offers contrasting examples of mistakes and suggests ways we might recognize and utilize them. Casement (p. 18) suggests that “because it is not possible for analysts to avoid making mistakes, it is important that there is always room for a patient to correct the analyst, and for the analyst not only to be able to tolerate being corrected but also to make positive use of these corrective efforts by the patient.” He recommends trial identifying with the patient before we speak as a way of not provoking a patient into being defensive. Casement expands Langs’ notion of unconscious supervision by the patient into four forms of unconscious criticism by the patient: unconscious criticism by displacement (where criticism of someone else alludes to something that has gone wrong in the analysis), unconscious criticism by contrast (where others are praised for doing something that we may not be doing well in the analysis), unconscious criticism by introjective reference (where the patient takes the blame for something caused by someone else in a way that may be commenting on the analysis), and unconscious criticism through mirroring (where the patient holds something up to the analyst by unconsciously imitating it, for example, by following the analyst in a deflection to the past or to another person).

Casement devotes a chapter to the experience of a single session, randomly chosen, as an example of his own use of internal supervision. Casement (p. xviii) describes internal supervision “as an internal dialogue by which analysts and therapists can monitor, moment by moment, what is happening in a session and the various options open to them, the various ways they might respond to this and the implications for the patient in each.” Casement then explores some of the problems that arise from trying to be helpful in therapy and offers clinical material to illustrate how a patient can use the analyst’s mistakes to reach more of what is unconsciously searched for.

In the chapter, “Re-enactment and Resolution,” Casement draws on Winnicott’s (1963, p. 344) observation that “so in the end we succeed by failing—failing the patient’s way” to introduce an example of how a repeating pattern of mistakes by the analyst allowed the patient to give expression to feelings that had formerly been thought of as too much for anyone. Casement (p. 48) notes, in his chapter on psychoanalytic supervision, “I frequently find it useful to think of practising with a clinical vignette, as a musician might practise scales, in order to develop a greater fluency in thinking about clinical issues.” Casement illustrates this point by returning to his clinical vignette about Mrs. B. I was again impressed by the way Casement’s writing about cases invites greater fluency in thinking about clinical issues.

Two and a half years into analysis, soon after the summer holiday, Mrs. B. brought a dream to her session: She had been trying to feed a despairing ten-month-old child. Mrs. B. had been severely scalded by boiling water at age eleven months and had had to have surgery under local anesthesia at age seventeen months to loosen scar tissue. In exploring what the dream might mean, Casement noticed Mrs. B.’s rising anxiety and made an interpretation that Mrs. B. “seemed to be afraid of finding any element of bad experience during the time before the accident” (p. 130). Casement also described repeating this interpretation even after Mrs. B. raised her hand for him to stop. The next day, a Friday, Mrs. B. came to her session “with a look of terror,” refused to lie down on the couch, and stated that she did not know
if she could continue to explore these memories or stay in
analysis unless she knew she could, if necessary, hold Casement’s hand. The rest of Casement’s paper explores how he
and Mrs. B. negotiated and utilized this pressure for physical contact during the reliving of an early trauma.

In choosing to summarize Casement’s clinical vignette about Mrs. B., I have revealed, as have all the other
commentators on this case, what struck me as important (the
dream, the patient’s anxiety, a potential mistake in repeating
and forcing an interpretation on the patient, a request to bend
the rules at the end of the week). Casement himself began his
1982 paper, by focusing on the question of how tightly we
are bound to the classical rule of abstinence, which would
prohibit physical contact with the patient. And he plays this
theme or scale again in the first chapter of this book.

Others have been able to use Casement’s vignette
to play other themes. Richard Fox (1984) used the vignette
to reconsider the principle (as opposed to the rule) of absti-
nence. He notes that Casement is one of the few writers
who describes “any sense of option or conflict within the
analyst about the management” of requests for gratification.
Fox uses Casement’s case to show how balancing demands
for gratification (from the patient) and for frustration or
distance (from the principle of abstinence) can “create the
conditions for the development of an interpretable transfer-
ence” (Fox, p. 233). Axel Hoffer (1991) uses Casement’s
clinical vignette to demonstrate the immediate relevance
of the Freud-Ferenczi debate on the issues of “the role of
abstinence and the relative importance of remembering the
past through reconstruction (insight) versus reliving the past
(experiencing) in the analytic situation” (Hoffer, pp. 465-
vignette as a fascinating description of how Casement’s
willingness to consider holding Mrs. B.’s hand and eventual-
ly deciding not to comply both seemed crucial in further-
ing the analytic inquiry. For Lewis Aron (1992), Casement’s
vignette teaches important lessons about technique as well
as theory:

I want to emphasize the way that his interpretations
contain and convey a great deal of his personal subjec-
tivity and, in particular, the way that they express his
own conflict about his relationship with the patient. In
my view, it is only when he conveys explicitly to her his
own struggle, hope, and despair about ever reaching her
and, in so doing, sharing his psychic reality with her,
that she is able to emerge from the psychotic transfer-
ence. It seems that what was therapeutic in this case was
not that Casement walked the tightrope of abstinence,
as Fox would have it, but rather that he fully engaged
the patient by sharing with her his own psychic reality
in the form of an interpretation that clarified both his
own and the patient’s psychic functioning as well as the
intersubjective engagement that had developed between
them. (Aron, pp. 497-498).

At a 1990 APA panel (the report by Blum and Ross was not
published until 1993) Casement himself revisits the case of
Mrs. B. to illustrate clinically Winnicott’s concepts of regres-
sion to dependence, fear of break down, use of an object,
and infant’s “going on being”, and the trauma derived from
“breaks in continuity.” Nevertheless, Casement continued
to stress that he took his cues from his patients rather than
strictly adhering to Winnicottian theory. A new piece of
information also emerged in this telling of the case: Case-
ment mentions that Mrs. B. had to be barrier-nursed after
the scalding and that she could not be held by her mother.
Suddenly Mrs. B.’s dream of the distressed child takes on
more poignancy and the possible toxic nature of touch is also
introduced.

By 1993 Ralph Roughton is able to use Casement’s
1982 case to explore acting out, repetition, enactment, and
actualization. Roughton (p. 456) sees Casement’s vignette
as “sharply and evocatively” drawing “a distinction between
the use of reliving in an analytic way and the unanalyzed
gratification of a patient’s insistent demands for a mutual
enactment.” Roughton applauds Casement’s refusal to
collude in acting out and his indication of concern for the
patient’s dilemma.

In 1998 Dale Boesky, W. W. Meissner, and Gil
Katz comment on Casement’s 1982 case in three separate
articles in the same volume of the Journal of the American
Psychoanalytic Association. Boesky (p. 1016) focuses on
an interaction overlooked by other commentators: Case-
ment repeating his interpretation after the patient asked
that he stop. Boesky uses the patient’s associations to argue
an alternative hypothesis that the patient “experienced the
analyst’s insistence on his own view as the actualization of
her unconscious fantasy of a sadistic sexual assault rather
than the reexperiencing of a traumatic memory” (Boesky,
p.1016). Meissner is able to use Casement’s case to reha-
bilitate the concepts of abstinence and neutrality. Katz uses
Casement’s case to make three points: 1. That Casement’s
interactions with the patient around abstinence were shaped
by enacted processes (Katz, p. 1161), 2. That these enact-
ments are defined as processes that are unintended but
meaningful deviations from abstinence and neutrality (Katz,
p. 1161), and 3. That both verbally symbolized and enacted
transference experiences are critical dimensions of analytic
process, and analytic treatment is most effective during these
periods, as demonstrated in Casement’s case, when they can
be brought together to create the kind of emotionally based,
experiential insight that produces meaningful psychoana-
lytic change (Katz, p. 1162).
Again in 2000 there were eight comments about Casement’s 1982 case in Psychoanalytic Inquiry. Kati Breckenridge focused on an exchange in which she felt Casement was not listening to his patient and argued that physical touch should be considered in the same way as other interactions in the analytic relationship. James Fosshage uses Casement’s case to review and assess the classical theory on precluding touch in psychoanalysis and offers some guidelines for the uses of touch in the analytic setting. Alex Holder questioned whether the ordeal that Casement and Mrs. B. went through was necessary if there had been sufficient emotional involvement and working through. James McLaughlin challenges what he sees as Casement’s theoretical and technical certainty about proscribing touch and cautions that theory can blind Casement to the patient’s concerns (a point one can well imagine Casement making). Barbara Pizer criticizes Casement for embodying a “distinctly authoritarian, one-person psychology” by unilaterally withdrawing the agreement to let the patient hold his hand. Pizer sees this as only one of many instances in which he collapses or forecloses potential space. Ellen Ruderman writes that Casement presented his case in a sensitive and honest manner without leaping to a reliance on formula. She then explored how analysts might be most receptive to the needs and tolerances of patients while keeping in mind their own subjectivities and tolerance levels. Morton Shane et al, taking a developmental systems self psychology perspective, note that Casement’s decision was based upon context, upon the analyst’s personality and theory, and upon how the patient’s request was understood by the analyst. Herbert Schlesinger and Ann Appelbaum then note that the responses illustrate a broad range of attitudes about nonerotic physical contact in analysis.

Casement returns to the case of Mrs. B. in this new book and responds to many of these comments. He emphasizes his decision to withdraw his hand was not made based on adherence to any rule of abstinence, but on “following the patient at a deeper level than just that of her surface communications to me” (Casement, 2002, p. 88). In response to Breckenridge, Casement noted that holding open the possibility that Mrs. B. could hold his hand felt like a much safer course than taking that possibility away. Casement allows the reader to listen to his internal supervision over the weekend. He also reveals that he arranged a consultation with Paula Heimann who was familiar with his work on this case over that weekend. I suddenly had a sense of how large Casement’s analytic space could be: not only did he utilize internal supervision in his sessions and think about the case over the weekend, he also reached out to a trusted supervisor to help him think about how best to hold and help his patient. Heimann also confirmed Casement’s sense that holding open the possibility of Mrs. B. taking his hand.
would be an avoidance (for both of them) of the intensity of her feelings and imply that her feelings were unmanageable. When Casement worried with Heimann that he did not know how he could bring withdrawing the offer into the treatment, Heimann agreed that he should not introduce that topic. Instead, Heimann said, let the patient lead you, she will show you the way (Casement, 2002, p. 92). Rather than being the unilateral decision Pizer posited, Casement points out that the patient brought him both a dream and a waking extension of that dream as messages about why touch in this case would be detrimental.

It is only much later in this analysis that Mrs. B. finds out that her mother’s decision to “barrier nurse” (i.e., not holding or touching her except with sterilized gloves) her may have saved her life. Whatever she did, the mother must not pick up her baby, however much she cried for this. For if the mother did pick her up it might lead to her baby dying from infection, and there was no antibiotic treatment available at that time. What a parallel! So, we can imagine the agonies her mother must have gone through as she cared for her, whilst having to inhibit the natural impulse of a mother to hold her distressed baby to herself, to give her hugs that are meant to “make it better.”

Strangely, I had gone through similar agonies in my countertransference, in being there for my patient’s distress, wishing so strongly that my patient could at least have had the reassurance of my hand to help her through that experience. (Casement, 2002, pp. 93-94.)

There is still an immediacy and aliveness to Casement’s writing about this case twenty years later. He is still open to learning from the patient and those who have written about the case. Casement’s experience-near description of interactions between himself and his patient, combined with his openness and curiosity, invite others to trial identify with him and Mrs. B. and to enter into practicing internal supervision with this case. Casement had been willing to learn from his mistakes with Mrs. B. and other patients. Just as his supervisor Paula Heimann had seen countertransference as one of the most important tools in analytic work, so Casement, following Winnicott, has discovered that mistakes and failures can be used to further our analytic understanding and work.

References

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Susana DeMattos is a psychoanalytic candidate at the Northwest Center for Psychoanalysis and in private practice in Seattle, WA.
Dr. Miller: The occasion for this interview is the imminent publication of your next book *Subject to Change: Jung, Gender and Subjectivity in Psychoanalysis*, to be published by Routledge in London, right?

Dr. Young-Eisendrath: Right, it will be out in 2003. It’s still somewhat of a shock for me that this is my thirteenth book. It’s a volume of my own essays, edited by me, that covers a period of about 20 years.

Dr. Miller: As I was reading it, I had a sense of seeing the growth of your ideas over time, and also noting how prolific you have been, in getting your ideas out there to the public. This book seems to really touch on all the ideas and subjects you have been passionate about.

Dr. Young-Eisendrath: That passion has motivated me from the very beginning. When I started my training in 1979 to be a Jungian psychoanalyst, I already cared a lot about issues that fell outside of what was then the typical psychoanalytic dialogue. I cared about sexism, racism, gender issues—and Buddhism. So from the very beginning there were subjects that I wanted to bring into the dialogue with other psychoanalysts. The topics have changed over the years, but my passion has stayed the same. Right now I care so much about our ability—as psychoanalysts and psychologists—to develop a systematic science of subjective life without becoming mired in biological determinism. I see all this “biobabble” creeping into our field, really bad reasoning about things we aren’t familiar with, such as genetics and brain chemistry. I would like to see us stick to what we know, and become scientific on our own grounds. I have always been very passionate about certain things, and have been willing to go out on a limb and say what I believe to be true, and try to substantiate it by reasoning and empirical and clinical evidence.

Dr. Miller: This book deals with a wide range of subjects from post-modern thinking, constructivism, gender issues, feminism, Jung, object relations, hermeneutics, phenomenology, relational theories, intersubjectivity, and Buddhism—especially as they apply to clinical work. Could you describe your clinical stance in the atmosphere of the current debates in psychoanalysis?

Dr. Young-Eisendrath: I believe there is a clear goal for psychoanalytic psychotherapy and psychoanalysis—to make people aware of, tolerant of, and accountable for emotional habits of mind. “Habits of mind” is a term I use to characterize the driven aspects of our psychic lives—repetition compulsions and complexes. These habits tend to be unconscious, or mostly unconscious, and are the result of our emotional conditioning, especially through our earliest relationships, traumas, and other shaping influences that color our perceptions of reality. The most difficult and distressing habits are those that reduce or eliminate our ability to remain flexible and present in our relationships with others and ourselves. Our emotional habits are also defended by defense mechanisms that range in their functioning from delusional to mature and adaptive. I’ll get back to our defenses later. I found myself, by the way, agreeing with almost everything that Frank Summers said in a recent interview in the Division 39 newsletter when he talked about resistance. The goal of psychoanalysis is to make people more conscious and more tolerant of recognizing these emotional habits in themselves and others. To be mindful of these habits means that we don’t ignore or condemn them, nor do we impulsively act on them or through them. We have the choice of acting within a space of reflection.

Dr. Miller: Sounds like you’re saying that the goal of psychoanalysis is expanded awareness and something more.

Dr. Young-Eisendrath: Yes, there is more. It’s not just awareness, but a matter-of-fact gentle awareness, what I would call “equanimity” in witnessing the full range of our subjective states, at least as much as possible, so that we know they’re ours and we feel them. The affects that had been intolerable in childhood can now be felt in adulthood, simply as bodily sensations connected to images—sometimes to verbal thoughts. A mindful witnessing of our subjective states brings about a compassion for ourselves because we see and feel how we got trapped into certain emotional and perceptual habits. Without this compassion, psychotherapy is incomplete. I have seen patients, previously analyzed or treated in long-term psychotherapy, who condemn and attack themselves because they believe they should be free of their habitual tendencies. In such self-attacks, they simply reactivate the patterns connected to feeling like a powerless victim. We don’t ever overcome the habits of our minds because they are the structural building blocks of personality. Our only freedom is to become conscious of them and feel the sensations, images and thoughts. It’s like making personal acquaintance with the workings of our limbic system. This opens a reflective space, a new habit if you will, in which we can be present to our own minds and be flexible in the moment, not captured by unconscious fantasies or intentions. Our understanding of why our habits grip us should make us more compassionate. If instead it makes us more annoyed with others, or ourselves, then we will certainly suffer “paralysis from analysis.”

Dr. Miller: I notice that you use some unusual words for a psychoanalyst—equanimity and compassion. Maybe this is a good time also to say something about your general background, and about some of the ideas and people
who have influenced you, that have laid the philosophical
and theoretical roots of your thinking.

Dr. Young-Eisendrath: Well, you know that by
the time I became interested in psychoanalysis, I already
had become a student of Zen Buddhism. I became a formal
student of Zen Buddhism in 1971. I was very interested in
the nature of our subjective experience, like what allows us
to experience the world in the ways that we do, as time and
space and causality. You know. What gives us that consensus
about this world? I had had experiences that were outside of
that consensus—without drugs, hallucinogenic or otherwise,
by the way. So my first investigation of subjective life was
through Zen Buddhism. And Buddhism has always played a
very big role in the background of my thinking, both in my
eventual understanding of Buddhist psychology and Buddhist
epistemology, and also my practice of meditation and my
experiences in meditation, first in Zen and now in Vipassana.
It’s another lens through which to view our subjectivity.

Dr. Miller: Why did you enter Jungian psycho-
therapy/ psychoanalysis rather than some other sort?

Dr. Young-Eisendrath: When I was an under-
graduate, studying English literature, I eventually focused
on medieval English literature. I thought I was going to go
for my PhD in medieval studies and in the course of read-
ing some material for my honors thesis, I came across Erich
Neumann’s study of the meaning and imagery of the mother
goddess. I started reading that, but I didn’t understand it, and
I went to my adviser and asked him, and he said, “Oh, stay
away from that Jungian stuff, it’s too mystical.” I went right
home to my best friend, my roommate, whom I considered
to be an expert on anything counter-cultural and asked her
“What do you know about this guy Jung?” She said, “Here’s
a book that you should read.” It was Memories, Dreams,
Reflections and that was 1969. I read that book and found it
fascinating; I identified with the portrait of Jung there. Later,
in 1973 or so, I realized that I wanted to go into a personal
psychotherapy and so, naturally—I mean this facetiously—I
needed to go to Zurich; I wouldn’t have considered a psy-
chotherapist in North Carolina where I lived then!

Still later, I read Boundaries of the Soul by June
Singer, and I was really very touched by that book, and I
wanted eventually to have June Singer as my therapist, which
eventually I did. By the time I decided to enter psychoana-
lytic training in 1979, I was quite interested in Freud’s work
as well, but I could not train in clinical psychoanalysis at the
Freudian institute in St. Louis at that time. I was a graduate
student in psychology at Washington University. So I pur-
sued a Jungian training, thinking it was my only choice if I
wanted a clinical practice, which I did.

Dr. Miller: This was after you had spent some time
in Zurich?

Dr. Young-Eisendrath: I went to Zurich several
times. I guess the very first time was 1970. I returned in
1973 for a summer of intensive analysis, and after that, I
was in Zurich only for professional conferences. My Jungian
training took place in Chicago, which was then a part of the
Inter-Regional Society of Jungian Analysts; now it is a sepa-
rate institute in Evanston. As for the actual influences on my
development, though, I am most influenced by the “develop-
mental school” of analytical psychology that shares a great
deal with object relations practice and theory, especially with
the psychology of Melanie Klein. Its hub is in London, at
the Tavistock, with a group called the Society for Analytical
Psychology, originally founded by Michael Fordham.

When I was in graduate school at Washington
University, I first encountered structural developmental
psychology in the Seminar on Ego Development, taught by
Jane Loevinger. I was amazed by her theory and research
methodology: here was a complex, nuanced investigation of
paradigms of self-other that was systematic and scientific. I
became a research assistant to Jane on the Ego Development
Project and dived into the study of neo-Piagetian psycholo-
gies. This is really the other side of my training and evolu-
tion as a psychologist—adolescent and adult development,
specifically of the stage theory type.

Dr. Miller: That’s one of the things that you and I
have in common, a background in developmental psychol-
ogy, structural developmental psychology and even using
Loevinger’s Sentence Completion Test.

Dr. Young-Eisendrath: Yes. Working with Jane and
scoring thousands of protocols in ego development brought
about a complete transformation in my thinking and it fit very
well with my Buddhist epistemology, and my understanding
of Jungian archetypes as dynamic forms. But Jane Loevinger
had a strong animosity towards Carl Jung and his theories. I
had such great respect for Jane, much greater than my respect
for Jung at that time—she was, after all, a living person and
he was pages in books—that I had a kind of identity crisis
while I was in my Jungian training. When I was with Jane
and in my graduate program, I was a closet Jungian. I just
didn’t tell. That whole tension was ultimately very good
for me, I believe. I have always remained questioning and
skeptical about psychoanalytic theorizing, especially Jungian
ideologies. I have no use for dogmas. I am only interested in
working models, in theories that help us improve our practice
and understanding of subjective life. Jane Loevinger helped
me hone my questions and address the important issues. She
introduced me to Roy Schafer, Robert Holt, George Valliant
and Stuart Hauser while I was her research assistant. Know-
ing these important theorists personally made a very big
impression on me as a young graduate student.

Dr. Miller: Made you an early constructivist.

Dr. Young-Eisendrath: Absolutely. And in 1980 I
took a faculty position at Bryn Mawr College. While there,
for almost ten years, I participated in a group called the Committee on Interpretation and Criticism (honestly!). We were a group of philosophers, literary theorists, linguists, sociologists – I think I was the only psychologist – who studied hermeneutics, literary criticism and philosophy of the person. The 1980’s was an exciting and heady period for philosophy and criticism. Among others, I met T. S. Kuhn, Habermas, and Charles Taylor. We actually had a seminar with Habermas. Whoa! Then I also joined a group at the Institute of Pennsylvania Hospital, a psychoanalytic hospital in Philadelphia that no longer exists, that was a teaching seminar. I also held a position there as Research Psychologist. A group of five of us faculty taught residents and young psychiatrists under the rubric “The Seminar on Epistemology, Psychotherapy and Development.” We faculty were one Piagetian, one cyberneticist-family and adolescent psychiatrist, two self psychologists, one classical Freudian and myself, a developmental psychologist who is Jungian. It was the most stimulating and challenging group I have ever been in. We met for ten years for two hours every Wednesday during the academic year. I loved it!

Dr. Young-Eisendrath: At the Institute of Pennsylvania Hospital, I studied a lot of Freud, British object relations, Winnicott, Loewald, and Modell, and also became acquainted with all of the philosophical critiques that were emerging, everything from Don Spence and Roy Schafer to Gadamer, Ricoeur and Grunebaum. I learned so much, and felt a certain mastery in applying the concepts clinically because we were always discussing case material—discussing is too mild a term. Arguing, debating, impassioned debate.

Finally, I left my faculty position at Bryn Mawr to establish a group psychological practice with my husband, Ed Epstein. We had a group called Clinical Associates West in Radnor, Pennsylvania, where we had outside supervisors come into our group supervisions once or twice a month. We had Freudians, object relations psychologists, self psychologists, feminist therapists, and others. Someone from our group would present a case, often one that we had all become familiar with, and the outside supervisor would comment on it. It was great. And I continued that, plus my position at the Institute of Pennsylvania Hospital until I moved up here to Vermont in 1994.

Dr. Miller: Sounds like a fertile environment.

Dr. Young-Eisendrath: Yes, very fertile. All of these varied themes were blending together in my thinking about subjective life, with Buddhism and meditation always as a backdrop. In my own clinical work, I believe I would call myself an intersubjectivist now, whereas in the past I might have said I was an object relational Jungian. I work from a dissociative model of the personality that is loosely organized by psychological complexes, the most conscious being the ego complex. I think in terms of projective identifications interacting with the “transcendent function” – a Jungian concept that is roughly equivalent to Winnicott’s potential space or Odgen’s dialogical space or Jessica Benjamin’s intersubjective third. I also think in terms of defense mechanisms, even the hierarchy of defenses of the sort that Valliant and his colleagues researched. My background in ego development research has rooted me in a certain way of thinking about self-other formations. I believe that people structure their experience in paradigms of self-other, that we can always re-organize momentarily into less mature formations. To move ahead into more differentiated, complex, and integrated formations requires taking on a whole new world view, so to speak.

Dr. Miller: I want to talk about the clinical implications of your thoughts about projective identification, complexes and individuation. But before we do that, I think it was Andrew Samuels in The Cambridge Companion to Jung, that you edited with Terence Dawson, who talked about a “post-Jungian” perspective. I think he invented the term “post-Jungian.”

Dr. Young-Eisendrath: He did, actually.

Dr. Miller: Do you consider yourself a post-Jungian? And then the other thought that comes to mind is that you’ve talked quite often about some of the struggles that you have had with your identity.

Dr. Young-Eisendrath: With my “identity,” yes, a real problem, isn’t it? It’s a mouthful to say post-modern feminist Buddhist constructivist Jungian developmental psychoanalyst! And that contains a lot of contradictions from certain points of view, not mine, of course, because it’s really unified in my thinking. Well, you know, the term “post-Jungian” is a term that Andrew came up with, and it was based on post-modern. It is not a term that I relate to because I don’t really think that anything is really over — like we are “post” anything. Personally I like the prefix “neo” much better. I would prefer to say that I am a neo-Jungian.

Dr. Miller: You don’t have much choice now.

Dr. Young-Eisendrath: It’s true and so I am post-Jungian—which means “beyond the classical Jungian stance,” beyond the limitations of the classical model that began with Jung in Zurich. The developmental model, as I said, began in London with Michael Fordham. It is known especially for working in the transference and for emphasizing an object relational approach to analysis. And the third Jungian school, the archetypal is identified with James Hillman, rather than a place. Andrew was saying was that we no longer have one unified classical Jungian perspective, but we have these other perspectives that are different from Jung’s. I think the Freudians have the same thing, but they didn’t call it post-Freudian. Perhaps terms like “intersubjective” and “relational” are more important now for our identities than our root schools. That’s what I think. I believe that
I have more in common with those analysts who would call themselves “intersubjective” than those who would just say they are “Jungians.”

**Dr. Miller:** Right. Different iterations, different generations. But there are also clearly Jungian concepts that inform your work: individuation, complexes, and projective identification—although Jung called it “participation mystique” from the French sociologist Levy-Strauss. Could you say something about these concepts?

**Dr. Young-Eisendrath:** Individuation is the process of becoming a “psychological individual,” which means becoming accountable for the multiple subjective centers of one’s personality. Jung mapped the psyche as a loosely connected association of complexes that includes mother, father, child, and other complexes, with the ego complex at the center. By this I mean that we identify with being a particular embodied subject with agency, history, coherence. At the core of each complex is an archetype, or primary imprint, that predisposes certain habit patterns and certain image formations. One of the most charged of these is the embodied image of a separate self. The archetype of the self is the driving force of the ego complex; people everywhere experience themselves as embodied subjects. This is not the same thing as being a psychological individual who is accountable for the multiple centers of subjectivity—ego and otherwise. Individuation, in this sense, is not even possible until adulthood.

Individuation begins with some kind of psychological breakdown in which a person feels or is told, “You are not the person you thought you were.” This is just the door opening to a possible new development. Some people get stuck there and eventually regress. When a breakdown leads to regression, ego functioning is frequently overwhelmed, overtaken by less mature unconscious complexes or alternatively the ego complex rigidifies and is repeatedly defended as the only view of the self. If a person, in this condition, simply takes some psychiatric medication and does not explore the possibilities for individuation, no further development automatically takes place. If development continues, that person must become accountable for the various dissociated complexes (their images and affects) that had previously been unknown. I believe that psychoanalysis deals almost exclusively with individualization.

The outcomes of psychoanalysis are both adaptive and somewhat maladaptive. A person becomes more at ease with the self and hence with others, more flexible in relationships, but also has a perspective on subjective experience which is very much in the minority—shared with less than .01 percent of the population, I am sure! This can feel a little lonely and even alienating.

**Dr. Miller:** That’s true. You like to think in terms of claiming previously unknown complexes, rather than internal objects?

**Dr. Young-Eisendrath:** To me, complex denotes a dynamic interactive pattern. Internal objects seem...

**Dr. Miller:** Too static.

**Dr. Young-Eisendrath:** Yes, exactly. Complexes include both subjective and objective poles. We enact complexes by identifying with one pole, while projecting the other pole. For example, in the mother complex, the subjective pole is usually the role of powerless child/victim and the objective pole is powerful parent. As adults we can identify with either, and project the other. A complex is fully enacted only through a projective identification in which another is unknowingly invited to play a role in the originator’s inner theater. The other often feels trapped into that role. Since all people have complexes that are archetypally driven, they have enough overlapping imagery and affect to play out unknown roles in others’ inner theaters. We all see this in spousal relationships and in parent-child dynamics. People don’t need psychotherapy to witness this.

In analytic therapy, we witness this in transference enactments, but different from life, we have the opportunity to study the dynamic process of a complex. We unpack the complex in an atmosphere of mindful equanimity. When projective identifications are entrenched or repetitive, we can be sure that a psychological complex is being enacted. We feel stuck in “twoness,” as Jessica Benjamin calls it, and we can’t seem to get to the “third” perspective that contains both people and allows each to explore subjective awareness without fear of losing their bond or connection.

**Dr. Miller:** How do you think we get to thirdness in psychoanalysis?

**Dr. Young-Eisendrath:** Well, Jungians call it the “transcendent function” and talk about containing the tensions of the opposites or the pull to extremes of enactment and withdrawal. For myself, I feel very strongly that the therapeutic set-up of psychoanalysis or psychoanalytic therapy plays a very important part in helping us. In fact, I would say that psychoanalysis is as much a place as it is a method. We psychoanalysts, as Irwin Hoffman among others has pointed out, set up a ritual space. We have a particular time, fee, place etc. for meeting. We discourage social chatter. And we focus our attention especially on the emotional habit patterns of the patient, not as much on those of the therapist. We commit ourselves to ethical conduct and non-retaliation, as well as relative anonymity and some kind of professional objectivity. All of this is the place in which we meet; both patient and therapist are contained and held in this place.

**Dr. Miller:** You talk about this in detail in your book. We work to make a space in which individuation is the primary focus of our engagement, especially the individuation of the patient.

**Dr. Young-Eisendrath:** This reflective space is in stark contrast to ordinary life and other relationships. No
other relationship specifies the commitment to non-retaliation and the focus on individuation—the opportunity to study and come to know our dynamic intersubjective habits of mind. In many ways, it is the nature of the effective psychotherapeutic relationship to seem more ideal than other relationships. One aspect is that the “expert” participant—the psychotherapist or analyst in this case—is idealized as a result of the set-up, and often behaves more ideally too. I know that I am much less reactive as a psychotherapist than I am as a spouse or parent, for example. I believe that psychoanalytic space, even all therapeutic space, encourages equanimity. I go into this at length in my book. At the core of this endeavor is the hope for renewal and the belief that suffering and symptoms can be transformed.

**Dr. Miller:** This has the flavor of Freud’s “unobjectionable positive transference,” but it seems to include more.

**Dr. Young-Eisendrath:** Yes, much more. I have brought in a lot of my understanding from years of experience in meditating and from studying Jung’s concept of a transcendent function.

**Dr. Miller:** The way you talk about this, you take issue with those intersubjectivists who take the extreme position of symmetry in the psychoanalytic relationship.

**Dr. Young-Eisendrath:** Of course, it’s not symmetrical! The exemplary model of a symmetrical relationship is friendship—in which the grounds of connection are equality, reciprocity, and mutuality in give-and-take. We don’t pay our friends to meet with us. There are aspects of psychotherapy that are similar to friendship. Psychotherapy includes love, respect, trust. There is a paradoxical quality to the therapeutic relationship in that it is impersonally personal, but it’s not symmetrical. One person’s complexes are studied much more than the other’s and one person hires the other to do a job.

Let me say one more thing about complexes. Here is where I strongly agree with Frank Summers. Our complexes are defended and are not easily brought to our awareness. These defenses make for resistance that must be challenged and confronted repeatedly by the therapist. Our less mature complexes (those formed earliest or through trauma) are defended by mechanisms such as schizoid fantasy, massive projection, and reaction-formation or worse. More mature complexes, like the ego complex, may be defended through anticipation, humor or sublimation. Any personality is a collection of different levels of organization and different types of defense. It’s hard work for both people to map these self-other formations and allow the threatening, negative feeling states and images to emerge in the transference, and then to put them into some words or gestures. Dreams help with this, but what helps most is the protective space of the therapeutic set-up. After all, we are asking our patients to give up their ways of organizing intersubjective reality, to turn the world upside down. People have lived for a long time with the habits of mind that feel as real as the sky above and the ground below. When these are challenged, we are asking for a paradigm shift in self-other perceptions. We need all of the help we can get from the therapeutic set-up and relationship to hold both parties for this intense work.

**Dr. Miller:** I can certainly see how you have integrated your various backgrounds into your understanding of the therapeutic action. It seems that you envision this as a place of mindful investigation and an opportunity to feel, almost to taste, what has been so long split off from the awareness of the patient.

**Dr. Young-Eisendrath:** The patient has been suffering from dissociation as a primary defense against agonies and destructive feelings and images that could not be tolerated. One final analogy appeals to me. We become active architects of our personalities by building bigger houses. Instead of condemning parts of ourselves live in the basement, the closet, the back yard—or even worse, in other peoples’ houses—we add on rooms. We know where and how each part lives. When a part jumps out and demands attention, we can find it easily. Then nothing in us is alien to ourselves.

**Other Books by Polly Young-Eisendrath:**

You’re Not What I Expected: Love After the Romance has Ended. Continuum Publishing, 2003 (Originally Published by William Morrow)
DANGER TO CIVILIANS FROM THE RESEARCH AND UTILIZATION OF US “SCI-FI” WEAPONRY?

E. Lisa Pomeroy, PhD

This is a response to a December 8th, 2002, LA Times article entitled Defense; “‘Sci-Fi’ Weapons Going to War,” written by William M. Arkin, Military Affairs Analyst. My concerns are multiple:

1. The sadistic pain-inducing nature of individual hand-held weapons that may have long-term effects on civilians and our US military men and women.
2. The potential for dangerous terrorist groups and criminals to use such weapons against American citizens within the US and around the world.
3. Concern regarding the subjects of painful military human experimentation with “Sci-Fi” weapons and the ethical consideration posed by such research.
4. Concerns about patients who report microwave harassment, which has been seen as “delusional” by psychologists but may now, or in the future, be reality events.

The LA Times article presented information on the development of highly secret US Special Operations units and tactics using exotic new directed-energy weapons including lasers, microwaves, electromagnetic pulses and incendiaries. These ‘Sci-Fi’ weapons are reported as being utilized by the Bush Administration to assist the armed forces in neutralizing weapons of mass destruction. However, William M. Arkin, the military affairs analyst author, points out that these weapons may “cross the threshold of what is considered lawful and acceptable.” Specifically of concern are painful microwave weapons which individually produce “an intense surge of energy, like a lightening bolt, that short-circuits electrical connections... Anti-personnel weapons, termed active-denial high-powered microwaves, send a narrow beam of energy that penetrates 1/64th of an inch into the human skin where nerves that cause pain are located. By instantaneously heating the skin to above 123 degrees Fahrenheit, the microwaves inflict intense pain; often, the reaction they produce is panic...”

William M. Arkin stated that a high-ranking officer reported after experiencing anti-personnel active-denial high-powered microwaves (HPM) directed energy: “All the glossy slide presentations in the world cannot prepare you for what to expect when you step in the beam.” What are the long-term effects of microwave weapons? What are the effects on the human brain and nervous system? Is there an increased risk of cancer or other illnesses with microwave weaponry? Does “active-denial” mean that the object of such painful weaponry cannot tell the source of the pain and panic? Isn’t the use of anti-personnel active-denial high-powered microwave both physical and emotional sadism to the maximum? What will be the impact on our American men and women in the military when such “Sci-Fi” weapons are used in their vicinity in a war zone? The United States does not need any “new” Gulf War Syndrome illnesses resulting from the war on terror or an Iraqi war.

Another concern is the possibility of US criminal groups stealing the “Sci-Fi” weaponry or terrorist organizations developing them. It is public knowledge that computers with classified information have been lost or stolen from the FBI and the Los Alamos Laboratory. Even a former Director of the CIA has mistakenly placed classified information on his unsecured home computer. We do not know what information was lost. What if terrorist cells, satanic cults, neo-Nazis, the mafia, criminal gangs or even a “Rampart-like” group in the local police acquired active-denial high-powered microwave weapons (HPM) which inflict extreme pain and panic on individuals but which could not be objectively seen, heard, observed or identified? A criminal or terrorist group could possess a terrifying means of threatening or retaliating against civilians. Who would be safe? Who could prove the criminal behavior?

The Washington DC Metro area sniper terrorized the public. What if the weapon could not be seen or heard but the experience was neurologically overwhelming to individuals? What kind of mass terror could impact an area of the US with absolutely no defense or even intellectual understanding by the public? Mass panic could possibly ensue.

As the new President of Section VI, The Psychoanalytic Research Society, I question how this research on microwave technology was conducted. It is vital that subjects are not harmed or exploited as human guinea pigs in pain-inducing investigations. Was informed consent given? I question the mental health of anyone who would volunteer as a subject of neurological research that “sends a narrow beam of energy that penetrates...into the skin where nerves that cause pain are located.” Psychoanalysts might consider subjects who volunteer for severe pain and panic to be suffering from some type of masochistic illness.

The Department of Energy during Clinton’s administration disclosed human subject experimentation that was dangerous to unsuspecting participants who were developmentally disabled, mentally ill, suffering from cancer, prisoners, or vulnerable soldiers unaware of the risk. Hopefully, the current human research on microwave, laser, electromagnetic pulse or incendiary weapons has included the highest ethical
Gayle Wheeler, psychoanalyst, film scholar, and one of the founders of both the Local Chapter of Division 39 and the Psychoanalytic Institute of Northern California, died Saturday, November 9, 2002 of lung cancer at her San Francisco home.

Born in 1939, Gayle received her Bachelor of Arts degree from Bethany Nazarene College and her Masters and Doctorate degrees in Clinical Psychology from the University of Kansas in Lawrence, in 1970. Before moving to San Francisco in 1970, she taught at the University of Kansas, and was a senior research assistant at the Menninger Foundation in Topeka. She served as director of community mental health clinics and as faculty member at the California School of Professional Psychology and The Wright Institute, both in Berkeley. At the Psychoanalytic Institute of Northern California, she was highly regarded as a training analyst and teacher. She maintained a private practice in psychoanalysis and psychotherapy until shortly before her death.

But there was more to Gayle than just a recitation of her academic accomplishments. She loved psychoanalysis. She also loved films. She brought passion, wit, and intelligence to all of her endeavors. Just a sampling of the titles of some of her writing reveals the breadth of her interests and the fluidity of her creative spirit: “Enactment and the Analy-sand as Playwright,” “How Many Identities Does It Take to Make a Character,” “What’s the Story, Mother?: Alien, An Oral History,” “Crumb: A Documentary by Terry Zwigoff,” “Psychoanalysis and the Cinema,” “Exotica a film by Atom Egoyan,” And last year, she organized a fascinating conference on film provocatively entitled: Women Who Kill.

Often, with tongue in cheek, she approached her topic with seriousness of purpose that revealed piercing insights.

Gayle was respected and loved her many students, colleagues, neighbors, and friends. She was known to sit quietly in committee meetings, but as the clock ticked toward the end of the session, she would first succinctly review the discussion and then diplomatically offer the solution at hand. Gayle was modest. Never one to refer to her own accomplishments, she never flaunted her intellectual acuity, nor trumpet her knowledge of art, culture, the French language, wine, film, psychoanalytic theory, nor of primitive societies. Should others allude to an achievement, she would deftly deflect the focus to another topic. She was an extraordinary woman in life. And, as she approached her imminent death, she displayed courage, dignity, and acceptance and served as a model for those of those she leaves behind. We were privileged to have her among us and will sorely miss her.

DR. GAYLE WHEELER
PSYCHOANALYST & FILM CRITIC

BARBARA F. ARTSON, PhD

Gayle Wheeler, psychoanalyst, film scholar, and one of the founders of both the Local Chapter of Division 39 and the Psychoanalytic Institute of Northern California, died Saturday, November 9, 2002 of lung cancer at her San Francisco home.

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Now is the time for action. More than ever before, the negotiation of differences poses a challenge to individuals and a society that is struggling to heal. The understanding of the human condition encompassing diverse colors, religions, social classes, genders, sexual preferences, ethnicities and cultures, requires alliances, which must be forged if our society is to flourish. Some of Division 39’s sections and committees such as: Women: Gender and Psychoanalysis, Psychoanalyst for Social Responsibility, Committee for Sexual Identity and Lesbian, Gay, Bisexual and Transgender Issues are viable examples. The complexity of such processes brings to light issues of prejudice, stereotype, biases and discrimination.

The Committee for Multicultural Concerns believes that analysts have responsibility to be sensitive to, understand and to treat individual experiences in the context of these multiple backgrounds. Our committee strives to provide opportunities for dialogue through presentations, open discussions and collaborations with other sections and committees in the division and other divisions in APA such as the National Multicultural Conference and Summit. We join with those, committed to the study of social and cultural issues that impact on society and on personality development. Once again we raise the question: How best may psychoanalysis contribute to the multicultural spectrum? It is argued that the analytic experience is itself culture-bound. It is also argued that the development of analytic practice and theory provides an evolving discussion about the challenges between self and other.

Dennis Debiak, chairperson of the Committee for Sexual Identity and Lesbian, Gay, Bisexual and Transgender Issues, has said that sexual orientation is only one aspect of identity and we run the risk of not taking into account how people’s identities vary on many other dimensions. We agree that the two committees must attend as fully as possible to the various contexts that influence identity and experience. The Committee on Multicultural Concerns has hosted several panels that have addressed this issue. We look forward to the coming Spring Meetings and our sponsored presentation Cultural Identifications and Clashes in the Therapeutic Relationship: Holding Hope in the Face of Cultural Divergence and Convergence by Xiaolu Hsi, Lisa Desai, and Usha Tummala-Narra, with Salman Akhtar as discussant.

We welcome other sections, committees and individuals to join forces with us. We are especially interested in attracting representation from a wide range of geographical areas to contribute to the diversity we are seeking.

In the fall Issue David Ramirez and I urged you to attend the National Multicultural Conference and Summit that was held in Hollywood this January. In the coming spring issue you will find a summary of the panel Psychoanalytic Psychology in Action: Clinical Supervision Across Boundaries of Sexual, Ethnic and Cultural Difference and the events of the Summit. We hope to keep you informed in this newsletter, at the Annual Meetings and the APA Convention.

Come join our dialogue! Let’s talk about choices; let us seek to better understand ourselves.

The Columbia University Center for Psychoanalytic Training and Research invites applications from clinical psychologists for full psychoanalytic training.

- Personal analysis
- Course and seminars on psychoanalytic theory and technique
- Clinical conferences and continuous case seminars
- Intensive supervision of the psychoanalysis of adult patients
- Program in Child and Adolescent Psychoanalysis

For more information, or to speak with a faculty member or a candidate about the program, please contact Joan Jackson at: 212-927-5000

Visit our Website at www.columbiapsychoanalytic.org
COMMITTEE ON SEXUAL IDENTITY AND LESBIAN, GAY, BISEXUAL, AND TRANSGENDER ISSUES (SILGBTI)

SILGBTI has constructed a survey to assess the needs of Division 39 members regarding LGBT and gender identity issues. This survey first appeared in the Fall issue of this newsletter and has been reprinted below. Please complete and return this survey—it will help us serve you better.

We have planned the following for 2003:

- We will have a page on the Division 39 website that will include LGBT resources, a listing of coming events, related links and a method of giving feedback and making suggestions about how SILGBTI can better serve Division members.
- We will hold the second installment of our Ongoing Discussion Group on Sexual Object Choices at the 2003 Spring Meeting in Minneapolis. The group will meet on Friday, April 4, 2003, from 10-11:50 a.m. in the Crystal Lake Room at the Minneapolis Marriott. Discussion leaders will include Muriel Dimen, Victor Bonfilio, Scott Pytluk, and Dennis Debiak. The format of this event will provide an opportunity for audience members to fully participate in the discussion of issues raised at our first discussion group held at the 2002 Annual Meeting in New York. Please join us!
- We will have a Social Hour at the 2003 Spring Meeting in Minneapolis. This will take place on Friday, April 4, 2003, from 6:15-7:45 p.m. in the Lake Calhoun room at the Minneapolis Marriott.
- We will co-sponsor, with Division 44, a panel at the next APA convention in Toronto. The panel will feature presenters who are members of both divisions. Jaine Darwin and Judith Glassgold (President-elect of Division 44) will co-chair this panel and Scott Pytluk, Mark Blechner, Shara Sand, and Dennis Debiak will present papers that focus on the history of the relationship of psychoanalytic psychology and sexual orientation.
- We will co-host a reception with Division 44 at the next APA convention in Toronto.
- We will analyze data from our survey by May 2003 and take action based on those results that will enable SILGBTI to serve the needs of Division 39 Members as identified through the survey process.

SILGBTI would appreciate input. Please complete and return the survey below and/or contact Dennis Debiak at ddebiak@aol.com with comments, questions, etc.

ATTENTION MEMBERS - PLEASE COMPLETE SURVEY

SILGBTI WOULD APPRECIATE INPUT FROM MEMBERS OF THE DIVISION. PLEASE COMPLETE THE FOLLOWING SURVEY. INCLUDE ADDITIONAL SHEETS IF NECESSARY. PLEASE DETACH AND RETURN SURVEY AND ANY ADDITIONAL SHEETS TO: DENNIS DEBIAK, PSYD, 300 SOUTH CHESTER ROAD, STE 106, SWARTHMORE, PA 19081, OR CONTACT HIM VIA EMAIL DDEBIAK@AOL.COM.

1. SILGBTI is considering changing its name to the Committee on Sexualities and Gender Identities. Would you support this name change?
   __ Yes  __ No  Feel free to suggest alternative names.

2. How do you identify yourself? Please check all that apply.
   __ Lesbian  __ Straight/Heterosexual  __ Gay
   __ Intersexed  __ Bisexual  __ Queer
   __ Transgendered  __ Other - please specify:

3. Have you ever felt unwelcome by or treated differently within Division 39 because of your sexual orientation or gender identity?
   __ Yes  __ No  If yes, please describe:

4. What kind of collaboration would you like to see the Committee establish with Division 44?

5. How would you want SILGBTI to focus its efforts? Please check all that apply:
   __ advocate for LGBT concerns within Division 39
   __ provide bibliography and other information about LGBT and gender identity issues
   __ have a social hour at Division 39 meetings
   __ have a social hour at APA meetings/conventions
   __ through panel presentations at Division 39 meetings
   __ support scholarly works regarding LGBT issues
   __ write articles for Psychologist-Psychoanalyst newsletter
   __ collaborate with Division 44 (The Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues)
   __ other - please specify:

6. How would you foresee SILGBTI increasing the visibility of LGBT concerns within the Division?

7. Please feel free to make additional comments or suggestions.
Membership Application

(please print)

Last Name ______________________________    First Name ______________________________

Highest Degree ________________________________________________________________________

Mailing Address ________________________________________________________________________

City ______________________________    State ________________    Zip _________________

Home _________________________________    Office _________________________________

Fax __________________________________    Email __________________________________

Important – please check one:

[    ] Yes, I wish to have my name, address, email and phone number on the Division webpage.

[    ] No, you may not publish my name, address email or phone number on the Division webpage.

Foreign Language Fluency _____________________________________________________________

States Licensed In ________________________________________________________________

Please provide your APA membership number _________________________________________

Check one and return with your check made payable to: Division of Psychoanalysis

[    ] Regular/Associate Member ($70)
Please activate my membership immediately. I understand that my payment enrolls me into Division 39 membership through December 31 of this year and that thereafter I will be billed by APA on my annual APA dues statement. (You must be an APA member).

[    ] Student Member ($25.00)
Please enroll my membership. I understand that my dues are paid on a calendar year and will be due on December 31 each year. I also understand that I do not need to be a member of APA to retain membership in Division 39.

[    ] Allied Professional ($70.00)
Non-psychologist holders of postgraduate degrees who are licensed or certified in a mental health discipline and have demonstrated an interest in psychoanalysis through academic training, institute training, continuing education, writing or related study.

__________________________________________  __________________________
Applicants Signature    Date

Return this form to: Division of Psychoanalysis (39), 740 B2 E. Flynn Lane, Phoenix, AZ 85014
In an effort to invite and involve graduate students in division activities, the Graduate Students Committee has undertaken several initiatives over the past several months which we hope is only the beginning of “growing” the next generation.

In the hopes of creating special experiential and learning opportunities for students we are planning to offer more and expanded programming at our Spring Meetings. In Minneapolis we have used our bloc of unjuried time to offer two clinical presentations by graduate students from Michigan State, John Bergeron and Patrick Perkins, that will be discussed by Joseph M. Schwartz, and chaired by one of our graduate student committee members, Elisabeth Morray. We have organized an in vivo supervision panel with case material presented by two graduate students, Cheryl-Lynn Podolski and Ariel Glick, and supervision provided by Jody Davies and Samuel Gerson. Karen Rosica will chair and moderate this panel. This will be the second in what we hope will become an annual panel since it was so well received last year.

In addition to panel presentations we have arranged two more intimate opportunities for the students: a special seminar for graduate students only with Steven Cooper, our keynote speaker, the day after his address to give graduate students an opportunity to further explore the themes raised in his talk; and, a wine and cheese reception for graduate students to meet with the division president, Jaine Darwin and past president, Jonathan Slavin.

We want very much to create a community for graduate students. We now have our online message board, the Div39 Graduate Students Forum, up and running at PsyBC.com. At present between 10% and 15% of our student members have registered for the Forum. We have opened a number of folders for posting (discussion topics), but as yet have not quite found the hook to generate the level of activity and interest we were hoping for. Given the recent success of the recent IARPP online discussion of a paper by Jody Davies, we know that such message boards can be very exciting. Actively discussing how to provide content that will be more compelling to our student members will be our next priority. Possibilities include posting a paper or a case with an invited senior division member or two as invited participants.

We welcome all thoughts and suggestions about these ideas or others you might have.

The following members joined the division between September 1 and December 1, 2002. If you recognize a colleague, please take the time to welcome them to the Division.

Erlete Ascencao, PhD
Maria Christina Barongan, PhD
Catherine Bernard, PhD
Terry Blanken
Kelley Callahan, MA
Carol Cederbaum, MSW
Judy Clyman, PhD
Yael Ebenstein, BA
David I. Falk, PhD
Valerie Frankfeldt, PhD
Roberta George-Curran, MA
William Grey, MEd.
Richard Holigrocki, PhD
Elaine K. Hunter, MSW
Betty Ann Kaplan, PhD
Barbara Keele, PhD
David Kemmerer
Brain Lehto
Valerie Leibowitz, MSW
Denise Lensky, PhD
Natasha Liflon, PhD
Judith C. Lobel, PhD
Peter Maduro, PsyD, JD
Manuel Manrique, PhD
Suzanne Martin, MA
Erika Miller, MS, MSW
Jill Modelbarth, PhD
Batya Monder, MSW
Edwin Muniz, MD, PhD, EdD
Leanh Nguyen, PhD
Cristian Onofrei, MS
Kurt D. Openlander, PhD
Gudun Opitz
Robert Osman, MA
Abbe Polsyn, PsyD
Moira Ripley, MS
Laura Robinson, PsyM
Stephen Sabin
Peter Sayer, PsyD
Denise Schieren, BA
Gabriella Serruya, BA
Marcus Sharpe, MA
Marjorie Siegel, LICSW
Alla Smirnova, PsyD
Peter Smith, MA
Leda L. Smith
Adrienne Storm
Jennifer Wanner, MFT
Hannah Wedgley, PhD
Goldie Winn, MSW
Stephen Withrow, MSEd
**SECTION REPORTS: SECTION V - PSYCHOLOGIST**

**PSYCHOANALYST CLINICIANS**

Johanna Krout Tabin, PhD

Section V now numbers 400 paid members. Its Board, once New York-based, has developed in a national direction, with representatives from the West, Midwest and South. In keeping with the requirements of many states for mandatory continuing education, Section V offers an on-line program free to members. A new course on Ferenczi’s *Confusion of Tongues* is about to launch.

The Section initiated a biannual essay contest after 9/11, open to all members of the Division. This year’s winners were David Lichtenstein and Elizabeth Young-Bruehl, whose essays are posted on the Section’s website. The website <www.sectionfive.org>, which often collects well over 100 hits in a single day, includes up-to-date announcements and has developed into an interesting online magazine. One part, *Currents*, which is weblog based, is an interactive exchange of views and anecdotes. *Currents* is currently featuring the conclusions and references for articles by members, allowing members to keep up with each other’s thinking.

The Section continues its annual Kalinkowitz Lecture series, co-sponsored by the NYU Postdoctoral Program in Psychotherapy and Psychoanalysis. It steadily attracts distinguished lecturers and large audiences. Paul Lippmann delivered a lecture on dreams in January 2002. This year, Elisabeth Young-Bruehl will present on Friday, March 14.

The Section’s mission to represent the cutting edge in theory and technique was demonstrated at the invited panel at the 2002 Annual Meeting. Robert Prince chaired a panel entitled *Like Moths to The Flame: the Lure of Trauma*. The panelists included Ghislaine Boulanger, Sergio Rothstein, and Nina Thomas. At APA last August, the Section offered a panel on *Psychoanalysis and Schizophrenia*. Harold Davis, Nancy McWilliams, Bertram Karon and Lisa Pomeroy reported case material, proving the efficacy of “real (i.e., psychoanalytic)” treatment” in such cases. In keeping with the acknowledged need to help to develop graduate students’ appreciation for psychoanalysis, Section V will hold annual essay contests for them. The first, to start off the New Year, will be on the personal discovery of the unconscious.

**SECTION V - PSYCHOLOGIST**

**PSYCHOANALYST CLINICIANS**

Johanna Krout Tabin, PhD

**SECTION VIII: COUPLE AND FAMILY THERAPY**

Susan M. Shimmerlik, PhD

I am pleased to report that our recent membership drive was highly successful and we have over 80 new members from around the country. We encourage others to join and want to extend a particular invitation to those of you who are beginning couple and/or family work, or who are considering doing so. For membership information, please contact our Secretary, Justin Newmark, at jnewmark@attbi.com.

At our October meeting, the Board voted to establish a $400 grant which is open to graduate students who are members of the Section and whose doctoral dissertation focuses on issues in couple and family therapy and psychoanalysis. For more information, please contact Leo Weisbender, chair of the Section VIII Research Committee, at LeoFW@aol.com.

Our listserv continues to be very active. This fall we instituted a monthly question about a clinical situation that has generated a great deal of enthusiastic discussion. As one of the people who posed a clinical dilemma, I found that the responses were extremely helpful and that the interchange significantly expanded my thinking. Our listserv is also being used for seeking and sharing various kinds of resources, making referrals, and communicating about other matters of concern to our membership. We are currently in the process of planning for an upgrade of our website in conjunction with the upgrade of the Division 39 website.

Our current newsletter, with its theme of Sex and Sexuality, arrived in December. It is filled with articles, movie and book reviews, and information about Section activities and how members can get involved. In January, under the auspices of the Education and Training Committee, chaired by Gerald Stechler, we are going to have our next on-line discussion of a paper by Barbara and Stuart Pizer entitled, “The Gift of an Apple or the Twist of an Arm: Negotiation in Couples and Couple Therapy.” The paper will be mailed in hard copy to all members of the Section and the discussion will take place on the listserv.

Section VIII is sponsoring two events at the Division 39 Annual Meeting in Minneapolis in April. Our Invited Panel will be on the topic of infidelity. The title is *Infidelity and Couples: Enactment, Understanding, and Hope*. Gerry Stechler and Phyllis Cohen will be presenting papers and Barbara Pizer will be the discussant. We are also sponsoring a social hour/discussion hour modeled on the highly successful one at the meeting last April. The title of the discussion is *Transference to the Partner and Transference to the Therapist: The Interface Between Individual and Couple Therapy* and the discussion leaders are Mary-Joan Gerson and Carolynn Maltas. We hope to see you there.

For more information about any of our activities, please feel free to contact me either by email at SMS@psychoanalysis.net or by telephone at 212-877-3857.
The most recent activities of Section IX are two co-sponsored conferences, one on each coast. Both conferences were coincidently held on November 2, 2002. The Psychic Cost of American Healthcare, was the topic of the West Coast event, held in San Francisco. Philip Cushman presented a paper about the impact of managed care on the psyches and practices of mental health professionals. Panel discussants included Maureen Murphy and Gail Bell. Bree Johnston, Co-president of the California Physicians Alliance, an organization advocating a single-payer system of health care; and Steven Fisher, Deputy Director, California Department of Managed Care, also made presentations.

My introductory remarks to the conference, “Social Responsibility and Healthcare: The Need for Social Containers,” are included elsewhere in this issue (see page 21). I hope that others will join in the national efforts to promote a single-payer system in the near future. For more information about organizations working on single-payer alternatives contact PNHP (Physicians for a National Health Program, 312-554-0382).

Neil Altman summarizes the second conference that was held that day in New York City entitled An American Dilemma Revisited. (For a full report on this important event, please see page 23.)

Section IX will host a number of events at the Annual Meeting in 2003: the Second Annual Innovative Programs Fair; a panel on The Fate of Hope in a World at War featuring Argentine analyst, Juan Carlos Volnovich, a co-sponsored presentation on the inter-generational transmission of trauma, and a combined reception with Sections II and III.

**STEPHEN A. MITCHELL AWARD.** Papers are invited for the second annual Stephen A. Mitchell Award. Established by Psychoanalytic Psychology and the Board of the Division of Psychoanalysis, the award honors our esteemed colleague as well as a graduate student whose paper is deemed exemplary by a panel of judges, all journal editors and Division 39 members. The award includes a $500 cash prize, airfare and registration for the Division Spring Meeting at which the paper will be read, and publication in Psychoanalytic Psychology. Deadline for submission is July 1, 2003, and presentation of the paper will be at the 2004 meeting. Five printouts of the paper should be submitted to me according to the procedure for publication. The paper and should include a cover letter indicating that the paper is being submitted for the Stephen A., Mitchell Award. Division members with academic affiliations, in particular, as well as all members are strongly encouraged to invite graduate students to submit papers. There are no restrictions as to topic or theoretical orientation, although the papers must be of a psychoanalytic nature. Manuscripts and questions should be addressed to the editor: Joseph Reppen, PhD, ABPP, Editor, Psychoanalytic Psychology, 211 East 70 Street, New York, NY 10021-5207, 212/288-7530 (voice), 212/628-8453 (fax), reppen@datagram.com

**DEADLINE: JULY 1, 2003**

**SECTION III - WOMEN, GENDER AND PSYCHOANALYSIS** announces a $500 grant will be awarded yearly for the support of a dissertation in keeping with the Section’s mission: “Section III is dedicated to promoting research and theory concerning gender and women’s issues, to increasing the participation of women within the profession, to advancing the psychotherapeutic treatment of women, and to advocating on behalf of women’s issues. The Section has an additional focus on contemporary social issues.” Any doctoral student whose dissertation proposal has been approved is eligible to apply. The application will consist of one (1) copy of a letter, not to exceed two double-spaced pages, describing the dissertation and its relationship to the interests of the section and proof that the proposal has been approved. (Faxes and emails are not acceptable.) Applications will be judged on: relevance of the topic to the Section’s mission, importance of the contribution to the field, and likelihood that the dissertation will be completed in a timely fashion. The winner will be announced at the Section III reception at the Annual Spring Meeting of Division 39 and, upon completion of the dissertation, will be invited to participate in a conversation hour sponsored by the Section. Applications for the 2002 award must be postmarked by March 1, 2003 and should be addressed to: Toni Vaughn Heineman, DMH, 2481 Clay St., #201, San Francisco, CA 94115

**DEADLINE: MARCH 1, 2003**
Thanks to the energy and dedication of our Board of Directors, working committees, and membership, NCSPP continues to thrive. We hold steady at 600 members and associates. Membership now spans the greater Bay Area and Northern California. We hold conferences, lectures, and intensive study groups in San Francisco, Berkeley/Oakland, Silicon Valley/South Bay, and Sacramento offering hundreds of hours of psychoanalytically informed education annually. The breadth and depth of our educational programs reflect the wide ranging interests of our membership as well as the enduring local interest in contemporary psychoanalysis. Presenters at NCSPP sponsored events in 2002 included: Marilyn Charles, Peter Goldberg, Andre Green, James Grotstein, Roberto Oelsner, and Jed Sekoff. Information about our current educational offerings can be found on our website at ncspp.org. In addition to maintaining our educational mission, NCSPP has embarked on several exciting projects aimed at furthering our mission to promote interest in psychoanalytic study.

While we are fortunate in the Bay Area to have a thriving psychoanalytic community and a range of opportunities for psychoanalytic education for professionals at the post licensure level, the local training situation has deteriorated for graduate and postgraduate clinicians. In the past several years several large psychoanalytically-oriented internship and post-doctoral training programs have closed their doors, victims of hospital budget cutting. In an attempt to turn the situation around the Board of Directors of NCSPP decided to found a new organization, The Access Institute for Psychological Services (accessinst.org).

As an independent nonprofit organization, the Access Institute’s goal is to raise sufficient funds to open a low-fee mental health clinic and psychoanalytically-oriented clinical training program in San Francisco in 2003. The Board of the Access Institute is currently seeking to raise money from foundations and individuals to cover the two-year startup cost of $500,000. The long-term goal is to create a model of community service and clinical training that will be self-sustaining and immune from hospital and city budget cuts. (Patient fees will cover 2/3 of the annual budget leaving a modest $75,000 yearly fundraising need.)

With the support of scores of NCSPP members, fundraising has been successful so far. The project has gathered over $100,000 in donations and pledges in the first six months. If fundraising continues to meet targets, the board will begin to look for space, hire staff, and start services in July 2003. Members of NCSPP should be proud to have been among the founders of this effort to bring affordable psychoanalytic treatment to San Franciscans, and to create valuable new internship slots for students seeking psychoanalytically-oriented training.

Members of the Board of NCSPP have been concerned about a decline in interest in psychoanalytic psychology among graduate students as well as the continued low profile of psychoanalytic theory and practice in the mental health profession. Responding to these concerns, the Board decided to appoint a new ad-hoc committee dedicated to pursue the development of an NCSPP speakers bureau. Drawing from NCSPP members, the speakers bureau will seek to further NCSPP’s mission to encourage the study of psychoanalytic psychology in the professional and general communities. Speakers will be available to address diverse audiences on a range of psychoanalytic topics. Graduate schools will be a primary forum, but speakers can also address audiences at public schools, community organizations, and on radio and television. We are excited about the potential of a speakers bureau to give those outside our community exposure to contemporary psychoanalytic ideas as well as to give our members access to a wider range of audiences to address.

As we continue our efforts to promote interest in psychoanalytic study beyond our own small community, we encounter the difficult question of “diversity.” Based on an awareness of our striking racial and cultural homogeneity as a group, NCSPP has pursued increased diversity among membership and the Board. Past efforts have not been successful to the disappointment of those who have worked on them. These efforts have stalled largely because they were undertaken prematurely, before an adequate consensus had been developed within the organization, including a workable definition of the problem and a determination of what steps, if any, should be taken toward change.

Given the enormity and the complexity of the issue, any effort to address it has to be coupled with a strong consensus among the Board and the membership, as well a viable institutional structure that would implement change over the long-term. Toward this end, the Board decided to met for a day-long retreat in November to think through the issue as a group and decide how to proceed. The retreat was successful in generating ideas and building consensus. The results of the retreat are being compiled and will be worked on further at the Board’s regular Winter retreat and will be reported to the membership.

We’ve had a busy year at NCSPP, but we can be gratified with the fruits of our efforts as we work toward sustaining the vitality of psychoanalytic psychology in our community.
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<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
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</tr>
</tbody>
</table>
Volume XXIII, No. 1 Winter 2003 Contents

FROM THE PRESIDENT
Jaime Darwin........................................................... 1

PSYCHOANALYTIC RESEARCH
Raymond Levy & Stuart Ablon, Editors
Distinctive Features of Psychodynamic-Interpersonal Psychotherapy
Matthew D. Blagys & Mark J. Hilsenroth..................................... 5
The Evolution of My Interest in Psychoanalysis
Philip S. Holzman........................................................................ 9
Pervasive Victimization in the Priesthood
Joseph J. Amato........................................................................... 19
Social Responsibility And Healthcare
Rachel Peltz.................................................................................. 21
The American Dilemma Revisited
Neil Altman.................................................................................. 23
Books By Division Members : 2002-2003........................................ 25

PSYCHOANALYTIC BOOKS
Stephen Mitchell's Can Love Last?
Rochelle G. Kainer........................................................................ 27
Jeremy Safran & J. Christopher Muran's
Negotiating the Therapeutic Alliance
Diana Fosha.................................................................................. 30
Volney Gay's Joy & the Objects of Psychoanalysis
Molly Ann Rothenberg.................................................................... 35
Marshall Silverstein's Self Psychology & Diagnostic Assessment
Shira Tibon.................................................................................. 35
Kai Von Kitzing, Phyllis Tyson & Dieter Burgin's
Psychoanalysis in Childhood and Adolescence
Gregg A. Johns.............................................................................. 38
Mark Bledner's The Dream Frontier
Polly Young-Eisendrath................................................................ 41
Ronnie Lesser & Erica Schoenberg's
That Obscure Subject of Desire
Ona Nierenberg.............................................................................. 44
John Muller & Joseph Brent's
Peirce, Semiotics and Psychoanalysis
Louis Rothschild........................................................................... 48
Judith Mitran's
Ordinary People and Extraordinary Protections
Susan Grotstein............................................................................... 50
Peter Shabad's Despair and the Return of Hope
Harold Davis.................................................................................. 53
From Sociology to Psychoanalysis:
The Work of Nancy Chodorow
Marilyn Metz................................................................................ 55
Patrick Casement's Learning from Our Mistakes
Susan DeMattos............................................................................. 61
Interview with Polly Young-Eisendrath
Mel Miller...................................................................................... 64
Danger to Civilians
E. Lisa Pomeroy.............................................................................. 70
Gayle Wheeler: Psychoanalyst and Film Critic
Barbara Artson............................................................................... 71

COMMITTEE REPORTS
Multicultural
Delores Morris.............................................................................. 72
Sexual Identity & Lesbian, Gay, Bisexual and Transgendered Issues
Dennis Debiak.............................................................................. 73
Graduate Student
Karen Rosica................................................................................ 75
Membership.................................................................................. 75

SECTION REPORTS
Section V, Psychologist-Psychoanalyst Clinicians
Johanna Krout Tabin....................................................................... 76
Section VIII, Couples, Family and Psychoanalysis
Susan Shimmerlik.......................................................................... 76
Section IX, Psychoanalysis for Social Responsibility
Rachel Peltz.................................................................................. 77
Graduate Student Competitions
Section III...................................................................................... 77
Stephen Mitchell Award................................................................. 77

LOCAL CHAPTER REPORTS
Northern California Society for Psychoanalytic Psychology
Bart Magee..................................................................................... 78

DIRECTORY.................................................................................. 79

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