FROM THE PRESIDENT

I write this column on March 30, 2003, two weeks into the war with Iraq. I worried at first that anything I said about the war would be out of date by the time this column appeared in several weeks. Now I worry because I know it won’t.

A TIME OF WAR

In this time of war, the hopes of some fill others with dread. The war in Iraq has invaded our consulting rooms. I find an irony in my belief that there can be no neutrality about war and yet we wrestle with our neutrality as we listen to our patient’s experience of living in a country waging war. One patient cries through each session feeling helpless and complicit since the invasion. Another scoffs at the antiwar protesters because they offer no viable alternative. One man struggles with his horror at the war and his excitement when he sees the weapons of war. A woman is aware of a reawakening of anxiety we can trace to her first marriage to a pilot when they lost many friends in Vietnam. A paranoid patient, who usually feels better in times of war—he believes the world is finally sharing his level of distrust—surprisingly becomes full of empathy for the military and civilian casualties—an empathy he has never felt before and never can access towards family, neighbors or co-workers.

Our analytic selves call for neutrality as other parts of us feel pulled by a moral responsibility to speak out, whether for or against. I received an email from a counseling psychology graduate student, sent to all APA Division Presidents, I quote it not out of agreement or disagreement with the content, but as an example of someone compelled, perhaps naively in its specificity, to speak out. The student labeled the Shock and Awe strategy as an abuse because “It solely aims to create fears in people’s minds and deter their spirits. In other words, it intentionally tries to create traumatic experiences among people, which may last for decades” and asking, “All the people in the field of psychology have a responsibility to speak up against this abuse of psychological techniques.” How do we decide when it is our obligation to speak out in our professional rather than our personal voices? Can we distinguish?

Our expertise is in understanding and deciphering the intricacies of the human mind. Our problems in integrating our understanding of the intrapsychic and the realities of war are not new. Sigmund Freud wrote to a Dutch psychologist on December 28, 1914, during World War I. He highlighted two assumptions of psychoanalysis, that primitive and savage impulses persist in the unconscious and that our intellect is a tool of our instinct, which, he also indicates, contributes to the unpopularity of psychoanalysis. He concluded by saying “If you will now observe what is happening in this war—the cruelties and the injustices for which the most civilized nations are responsible, the different ways in which they judge their own lies and those of their enemies and the general lack of insight which prevails—you will have to admit that psycho-analysis has been right in both of these theses.” (SE, v14, 301-302) He was talking about the leaders of Germany, France and England.

Whatever our thoughts are about this war, our job will be to help people cope, to help people heal, to help ourselves so we will be able to do this for others.

WHO ARE WE?

I am now returning to the column I intended to write before the invasion. What is it we do for others that distinguishes us from other groups of mental health practitioners? In my three months as President of the Division, I’ve attended three conferences not geared specifically to psychoanalysis, the National Multicultural Summit, the Teacher’s College Cross Cultural Round Table and the APA State Leadership Conference. This immersion in the mainstream allowed me to find words for what we contribute which distinguishes us from other groups of clinicians. In the 1992, presidential race, the Clinton campaign kept saying “it’s the economy.” Division 39 members in 2003 need to be saying, “it’s the depth.” Our belief in a dynamic unconscious allows for
thoughts, feelings, and actions to be multidetermined. There are many layers beyond the surface.

I attended a workshop called Intrapersonal Psychology in which the presenter was teaching that the patient did not say everything on the patient’s mind and we needed to engage the unstated thoughts and assumptions and bring them into the room. For many attendees, this was a novel idea. We are the people who understand ambivalence. We are the people who embrace a treatment method, aimed at increasing capacity and resuming thwarted growth. As I said in welcoming remarks at the Multicultural Summit, “As people committed to fighting prejudice, we must acknowledge how often the most hurtful prejudices and the most internalized self hatreds are deeply rooted and out of conscious awareness. We, as psychodynamic clinicians, are committed to making conscious in ourselves, our clients, and in our society, the destructive nature of these beliefs. We bring a way of understanding the individual and the society.

Where Have We Gone Wrong?

Why then have we been stereotyped and marginalized? At our panel at the Multicultural Summit, an exciting live supervision with two multicultural supervisory dyads, an audience member prefaced a question with the statement, “I know you people aren’t interested in culture and ethnicity.” We are caricatured; people confuse neutrality as a position from which to listen with a proscription on any responsiveness. I go each year to speak at an undergraduate course on psychoanalysis, to talk about what it’s like to be a working analyst. The feedback from the students each year is that I don’t look or sound like an analyst. I’m too warm and I speak without jargon. I talk about a case without using the word Oedipal or mentioning cathexes. I remember beginning my own personal analysis in 1984 and being both pleased and horrified that my analyst commented freely. I had a fantasy of the psychoanalytic police who were part Keystone Cop, part KGB, and part wind up toy, who would come charging into the office at any imagined lapse in analytic protocol making loud squeaking noises and exiting with the same alacrity with which they came. How’s that for an analytic third and an internalization of a stereotype?

We are still bearing the burdens of an earlier psychoanalysis that was homophobic, could be misogynistic and was devoid of interest in the roles ethnicity, race, and socioeconomic status played in determining how an inner life developed. While we may see ourselves as distinct from other older psychoanalytic organizations, we are viewed from the outside through the same lens.

I have been thinking about what we contributed to the perpetuation of these negative views. As psychologists we always fought to be free of psychiatry’s yoke. Even in 2002, psychologist-psychoanalysts’ interests were sacrificed in the New York Scope of Practice Bill so psychologists could finally be legally sanctioned to diagnose and treat mental illness. We fought with the American Psychoanalytic Association so psychologists could receive full clinical training and so teachers would be available to teach at non-American institutes. Prior to the settlement of the GAPPP lawsuit in 1989, little analytic training was available to psychologists outside of New York. While these struggles were meaningful to us, they focused our energies away from more mainstream concerns about inequality. Division 17, Counseling Psychology, began pushing for standards for cultural competence in the early 1970’s. We sponsored our first Multicultural Summit in 2001. As a professional group we come very late to the dialogue. We cannot correct misperceptions unless we’re there. We may be unrealistic if we expect those harmed by now righted wrongs to let go of their grievances so quickly.
What We Need To Do

We need to widen the circle and to invite in the underrepresented. We need to reach out to the next generation. Through the combined work of the Membership and Graduate Student Committees, our graduate student membership grew in the last year from 160 to 260. We need to recruit members who are people of color, people from underrepresented minorities. Our twice having sponsored the Multicultural Summit has been an important public statement of commitment and of intent. We need to debunk the view of us as elitist and money hungry. I am reminded of the chorus of an old camp song “Oh, Dr. Freud, oh, Dr. Freud, / How I wish you had been otherwise employed, / For that set of circumstances sure enhances the finances, / Of the followers of Dr. Sigmund Freud.”

The Good News

As we approach the twenty-fifth anniversary of our Division, we can be proud that we have begun much of the work we need to do. We petitioned for membership and were accepted into the Divisions for Social Justice, a coalition of nine divisions. Neil Altman has agreed to represent us at their yearly meeting. At the January Board meeting in Los Angeles, we met with Norman Anderson, the new CEO of APA. He was both interested in who we were and responsive to our wish for better visibility. He suggested, and we plan to pursue, publishing an article or a section on contemporary psychoanalysis in The American Psychologist.

Psychoanalytic Psychotherapy, the official journal of the Division, will join other premier psychoanalytic journals on the next edition of the Psychoanalytic Electronic Publishing (PEP) CD ROM. This will increase use and awareness of the journal by psychoanalytic scholars at home and abroad and reaffirm its status as an important journal of record for psychoanalysis. We will have launched the new Division 39 web page. The new page reflects our recognition of how information is sought and exchanged in these times. You will now be able to update your listing in the membership directory from your own computer. I particularly ask all of you to enter your email addresses in the database so we have a way of communicating with you in a timely fashion that saves us postage and spares a few trees. Sections and Committees of the Division will also be able to change their texts themselves.

Linda Giacomo, Tom Greenspon, and the Minnesota Spring Meeting Steering Committee assembled a stellar program and once again made available to those of us attending the Spring Meeting the cutting edge of psychoanalytic thinking. A member of another psychoanalytic organization told me he heard our Spring Meetings were sexy. I was taken aback until I thought about how exciting it is to be amidst this intellectual foment. Thank you for knowing we’d need all the hope we could muster.

I want you to mark your calendars for the next Spring Meeting in Miami, March 17th –22nd 2004. The Conference theme is “Psychoanalysis at the Edge: the Transmission of Culture, Class and Institution.” This will also launch the yearlong celebration of the 25th anniversary of the Division.

I’d like to end by saying much has been accomplished; much is planned. Here’s to peace in the future.

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

Summer issue - July 1, 2003
Fall issue - October 1, 2003
Winter issue - January 1, 2004
Spring issue - April 1, 2004
The 2004 Division 39 Conference, "Psychoanalysis at the Edge: The Transmission of Culture, Class, and Institution," addresses the unique diversity and overlapping boundaries of both psychoanalysis and American society, exemplified by South Florida. Since its beginnings, psychoanalysis has stood at the crossroads of multiple disciplines and at the divide between science and religion, theory and healing. Its greatest thinkers and practitioners have struggled to find the space where the beauty of theory meets the ordinary needs of people in distress. While psychoanalysis developed a clear and confident voice, its range has been restricted to those who "speak its language."

We meet in Miami, a city where people from different countries and walks of life come together to reconcile dreams of freedom with the demands of everyday life. In this century, American psychoanalysis must learn to "speak the language" of a more diverse and culturally transformed society. We welcome your participation as clinicians and researchers, healers and thinkers, to reflect on psychoanalysis and its contribution to the development of our discipline, mental health movement, and our evolving culture.

Thus, we invite proposals that will articulate ways in which we can continue the rich cross-fertilization of diverse disciplines, cultures, models, and theories and can use this diversity to reach an even wider cross section of people.

**KEYNOTE SPEAKERS**

DR. OTTO KERNBERG & DR. ROY SCHAFER

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**FIRST CALL FOR PARTICIPATION**

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- Send four (4) copies of the proposal with a TITLE ONLY (omitting names). NO FAX SUBMISSIONS WILL BE ACCEPTED.
- Create a cover page containing: Your name(s), address, fax and/or e-mail, title of submission, and, for each author, his/her primary affiliation and a ONE-PAGE Curriculum Vitae.
- FOR PANELS ONLY: Submit four (4) copies of the following:
  - A 150-word overview of the panel;
  - A 350-word abstract for each paper.

In order to facilitate discussions between presenters and the audience, we strongly recommend that panels be limited to two (2) papers and a MODERATOR (versus DISCUSSANT).

MEET THE AUTHOR has a delivery time of 50 minutes and requires a 150-word overview WITH name(s) INCLUDED.

**DEADLINE FOR SUBMISSION POSTMARKED BY SEPTEMBER 5, 2003**

Send all submissions to:

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24th Annual Spring Meeting
Division of Psychoanalysis
March 18-21, 2004
Fountainebleau Hotel Resort
Miami Beach, FL

Division 39 of the APA
c/o Natalie P. Shear Associates
1730 M Street, N.W., Suite 801
Washington, DC 20036

Send all submissions to: postmarked by 9/5/03
**LETTER TO THE EDITOR**

I have recently attended the APA sponsored program by APAIT on risk management. They are advocating several measures to provide increased documentation in our practices. Among their suggestions is that we use an informed consent form, and they offer a sample that is seven pages long.

I know that Lawrence Hedges, PhD addressed these issues in his book, *Facing the Challenges of Liability in Psychotherapy*, which was reviewed here in the Fall 2002 edition. His advice also emphasizes the need for clinicians to document consent-to-treatment as well as many other aspects and interactions of the treatment. I am particularly interested in current responses to the material that APAIT is putting out, since that is the most recent, they are on their HIPPA Update CE circuit, and their recommendations may wind up being taken as, or referred to, as a standard of care or standard of practice.

While I agree with the motivation for clarity of understandings with patients and for protection against possible future allegations, I am concerned from a clinical perspective about the impact that the length, content, and form of presentation of the APAIT’s suggested consent document would have on the therapy, especially when we look at those issues from a psychoanalytic perspective. The representatives from APAIT encourage us to “redraft the contract to fit your business practices rather than adjust your practices to fit the contract,” and I was hoping we might be able to have some discussion and suggestions from the Division about the sample they have proposed.

I would welcome some discussion here of these issues, their clinical implications pro and con, and any suggestions of alternative sample forms. I believe it will help us all as we work to help our patients and also as we strive to meet the challenges of these litigious times.

**FROM THE EDITOR**

At the last Division Board Meeting someone commented on my presence there, observing that newsletter editors are like the “kitchen help,” privy to all the goings-on of those “upstairs.” Now, I suppose it would be rude to remark on the implied condescension (although I just did), but I will choose to dwell on its accuracy. One of the tasks I set for myself as editor is to know as much as possible about the division as a way to develop articles and news reports to send to the readership. In doing so, I do gather information and access opinions from a wide range of the division leaders and officers. I make it my business to find out what the issues are and where people stand on those issues. Certainly in the last three years as editor I have met far more people and gotten involved in far more division projects than I would have in any other position. There is a lot for the kitchen help to do!

I think that the metaphor suggested by my kind interlocutor is inaccurate since my real task to accomplish two things: provide what members want to read and find out what writers want to say. Although the latter task is relatively straightforward, I often find myself operating “blind” in the sense of not knowing what the readership actually thinks about the newsletter or would want to see included (or deleted) from the newsletter. In developing broad goals and objectives for the newsletter I am not alone since the Publications Committee is responsible for this task and the Division Board ultimately approves the final result. The broad outlines are in place since a core part of my mission is to print the articles, reports and summaries that describe the work of the Division Board, including Committees and Liaison work, as well as the work of the Sections and Local Chapters. I am also charged to print panel and paper summaries from the Annual Meeting.

I have taken on three major charges in addition to those listed above: book reviews, research reports and history. The first of these, Psychoanalytic Books, has been quite successful in that increasing division members have come forward to volunteer to review books, to conduct author interviews, and so on. The Research Section of the newsletter continues; and several members of Section VI, as well as other members, have promised to keep this section going. Finally, the Psychoanalytic History section is still developing with articles promised by a number of our senior members (Bob Lane’s reflections on his career will be in the next issue).

Several other ideas came up during the Annual Meeting including having graduate students interview currently active members to provide a Psychoanalytic Profile that would both better inform our readers of the range of talent and interests among division members, as well as afford graduate students the opportunity to work with senior colleagues around the development of psychoanalytic ideas and identity. Also, since next year begins the “countdown” to the division’s 25th anniversary, the newsletter will provide updates on the division’s history and the important contributions made to that history, such as the GAPP lawsuit and the Psychoanalytic Consortium.

Which still leaves the most important question in abeyance. What do the readers want? I must admit it is hard to discern. I mostly receive “copy editing” complaints (especially when it is the person’s name that I have misspelled). While I appreciate this level of criticism, it would be more helpful to hear something more constructive. I thought of putting together a poll but I would like to ask for free associations as a starting point. I would appreciate hearing from members responding favorably or unfavorably to the general impression of the newsletter as well as the specific components as I have described above. Is there something you would like to see more of, less of? What would you change or keep the same? Please respond by phone: 865-558-5675, fax: 865-584-8400, or email: drmac@bellsouth.net. I have been in the kitchen for some time. I think I can stand the heat.

**LETTER TO THE EDITOR**

CARL H. SHUBS, PhD

William A. MacGillivray, PhD
Introduction
The issue of therapist emotional involvement with the patient has and continues to be conflict-ridden. Why is this so? Does there exist the “right” amount of involvement? More is written about over-involvement than under and this is understandable. Many therapeutic problems ensue from caring too much, getting emotionally too far under the skin. Such involvement is not by itself a sufficient condition for problems, but the demands to avoid the perils that come with it are formidable. Patients become too important; we think about them after hours or on weekends. Breuer became afraid to continue treating Dora because she imagined she was having his baby, not a comfortable position for a physician in the latter part of the 19th century in Vienna. So he referred her to Dr. Freud. There was little in Freud’s discussion of the case to understand what his elder colleague might have been feeling toward the younger and adoring Dora. But it seems clear Breuer did not want to explore this, and his wife was apparently in agreement.

The title of this paper questions the supposition that there is an optimal range of emotional involvement of the therapist with the patient. Furthermore, I will suggest that when therapists feel that they are emotionally over-involved, this signifies progress, particularly in the treatment of more severe pathology such as is found in borderline conditions. It is the working through of such over-involvement that becomes a major therapeutic focus. That there exists some optimal level of involvement seems too formulaic and stagnant to accurately reflect the dynamic interplay between therapist and patient in an intensive psychotherapy.

Two examples illustrate this, one from the archives of classic film and the other from a clinical case. In the movie 12 O’clock High (1949, 20th Century Fox), Gregory Peck stars as an Air Force officer in World War II. He discovers that a good friend and commander of a bomber squadron has been slipping significantly in his performance. Peck investigates and comes to the conclusion that the commander has become too close to his men; he has become over-involved. As a result he has worried himself to the point of a nervous breakdown over their safety and compromised missions to save lives even though such actions risked even greater losses in the bigger war picture. Peck is pressed into service to take over as commander and from the start presents as a cold, unempathic leader. But in time he comes to care about the men and hence the central conflict around his denial of such feelings. In his effort to avoid becoming over-involved he in time is betrayed by his empathic attunement to his men and his identification with them.

In the clinical case, Ms. D. had been a patient in intensive analytic psychotherapy for several years. I have presented this case over the years at Division 39 meetings and at the APA annual conference. This fact alone suggests the possibility of an over-involvement. During the first years of her treatment I referred to her case as “The song of the siren” to reflect the strong feelings of attachment that I struggled with. One of the papers I presented about this case was titled “Drowning in the seas of counter-transference” and depicts the pitfalls of the over-involved position. Progress over the years in this case has offered a vantage point on the vicissitudes of therapist involvement, and I will discuss this around one particular issue: interruptions in treatment. Ms. D. would most likely be diagnosed borderline personality, more along the lines of Kernberg’s conception of personality organization rather than DSM-IV criteria. As might be expected, there were periods of severe depressive episodes, usually centering on experiences of separation. Such experiences ranged from the ending of sessions to vacation breaks as well as times when the patient decided not to attend sessions for a period of days, weeks, or months. Such patient-initiated breaks are not uncommon in intensive treatment with patients at such a level of personality organization. My reactions to these breaks and how this affected the patient’s treatment is the heart of the matter at hand and indeed, writing this paper is perhaps the intellectually sublimated aspect of this experience. I will return to this topic.

Involvement
The word countertransference has always struck me as being in part a shield for the therapist. Perhaps this is needed in the challenge of this work we do. Therapists’ feelings, thoughts, and fantasies are incited by what the patient brings to a session. But there are therapist reactions that are both waiting to happen and in search of something behind the conscious desires of helping and earning a living. Such reactions are therapist-specific as each of our personal histories predisposes us to slightly and at times radically different ways of reacting to a patient’s words, feelings, and actions. Clearly my own conflicts around separation “primed” me to an especially intense reaction to Ms. D’s periodic leaving. One of these early reactions was to let sessions run a few minutes longer, in my mind conveying to her that I truly cared about her by giving her “my” time. When she would call to say she wasn’t coming...
to a session I would call her back and try to talk to her about it in the hope of her coming back. This reaction is what Freud (1912) was referring to as the analyst’s own infantile transferences, which hindered treatment. It was believed that if self-analysis failed to control such reactions then further analysis was required. It was in Britain and Hungary that this classical view of the therapist’s reactions changed over the years. Ferenczi (1916) in Hungary and then later his student Balint (1939) in Britain re-examined the issue with the purpose of finding some use of such therapist reactions, use in terms of understanding the patient-therapist relationship and not just thinking of the phenomenon as the therapist’s unresolved conflicts. Other analysts from the British Independent school contributed to this continuing relational evolution, by now mainstream.

The Balints wrote “On transference and countertransference” (1939) and suggested that the analyst’s reactions to the patient were normal and non-pathological transferences to the patient. This released the concept of countertransference from being related only to the patient’s or the analyst’s pathology. King (1978) has offered the term “the analyst’s affective response” to disentangle it from countertransference proper. Orange (2000) suggested simply referring to the analyst’s transference to the patient and eliminating the word countertransference altogether, further highlighting her intersubjective view of the therapeutic encounter. In the 1950’s Harry Stack Sullivan was a maverick for talking about “Interpersonal” psychiatry, challenging the stance of the therapist, questioning the efficacy or even the possibility of therapist as detached observer and dispenser of advice, interpretations, and cure. Relational therapists such as Mitchell and others have for years sharpened the focus on therapist as participant. Orange, Atwood, and Stolorow, have written about intersubjectivity in psychotherapy and psychoanalysis and the notion of emotional involvement of the therapist to an even further and perhaps radical degree. The subjective realities, particularly unconscious desires and conflicts, of both patient and therapist intersect in the clinical exchange. There is a symmetry in such an exchange with both participants affected by the
other, affected in ways that are unbeknownst to either, i.e. unconscious. It is the unraveling and untangling of this mutually influencing process that is the work of such psychotherapy. In terms of technique, such an approach seems to fall short of Ferenczi’s mutual analysis but has perhaps generated similar questions about therapist self-disclosure.

Racker (1953) wrote about the myth of analytic objectivity and felt this myth perpetuated a repression of the analyst’s subjectivity. Racker reflected a growing trend at the time to see countertransference as an important phenomenon for the analyst’s understanding of transference dynamics and the content and timing of interpretations. Kernberg (1965) discussed countertransference phenomenon in narcissistic and borderline patients and how such patients’ propensity for severe regression exerts extraordinary pressure on the analyst. Kernberg described how under such pressures the analyst can fall victim to “fixed countertransference positions” (p.50). Kernberg wrote of a countertransference “bind” when the analyst’s character defenses complement a patient’s pathology, an example being when a patient’s aggression is complemented by an analyst’s masochistic submission, rationalized as total dedication.

Under-involvement

There are perhaps two general ways to approach this position. The first is that such a position is inevitable and preferable in short-term supportive psychotherapy. Transference interpretations or observations in a short-term framework don’t often work and there are good reasons for this, chief among them the thinness of the working alliance. In addition, introducing such an area of inquiry potentially opens up a Pandora’s box when it is known that the therapy is not going to be of sufficient duration to explore and work through the effects of such anxiety-producing interventions. Under the conditions of a short-term approach the therapist does not hope to strike a balance in allying with the patient’s id, ego or superego, in Anna Freud’s words to remain equidistant. On the contrary the therapist acts as an external ego, unencumbered by the requirements of allowing the transference to develop. Giving advice and suggestions are just as viable as empathic attunement and understanding.

The more complex issue regarding under-involvement is in an intensive, long-term therapy where the therapist’s unconscious resistance blocks emotional engagement and identification. Such protective mechanisms may arise in reaction to particularly dependent or demanding patients. Therapist reactions from this perspective fit under the classical definition of countertransference as intrapsychic conflicts within the therapist and are only a secondary contributor. It is when such defensive reactions are primarily a result of such conflicts that therapists hopefully explore through self-analysis or supervision how such blocks to therapeutic engagement persist. In the early days of psychoanalysis it was more emotional over-involvement that prompted Freud’s dictum that such countertransference reactions were deleterious and required further analysis of the therapist. The under-involvement was overlooked, perhaps in part due to the then prevailing metaphor of the therapist as surgeon—objective, goal-oriented, and not emotionally involved.

Over-involvement

In the early years of Ms. D’s treatment I would miss her when she would not attend sessions. If she missed a session without calling I would at times call her to ask what had happened. Over time I came to realize that the patient represented for me an important object in an unconscious fantasy of redemption. In this fantasy my caring for her, my efforts to always be empathic and understanding, and my denial of frustration and anger, would lead to her transformation and cure. It was a masochistic position on my part, not unlike what Kernberg (1965) and Grotstein (1992) described in the treatment of borderline patients. In Grotstein’s description therapists must accept the suffering inflicted upon them in order to escape from the tyranny of their inherent belief of themselves as evil. But again this is the traditional sense of the concept of countertransference and what I am focusing on here is how the therapist’s transference to the patient affects the therapeutic process. In the beginning one effect was that I became more emotionally involved with the patient, for my own reasons apart from empathic attunement and projective identification. But for a long time these experiences were too muddled and emotionally intense to sufficiently work through.

This difficulty was due in part to my developing clinical skill, the patient’s severe pathology, and the importance for me of the redemption fantasy. I think this both blinded me and unknowingly enabled me to tolerate and indeed embrace in a masochistic way the patient’s attempts to induce suffering in me. My need for the patient to fulfill this fantasy of redemption complicated the treatment in a number of ways. For one, the patient’s sense of entitlement was strengthened. This caused her greater anxiety, as she needed help in controlling the effects of this belief as it served to drive others away with its unrealistic demands. But such demands fit in with the masochistic position I found myself in, under the sway of the redemption fantasy. It was not only redemption that was operating but also a powerful grandiose fantasy that I could bear unlimited suffering and that I would do it to save her. The combined power of such grandiose and noble fantasies led to numerous departures from the therapeutic frame, such as sessions running over, calling when she did not show, and inconve-
niencing my schedule to accommodate hers.

Over time Ms. D. came to believe that I cared about her and this was a major achievement. For the first time she felt she was the gleam in someone’s eye. However, she also wondered why I cared as she saw herself as so fundamentally evil. She came to sense that she was important to me and used this “against” me. For example, she would punish me by canceling sessions, and I believed this expression of hatred toward me worked only because she knew that I had become so emotionally involved with her that she was well under my skin. I worried about this as well, realizing my judgments about session times, rescheduling, etc., were being affected by my fear of losing her. Many therapists, perhaps some reading this article now, would feel critical of my behavior and would feel that I should have transferred the patient. At times I have shared such criticism of myself. Acknowledging that this article itself is perhaps motivated in part by a desire for justification and exoneration, I think there is also a bigger picture. I think this picture is that when we find ourselves asking privately about how we have become too involved emotionally, this is the point where the skills from analytic training and continuing self-analysis remind us that this is a good thing. Not an easy thing but a good thing. It reminds us that we are human and that we do this work out of a calling to heal the pain of trauma and neglect, truly a noble endeavor. The “dark side” and that we do this work out of a calling to heal the pain of thing but a good thing. It reminds us that we are human.

Searles (1975) felt that an important and necessary condition for therapeutic progress was for the patient to feel they were healing some neurotic aspect of the analyst. Searles saw this healing of the analyst by the patient as stemming from a fundamental and universal psychotherapeutic striving and that pathology has been the thwarting of such striving from early life onward. The process of individuation is blocked as the patient-as-child must function “symbiotically as therapist to a family member,” in Ms. D’s case, with her mother. Searles maintained that it is the failures of such strivings that have stunted a patient’s developmental line toward individuation. I did not at first conceptualize the patient’s behavior toward me in terms of such striving-to-heal. But, I would argue that she was aware, if only dimly, of my difficulties with separation issues, and she may have unconsciously attempted to heal this neurotic conflict. It was her sense of failure at this that contributed to periodic impasses.

Summary

Chief among the problems associated with emotional over-involvement with a patient is the therapist’s denial of such. Historically, such denial has its foundation in the view that such reactions to a patient are pathological. Indeed, some therapist reactions are pathological, such as sexual misconduct. Despite psychoanalysis moving for many years in a relational, two-person direction, the onus on such involvement remains. Regarding the patient as one who needs to heal the therapist, as Searles believed, continues to make for a still uncomfortable symmetry in the therapeutic process. In the early stages of treatment how would we begin to write about which of our neurotic conflicts the patient might help us heal?

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PSYCHOANALYTIC RESEARCH: PROGRESS AND PROCESS
MIND-BODY RESEARCH: IMPLICATIONS FOR PSYCHOANALYTIC CLINICIANS

The following article is a review of the research literature on the relationship of psychoanalytic theory to physical health and immunity. We are grateful to Tamara McClintock Greenberg for providing an extremely useful introduction to this complex area. Our hope is that psychoanalytically oriented practitioners and researchers will become increasingly engaged in this challenging area of thinking. Too often we are marginalized in the health psychology area. We welcome suggestions for discussion, panel presentation topics and action initiatives. Mary-Joan Gerson, PhD & Marilyn Jacobs, PhD, Co-Coordinators, Task Force on Psychoanalysis and Health Care

In 1895, when describing traumatic neuroses and common hysteria, Breuer and Freud first commented on the interaction of the mind and the body. Over 100 years since Breuer’s and Freud’s discovery, empirical research in the separate but related disciplines of medicine and health psychology, has found that much of what was described in Freud’s earlier writings, as well as in the research of early psychoanalytic clinicians, has proven to be largely true: Emotional states, including the repression of certain affects, play an important role in the development or exacerbation of certain illnesses. Following a brief history of selected psychoanalytic thinking regarding mind-body interactions, this article will review major findings of research studies in the last several years linking psychological factors and physical functioning and will discuss the implications of this research for our work with both medical and non-medical patients.

History: Psychoanalysis began as a mind-body theory. Breuer and Freud (1895) proposed that hysterical phenomena result from traumatic events in childhood and hypothesized that repressed affect was responsible for the development of physical symptoms in hysterical women. And although he revised his thinking a few years later regarding the seduction theory and the role of early childhood trauma in the development of neurosis, Freud’s early views suggested that disrupted early relationships (trauma in particular) led to the development of psychological problems and psychological problems with physical manifestations. In Studies on Hysteria, he and Breuer wrote:

“Observations such as these seem to us to establish an analogy between the pathogenesis of common hysteria and that of traumatic neuroses, and to justify an extension of the concept of traumatic hysteria. In traumatic neuroses the operative cause of the illness is not the trifling physical injury but the affect of fright- the psychic trauma. In an analogous manner, our investigations reveal, for many, if not most, hysterical symptoms precipitating causes, which can only be described as psychical traumas.” (p. 6)

Freud’s emphasis was on what we would now call somatization and conversion phenomena. For patients with “real” medical problems (medical problems with demonstrable organic etiology), he deferred to George Groddeck. Groddeck, who was not an analyst, worked psychoanalytically with patients with a variety of medical problems, including cancer (Groddeck, 1977). In addition to helping patients understand psychic conflicts contributing to current disease processes, he also used massage therapy, reportedly with some success. (Although we might think of such a combination of treatments as unorthodox, there is actually a large body of literature that finds that massage enhances immune functioning; see, e.g., Fields, 1998.)

Franz Alexander and Helen Flanders Dunbar were also interested in focusing on physical symptoms associated with demonstrable organic findings and their connection to psychological conflicts. Dunbar (1943) developed personality profiles of patients with specific medical disorders, suggesting that persons with certain illnesses carried specific characterological traits. She also pointed out the remarkable similarities in personalities between individuals with organic and “functional” illness (illness not explained by physiological signs), and stressed the importance of personality traits in illness with both demonstrable and nondemonstrable organic etiology (Dunbar, 1939). In a later work, Dunbar described how childhood experiences that are filled with fear and uncertainty can be the sole or contributing cause of physical illness (Dunbar, 1947).

Alexander (e.g., 1944, 1950) not only considered physical symptoms as symbolic expressions of repressed affect, but he also addressed the physical effects of emotion. For example, he suggested that hypertension was the physiological result of repressed rage. In Psychosomatic

I am grateful to Michael Guy Thompson, PhD for this information regarding Freud and Groddeck’s relationship.
Medicine (1950), Alexander postulated that certain physical conditions are a physiological response of the vegetative organs (he probably meant the “flight/flight” response of the autonomic nervous system) to constant or periodical emotional states. He also said that the vegetative neuroses serve as an adaptation of the body to the state of constantly being prepared to deal with an emergency situation.

Expanding on Alexander’s discussion of the physiological response to anxiety and stress, Cameron (1963), following the James-Lange account of emotion, said that psychosomatic illness is the result of the patient’s attempt to discharge tension by increasing bodily activity, which in turn increases the activity of the peripheral nervous system, thus leading to illness.

Research Linking Emotional and Physical Factors: Although it is unclear precisely what the mechanisms are, there is clearly a strong relationship between emotions and affect states and illness. And while medical and neuropsychological research is beginning to understand the interaction of the mind and the body, what is certain is that much of the evidence points to what early psychosomatic researchers had suggested regarding increased autonomic responding (the “fight/flight” response). This response may be mediated by chemicals that are released during times of stress, chemicals that may be ultimately responsible for illness in certain types of medical patients.

While there are many studies that link childhood trauma with somatization and chronic pain (e.g., Domino & Haber, 1987; Schofferman et al., 1993; Walker, et al. 1988; Wurtele et al., 1990), a unique major study in the late nineties found that disruptive early experiences lead to both high-risk health behaviors and later physical illness in adults. In the Adverse Childhood Experiences Study (Felitti et al., 1998) 9,508 adults were surveyed about having experienced several types of adverse childhood experiences, including physical, psychological, or sexual abuse and domestic violence. Their responses were correlated with current substance abuse or mental illness. Persons with 4 or more adverse experiences had a 4- to 12-fold increase in alcoholism, drug abuse, depression, and suicide attempts. Four or more childhood exposures were also associated with a 2- to 4-fold increase in reports of cigarette smoking, poor health, and sexual experiences with 50 or more partners. The second major finding was that there was a predictive relationship between the number of childhood exposures and the following disease conditions: ischemic heart disease, cancer, chronic bronchitis or COPD (emphysema), history of hepatitis or jaundice, and skeletal fractures.

An important finding of the Felitti study is the association between childhood adverse experiences, poor health behaviors, and later illness. Certainly the connection between child abuse and disruptive early attachments is not surprising to us as analytic clinicians. And although it seems clear from the Felitti data that negative health behaviors played a major role in the illnesses developed by respondents with multiple childhood exposures, these negative health behaviors do not explain entirely the development of illness in people with early childhood trauma. Perhaps one possible link is the connection between child abuse and childhood depression and later illness. This connection may be made in light of the overwhelming amount of research connecting depression and physical illness.

Depression: Regarding cardiovascular problems, over ten years of research has demonstrated that depressed mood is associated with different kinds of coronary heart disease, the leading cause of death in the United States. For example, depression independently predicts a second myocardial infarction (heart attack) in patients who have already had a myocardial infarction (e.g., Frasure-Smith et al., 1993). Depression also predicts poorer survival among patients with coronary artery disease (Barefoot et al., 2000) and congestive heart failure (Jiang et al., 2001). Although much of the research has suggested that people who are already ill and depressed have shorter life spans, there is also evidence that major depression and depressive symptoms are associated with a first myocardial infarction (Ford et al., 1998; Glassman & Shapiro, 1998; Pratt, et al., 1996).

Depression leads to poorer outcomes in both the elderly and medical inpatients. Depression leads to greater physical decline among the elderly as compared with non-depressed persons (Penninx, 1998). Moreover, among hospital inpatients with a variety of illnesses, depressed mood was an independent risk factor for mortality (Herrmann, et al., 1998). In a study with elderly women, Whooley & Browner (1998) found that the risk of death due to depression was as significant as the risks associated with smoking, high cholesterol, obesity, and diabetes.

The research on depression and later development of cancer is less consistent than other research on depression and illness. A meta-analysis by McGee and colleagues (1994), however, found a small association between depression and later development of cancer. Additionally, a well-controlled study found that after adjusting for demographic factors and other cancer risk factors chronic depressed mood was associated with increased cancer risk (Penninx, et al., 1998).

Hostility: Several studies have found that trait hostility (cynical mistrust, anger, overt and repressed aggression) is related to an increased risk of atherosclerosis, essential hypertension, and heart disease (Miller et al., 1996). Also, a recent prospective study with young adults (Iribarren, et. al.,
2000) found that after adjusting for age, demographic, and lifestyle variables, trait hostility is predictive of increased coronary calcification (a risk factor for atherosclerosis).

**Anxiety and Stress:** Stress, including life changes, has been found to be related to decreased levels of health and well-being. Conversely, social support and certain lifestyle factors can act as a buffer to stress and increase physical well-being (Sarason, Sarason & Pierce, 1988). Largely as a result of the established findings on stress and health, the field of psycho-neuroimmunology has developed to examine the interaction between the central nervous system, psychological states, and the immune system via hormones, neuropeptides, and cytokines (Watkins, 1997). Some of the major findings of the stress-disease connection are as follows: Negative psychological states can have an immunosuppressive effect in HIV patients (Ironson, Woods, & Antoni, 1997); stress exacerbates asthma and rhinitis (Watkins, 1997); secretory Immunoglobulin A (an antibody that is thought to serve as a first-line defense against infection) decreases during and after major academic examinations (and up to 14 days following such exams) (Deinzer et al., 2000); psychological distress increases susceptibility to cold viruses (Cohen et al., 1998); daily stressful experiences when undergone without social support result in increased diastolic and systolic blood pressure and heart rate (Steptoe, 2000).

**Psychoimmunology:** Although the reasons for the above findings are unclear, it does seem to be the case that negative psychological states alter physiology in such a way that the body then becomes more vulnerable to illness. One probable connection is that negative early experiences lead to high-risk health behaviors, which, of course, increase the chance of developing a variety of illnesses. Second, childhood trauma is often associated with depression in adults, and depression is associated with the development of some illnesses. And while we as analytic clinicians might speculate about symbolism expressed in the above connections, there is much scientific research and speculation about the relationship between bodily expressions of a wide variety of emotions (the weight of the research is on negative emotions) and the subsequent vulnerability to illness.

One mind-body link being studied has to do with cytokines that are released during times of stress, depression, or anxiety (cytokines are substances that are released by the immune system in response to injury and infection). Negative emotions contribute indirectly to immune dysfunction by proinflammatory cytokine production, which increases inflammation (this is particularly true for people who are already ill and/or have infections). Inflammation has been linked with a variety of health problems associated with aging, including heart disease, diabetes, certain cancers, and...
osteooporosis (Kiecolt-Glaser et al., 2002).

Although there is much interest in proinflammatory cytokines, there has also been an on-going interest in alterations in endocrine function that occur as a result of emotional responses. Both anxious and depressed moods result in the release of hormones, including the catecholamines, cortisol, and others, which have effects on the immune system and can result in abnormal immune responses. Of particular interest to researchers is the evidence that depressed patients have high levels of cortisol (Irwin, 2002), a hormone with effects that may explain some of the findings regarding the relationship between depression and compromised physical health.

Implications for Psychoanalytic Treatment: Although frightening in its implications, the above research can be thought of as demonstrating the need for a stronger presence of psychoanalysis and psychoanalytic thinking in medical settings and in the community in general. At a time when we are worried about public perceptions of the utility of psychoanalytic conceptualization and interventions, the previously cited research suggests that as psychoanalytic clinicians, we have a great deal to offer both medical and non-medical patients. The evidence suggests that treating depression and addressing hostility, and negative emotions in general, may be a way to prevent the onset of illness or to improve outcomes in patients who are already medically ill. Our work as psychoanalytic clinicians can be thought of as not just helping to improve the quality of people’s lives in the present, but also as prolonging lives.

Psychoanalytic understanding has a great deal to offer people once they become ill. Illness often results in regression (even if only transiently) to primitive psychological states, and it is suggested that psychoanalytic clinicians are in a better position than other mental health providers to help patients understand psychological reactions to bodily failure. By helping people understand their primitive responses to illness and the intrusions that are often a part of being a medical patient, we can help manage the depression that so often accompanies being medically ill.

Another implication of the above research is that as analytic clinicians, we may need to rethink our positions on the use of medications to help alleviate depressive symptoms. Medications can, at least in the short-term, decrease depressive symptoms, improve affect tolerance (van der Kolk, 1996), and possibly limit the physiological mechanisms by which depression causes or exacerbates illness. Moreover, there is reason to believe that psychoanalytic treatment can help groups of people who were formerly thought not to benefit from our interventions (the elderly, patients with “real” medical problems, and even hospital inpatients). As the field of psychoanalysis seems to most Americans increasingly irrelevant, integrating what we have to offer in the area of mind-body interactions is a way not only to preserve and expand our discipline, but also to build bridges that will improve the health of patients.

References


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References For Lamb Study


See Section VI Report on page 65 for additional information.
UC BERKELEY UNDERTAKES PSYCHOANALYTIC OUTCOME RESEARCH
LISA POMEROY, PHD & WILLIAM LAMB, MA

This column begins on a sad note to mark the passing of Enrico Jones, PhD, professor of psychology at UC Berkeley. He died at the age of 55 following a three-year battle with cancer. His student and colleague, Dr. Stuart Ablon remarked, “He was an extremely thought-provoking, incredibly intelligent man who was really intrigued by human feeling, thinking and motivation. Most people are interested in whether therapy works, but Enrico realized long ago that a more intriguing question is how therapy works. In addition to research efforts for which he is most well-known, Dr. Jones was also training director in clinical psychology and active clinician, a psychoanalytic psychologist in the fullest sense. The Editor

The University of California at Berkeley is studying psychoanalysis and long-term psychotherapy. William Lamb, MA, along with the support and expertise of Berkeley professor Enrico E. Jones, PhD, are engaged in an important research project. This study is a methodologically sophisticated effort to conduct a meta-analysis of outcome in psychoanalysis and long-term psychoanalytic psychotherapy. This Berkeley study hopes to make an important contribution to psychotherapeutic outcome research, which has, thus far, been dominated by studies of brief treatment and crisis intervention.

The purpose of this meta-analysis study is to synthesize quantitatively the extant empirical literature pertaining to the effectiveness of treatment in outcome studies of long-term psychoanalytic psychotherapy and psychoanalysis. This study will contribute to evidence-based practice, which has become the benchmark of clinical quality. If long-term psychoanalytic psychotherapy and psychoanalysis are to be practiced within an evidence-based framework, an important initial task is to gather the relevant evidence of their effects. The primary research questions are:

1. What is the evidence that long-term psychoanalytic psychotherapy and psychoanalysis are effective treatments?
2. What is the evidence for improvement in symptoms, core psychopathology, and social adjustment after long-term psychoanalytic psychotherapy and psychoanalysis?
3. What is the evidence that individuals maintain their gains following long-term psychoanalytic psychotherapy and psychoanalysis?

Amid a long and controversial history regarding the effectiveness of psychotherapy (e.g., Bergin, 1971; Eysenck, 1952), a new quantitative approach to combining research studies (i.e., meta-analysis), emerged to address questions of overall treatment benefit (Smith, Glass, & Miller, 1980). Meta-analysis is a statistical procedure where outcome measures from a number of studies are first standardized to allow for comparability and then combined to form a generalized conclusion.

Despite an impressive showcasing of meta-analytic evidence over the years, which has demonstrated the effectiveness of psychotherapy (Lipsey & Wilson, 1993), the emphasis has been on evaluating short-term treatments. There is a noticeable exclusion of longer-term treatments, including psychoanalysis. When meta-analyses of psychoanalytic psychotherapy have been conducted (Anderson & Lambert, 1995; Crits-Christoph, 1992; Svartberg & Stiles, 1991), they have targeted short-term treatments and have eschewed studies of psychoanalysis. Moreover, although narrative reviews of psychoanalysis have been conducted (Galatzer-Levy, Bachrach, Skolnikoff, & Waldron, 2000; Kantrowitz, 1997; Wallerstein, 1995, Chapter 24), no quantitative integration of this literature has occurred. Although Fonagy and colleagues (2002) have marshaled empirical evidence in support of long-term psychoanalytic psychotherapy and psychoanalysis, their collection of studies has not been integrated in a quantitative fashion.

Method: Selection of Studies—Published and unpublished studies completed by the year 2002 from both English and non-English language based sources will be identified and retrieved through electronic database (e.g., PsycINFO and PubMed) and hand searches (e.g., Journal of American Psychoanalytic Association). A list of retrieved studies will be sent to experts in the area of long-term psychoanalytic psychotherapy and psychoanalysis to review for their completeness.

Inclusion Criteria—Observational and experimental studies with pretest and posttest treatment data that report on individual and group psychoanalytic treatments and psycho-analyses of at least one year duration (or the equivalent) for children, adolescents, or adults will qualify for the meta-analytic review.

Calculation of Effect Sizes—A version of Cohen’s $d$ will be computed by subtracting the pretest and posttest means, then dividing by their pooled standard deviations. Multiple outcome measures within a study will be combined to form a single effect size. However, in order to evaluate the effectiveness within specific domains of functioning, effect sizes will be computed across studies for (a) symptoms, (b) core psychopathology, and (c) social adjustment. Each effect size will be weighted by the inverse of its variance.

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In the fall of 2002, a new organization was formed by about a dozen psychoanalytically-oriented therapists in the New York area for the purpose of organizing against the impending war on Iraq. In view of the diversity of opinion about the war among therapists, it was felt that we could not organize within the existing social responsibility groups, like Section 9 of Division 39 or the Social Responsibility section of the International Association for Relational Psychoanalysis and Psychotherapy, of which we were all members. We had already organized a “speak out” in May of 2002, for the purpose of giving therapists an opportunity to speak about their feelings in the aftermath of September 11, 2001, and in view of the international situation that was developing at the time. This event was attended by about 40 people, which was fewer than we had hoped for. However, in this relatively small group of attendees, nearly everyone spoke quite personally and emotionally about their experience and feelings.

In the fall, we (the original group constituted itself a steering committee) organized an inaugural event for the new organization for December 8. This time, about 150 people showed up to hear statements by Jessica Benjamin and Susan Gutwill about the world political situation. We then divided up into subcommittees based on the following themes:

1. Liaison with the larger anti-war movement.
2. Outreach to the community at large. The idea here was to develop a short statement, from the perspective of our knowledge and experience as therapists, suitable to distribute in the community.
3. Liaison with the media. The goal of this group was to develop a statement suitable for release to the media, and to develop contacts to facilitate the dissemination of our statement and possibly to arrange media appearances.
4. Middle East (Israeli-Palestinian) issues. The purpose of this group was to keep in focus the centrality of the Israeli-Palestinian conflict in the larger international political situation.
5. The non-violent tradition. This committee grew out of our belief that the non-violent tradition of Gandhi, Martin Luther King, Jr. and others needed to be rehabilitated at this time and place.
6. Trauma. This group aimed to keep our particular knowledge about trauma and war in view as we developed a position about the impending conflict.

In January, we held our next meeting, showing a film called *The Hidden Wars of Desert Storm*, a history of American involvement in Iraq and the Middle East. This was an educational and consciousness-raising experience for those who attended. The film was followed by discussion.

Our next meeting, planned for March 23, will be concerned with our organizational structure and plans for the future. Meanwhile, the media and outreach committees have developed their statements and made many contacts in the community and the media. The Middle East committee is sponsoring a series of educational evenings about the Arab-Israeli conflict. Some among our group have attended various demonstrations, and we have a large banner that identifies our group, with the slogan “Peace of Mind.” We are currently co-sponsoring a conference on PsyBC (The Psychoanalytic Broadcasting Corporation) called “Psychoanalysis, Politics, and the Current International Situation.” We have joined the “Professionals Network for Social Responsibility” in New York, a group of people from a variety of professions that have a history of effective interventions with politicians and public policy makers. We aim to create a community and a sense of belonging for psychotherapists and other mental health professionals. If you are interested in joining us, please contact me at neilaltman@hotmail.com.
My first contact with the National Coalition of Mental Health Professional and Consumers was when I attended the first conference in Atlanta many years ago. I remember a lot of things about this conference, but the strongest memory was that of Harold Eist bringing us to our feet applauding his fiery rhetoric, and, in particular, his adaptation of the old military “joke” that runs something like this: “Good news, boys, the enemy has us surrounded. You can fire in any direction and you’ll hit something!” It was a gruesome joke then, for all its humor, and is still gruesome today, almost ten years later.

Today, the “good news” is that the corporate interests that have encroached upon the health and well-being of American citizens have found friends and allies in the federal government. The threats still include employer access to health records and development of massive marketing databases to target physicians (and other healthcare professionals) and patients, shaping practice and care to conform to business interests. But now the government not only wants to sanction this through the bogus privacy “assurances” of HIPAA but to develop information about all our citizens under the cover of waging a war on terror. It is a brutal and inevitable fact that wars have often resulted in restriction of civil liberties. It seems to be our unpleasant fate that the “eternal vigilance” promoted by this administration will result in the permanent undermining of civil rights.

Well, on that cheerful note, let’s try to return to the sanguinary humor I attempted at the beginning of this column. The Coalition continues to “fire away,” to fight for choice, privacy and access to real mental health care. Recent issues in our newsletter, Coalition Report, have highlighted our initiatives that address the frightening erosion of privacy. One of the struggles over the past few years that we have faced, quite frankly, is that many mental health professionals have accommodated to the assaults upon access and choice either by “opting-out” (e.g., developing fee-for-service practices without use of insurance reimbursement) or by “opting-in” (e.g., developing the best practice they can within managed care). There are numerous shades of gray. Like many of my friends, I have managed to maintain a small fee-for-service practice since the bulk of my income comes from other sources, specifically, conducting psychological evaluations for schools and social agencies. Others have thrived by developing “boutique” practices with the result that they can see only relatively wealthy patients. These solutions make sense for us as individuals but have tended to erode the passion and fire that fueled the Coalition and other groups ten years ago. We are not as united as we once were. But make no mistake, erosion of privacy will affect all of us. We cannot “opt out” of this fight.

Even now, there are therapists who comfort themselves with the notion that the erosion of privacy will not affect them or their patients. Our professional organizations have promoted this by repeating the mantra, “Psychotherapy notes are private” over and over again. In contrast, others, such as the American Association of Physicians and Surgeons, advocate “opting out” of
HIPAA entirely by flying under the radar of government control, the so-called “country doctor” escape clause in the HIPAA regulations. Each person must make some kind of choice but remember: the destruction of privacy rights affects everyone. You will not be able to “wall off” one area of privacy since the pervasiveness of the information “grab” represented by HIPAA Patriot Act I and II, and Total Information Awareness (TIA) will gnaw at our citizenship even if our notes are sequestered, even if we pose as “country doctors,” even if we spend many hours learning to be HIPAA-compliant. Some of our colleagues have developed cash-only, fee-for-service practices, for example, but they and their patients will still be subject to the pervasive impact of the loss of privacy even if they appear to “escape” in this one area.

And here I was trying to be cheery. Here’s the deal. Come to St. Peter’s Lutheran, 619 Lexington Avenue, New York City, NY on May 16, 2003 between 7:00 and 10:00 o’clock PM for an evening of jazz and wine and cheese, and I promise you a night of good cheer. We are still in the planning stages as I write this, and many of you will receive a more complete invitation in the mail and email quite soon. This event is a targeted fundraiser for one of the most important goals of the Coalition this year: to raise funds for a Privacy Legal Defense Fund to educate professionals and the public about the erosion of privacy rights, to advocate with legislators to resist erosion of these rights, and to support litigation to confront the actions of this administration, which under the guise of protecting citizens is either selling our rights to corporate interests or emulating Kafka’s Castle, feeding the omnivorous “eye” of an all-seeing Attorney General.

Okay, I really mean it this time! Nothing but cheer and goodwill till the end of this article. Please come to this fundraiser and support our efforts—your efforts—to ensure that our patients and indeed all the citizens of this country have some assurance that their privacy rights will be protected by vigilant grassroots organizations such as the National Coalition. We are not alone, and our alliances with groups such as Universal Health Care Action Network (UHCAN) and Families USA, as well as professional organizations and political advocacy groups, will ensure that mental health will remain “on the table” as these issues are debated and the threats to privacy rights challenged and overcome.

So, what do we want from you? We are asking for a $100 contribution from mental health professionals to attend the May 16 Fundraiser for the Privacy Legal Defense Fund. You get wine, cheese, jazz (including the jazz stylings of “Stan the Man” Moldawsky). And, oh yeah, I’ll bring the cheer. “Fire when you are ready, Gridley” and make a noise that mental health professionals and consumers are not going to sit back and hope that others will take up the struggle. Come to St. Peter’s Lutheran, 619 Lexington Ave. on May 16, from 7:00-10:00 PM, and for $100 donation have a fun evening with your colleagues. I’ll be the cheery one.

So, you cannot attend the fundraiser? Here is a second-best option. Hold a fundraiser in your city or community. Large or small. It doesn’t matter. Please support the National Coalition’s Privacy Legal Defense Fund and maybe have some fun while you are doing it. Hate parties? Here is the third option: send a contribution to the National Coalition Privacy Legal defense Fund today. Send contributions to: NCMHPC, P.O. Box 438, Commack, NY 11725. You can call us at 631-424-5232 or 888-SAY-NO-MC, or email: NCMHPC@aol.com. You can also log onto our website http://www.thenationalcoalition.org and make a contribution there as well.
Response to NYT Article - *Repress Yourself*

Judie Alpert, PhD & Laura Barbanel, EdD

There was an article in the New York Times Magazine on February 23, 2003 titled “Repress Yourself.” It is difficult to summarize the article fully. There were a number of points that Slater made which concerned a number of us, and this concern resulted in our writing the following letter to the magazine. Our hope was that the letter would be published as a “Letter to the Editor.” It was not published. A number of letters supporting Slater’s points were published instead. Nevertheless, we are glad that we wrote the article, and we encourage our colleagues to “pick up pen” when they have concerns about news articles. Our voices need to be heard. If a lot of us respond to a lot of articles, the chances are that some of them will appear in print.

In Slater’s (2/23/03) article “Repress Yourself” she makes a case for the virtues of repression. There is no doubt about it, repression can be good for some people, at some point in their lives, for a period of time, and around some circumstances. Repression can be a useful defense against intolerable feelings.

There are, however, major problems with Slater’s argument. Our greatest concern is that it is potentially destructive to individuals suffering from trauma or other problems. First, it is simplistic. It polarizes an issue. Slater seems to say that you either express or you repress. You either go to treatment and “cry and curl up” and “self-soothe and dredge up” (the expressers) or you repress, which may involve “stirring and chopping” rather than “sitting and talking.” We see it differently. There is a time for expressing and a time for doing. Some can do both at the same time. They cannot put the traumatic event out of their minds or are unable to function because of the repression. Therapy is the best option for them. Within this group of people, some may gain from talking therapy. Others may not have the psychological resources for processing memories in a detailed and affectively intense way. They may need stabilization of symptoms and self-destructive behaviors as well as a focus on the development of life skills. For other folks, there may be many options. They could repress at will. They could express at will. They could do a little of each, or more of one. Some individuals feel strong and motivated enough to consider and deal with the past; these people may enter therapy and do the hard work of processing memories.

Second, the article is inaccurate in terms of the range of research on trauma treatment. Slater cites research which supports the finding that some traumatized people may be better off repressing the experience than illuminating it in therapy. While there may be some benefits to repression, research also indicates some negatives. Slater ignores these. In addition, to cite research that questions the efficacy of therapy and has long been discredited (e.g., Eysenck’s 1952 work) is of concern. There is more recent research that demonstrates the efficacy of psychotherapy (e.g., Seligman) in general. There is also research that demonstrates the efficacy of certain treatments for posttraumatic stress disorder (e.g., Foa, Keane, & Friedman; e.g., Spiegel). While these effective treatments do not applaud repression, most modern trauma treatment is sensitive to issues of safety and symptom management as an initial intervention stage. The model that is used in therapy for trauma typically includes a focus on what is positive. The effort is to get the individual to function at the best possible level. Sometimes uncovering is called for. With this uncovering, clients may need to learn skills to manage symptoms and to understand that more flashbacks do not constitute integrated resolution of trauma memory. Sometimes people cannot process trauma memory and need, instead, help with symptom management. The issue of when uncovering should be encouraged and when it should not is a much more complex one than Slater suggests.

Lastly, the article is misleading and contemptuous of mental health colleagues. She denigrates those therapists who “descended” on NYC after September 11 to provide service. Most, if not all, who “descended” on NYC after September 11 came as volunteers trying to give what they could in the moment of disaster. Two of this letter’s authors, both of whom are New York residents, worked with those caring volunteers who gave only of themselves. Slater alleges that there is a “trauma industry” that generates a lot of money, implying that personal financial gain motivates those who do not promote repression and who, instead, push for expression. There is a misrepresentation of what treatment is. It is much more complex than a fascination with frailty and a goal “to move memories from nonverbal brain regions to verbal ones.” Most of us who do trauma-treatment have, and will continue to, donate many hours, pro bono, to work with people whose traumatic life experiences have left them with no financial resources. We all work toward the day when we no longer have this work; when trauma, especially avoidable interpersonal violence, is no more. Whichever therapists Slater is referring to, they are not our colleagues in the world of trauma treatment. Our real colleagues are among the most giving, least con-
concerned with money, and most willing to do whatever works to help people function and heal.

Tennis may be grounding and, yes, it can lead to grace, as Slater suggests. And stirring and chopping and typing up resumes can be good things to do. However, playing tennis or getting a job will not help someone who cannot function. The nonfunctioning person may not be able to do either. And someone who is strong and brave and wants to make sense of the past and how it is impacting on the future may play tennis and stir and chop, but she may want to be in therapy too. The debate over “integrative” vs. “sealing over” in relation to a variety of problems from trauma to psychotic experience has a long history. Unfortunately, Slater’s article does little to illuminate the history or the issues or to help people who are struggling with life.


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Healers have progressively been aware of, puzzled by, and incredibly industrious in describing the healing relationship. Salient macrovariables are set, setting, and intent. “Set” refers to the frame of mind in which each of the participants enters the relationship, e.g., the healer to heal and the seeker to be healed. “Setting” denotes the physical and psychological environment in which healing occurs, while “intent” relates to the participants’ conscious and unconscious expectations, wishes, and desires.

Psychotherapists seem more driven than other healers to observe, explain, and make successive approximations towards understanding the healing relationship. Interest in the relationship is often stimulated by questions such as: Is relationship in and of itself healing? Is the psychotherapeutic relationship in and of itself healing, and if so how? As a consequence of this intense interest, theories abound and, when persuasive, find their way into mental health, education, and training curricula.

While psychotherapy education and training commonly emphasize the differences between the psychotherapeutic relationship, and relationship in all its other forms, the similarities between them (e.g., the need to be recognized and understood) are frequently taken for granted. Chiefly emphasized is the “specialness” of the therapeutic relationship, how it differs from ordinary social relationships such as friendship, family, pastoral, health, etc. Teachers often fail to attend to relationship as a dynamic energy system that seeks equilibrium, and is subject to vicissitudes, which vary in amplitude and intensity. Steven Frankel approaches these neglected areas in his book Hidden Faults: Recognizing and Resolving Therapeutic Disjunctions (2000).

The query that most interests Frankel is, “...what really happens between human beings, not what we think should happen.” (p. ix) That is, how does one escape determinism, by which I mean that even Frankel’s experience-near approach ends in theory building. However, Frankel attempts to stay as near to the experience as possible.

Frankel began this exploration of what “really” happens in Intricate Engagements: The Collaborative Basis for Therapeutic Change (1995). In that book he limned out his nascent theory of mind and therapeutic change. Among the concepts are the self and object unit model (SO model), multiple simultaneous relationships, and the facilitating relationship. He succinctly reviews this framework in Hidden Faults before elaborating on an important and inevitable element in the relationship: disjunction.

The author welcomes us to the “world of disjunctions” with some wit, inviting us to recognize and utilize disjunctions to enhance and free our therapeutic work from inevitable impasses which block change. Disjunctions occur in therapy; they are unavoidable, just as they are in social relationships. We recognize disjunctions as those times in therapy when the patient and therapist miss and confuse each other, thereby failing to meet in the relational (therapeutic) space. We may miss each other’s meaning or intent, we may be lost or confused, or we may reach a stalemate. Whatever the case, dissonance results, change is blocked, and there is a failure to meet affectively or cognitively. Frankel maintains that disjunctions arise when the patient’s and therapist’s SO constellations are antagonistic and/or dissonant. Recognizing and using disjunction in a collaborative way allows therapy to proceed, often furthering and enriching the work.

Dynamically evasive as they may be, disjunctions can be recognized in therapy by either participant. They may also be recognized when the therapist seeks consultation concerning his/her perception that the therapy is blocked or at a stalemate. On these occasions the therapist may be treated to an “Aha!” experience, and arrive at a new understanding for future work with the patient. However, as indicated by the title “Hidden Faults,” disjunctions are frequently masked by intricate defensive networks. The path to recognition and utilization of dysfunction is strewn with the familiar: resistance, collusion, and outright conscious denial on either or both parts, etc. It is clear from Frankel’s case material that both therapist and patient are subject to such roadblocks. In his clinical material Frankel illustrates...
Taking a collaborative stance helps. Listening carefully and empathetically is imperative. Allowing the patient to review the analyst’s experience is pivotal. Had I been able to say to Madge, for example, that she seemed to skim the surface in her insistence that we stay in the present, we might have had a chance. There would have been room then for her to ask me whether it was not her superficiality but my own that I was concerned about. (p. 7)

Once the disjunction is recognized and agreed upon, the patient and therapist resume collaborative work, the therapeutic space re-opens, and the relationship can again demonstrate its healing power. In Madge’s case, the therapy resulted in her being able to have more reasonable expectations concerning her son and daughter. This, in turn, relieved the anxiety and depression that her self-criticism had engendered. Deeper work could now be done if the patient had that intent. But for the time being the matching of her intent and Frankel’s allowed the “surface” problems to be addressed and resolved. It must be noted that in this process the therapist is also healed. Three entities profit from this arduous work: the relationship, the patient, and the therapist.

Other case samples illustrate the variety of disjunctions one may encounter in practice. Though the path to recognition and utilization of disjunction is varied, what does seem invariant is that the examination of disjunction from the SO Unit point of view furthers and deepens the facilitating relationship, and, thus, the therapy.

Steven Frankel welcomes the reader to the word of disjunctions as one would be welcomed to his home. Indeed, through his careful examination of case records and experience, we come to believe that he is thoroughly at home with both his experience and his evolving SO model. We can only look forward to his next invitation to visit other components of his emerging theory.

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JOHANNA KROUT TABIN, PhD

PLAY AS PROJECTIVE TECHNIQUE: ASSESSING THERAPEUTIC PROGRESS ON THE GO

Play therapy is a confusing name for a serious enterprise. To make its meaning clear, Saralea Chazan quotes Freud in her latest publication, Profiles of Play: “The opposite of play is not what is serious but what is real.” (p. 202) Chazan’s book explicates in great detail the vital role of play in ego development and how to chart ego development through play in the vicissitudes of growth during treatment. The basic theme is that play is possible only when a child experiences agency; thus, achieving and expanding an ability to play is the hallmark of overcoming obstacles to ego development. The text is full of concrete points of analysis and clinical examples, amplified with good scholarship, including recent findings from infant research. In keeping with the goal of greater ego integration for patients, the reader is treated to references to the literature that place the work in the context of previous theorists’ contributions, and according to crisply organized principles of interpretation. This book is a manual for understanding the process of play therapy. It presumes that the reader is already aware of the method of play therapy, as so fully given in a book by Sophie Lovinger, another Division 39 member, Child Psychotherapy: From Initial Therapeutic Contact to Termination. When I first opened the Chazan book, I expected something of the sort. In fact, I had to adjust consciously to the actual purpose here. There is nothing playful about the presentation. The book’s subtitle is about observing and assessing structure and process in play therapy. Chazan, with Paulina Kernberg and Linda Normandin, created a scheme for the thorough study of the elements of therapy sessions with a child, and the qualities of play as they arise. They call this scheme the Children’s Play Therapy Instrument (CPTI). The structure of play therapy reflects the amount of play in comparison with other uses of the time. The structure of sessions is meticulously examined in terms of segments of different activities. The process of therapy is tracked by the nature and amount of play of which the child is capable, analyzed meticulously. Chazan applies the CPTI to vignettes from the treatment of several children, providing an outline that is consistently filled out in each example. The object of the CPTI is to enable the therapist to see quantitatively and qualitatively what is happening in the child, as revealed by its play. Chazan uses it to show how crucial it is in a child’s progress for him or her to increase the amount of time spent in play, a necessary ego-enhancing activity that bridges for the child its inner and outer worlds. Play automatically involves a sense of agency, a sense of self. Play is specifically defined as activity that absorbs the child in focused concentration, purposeful choice of toys or other objects and specific affective expression, ultimately resulting in pleasure. It may or may not include verbalization and it may or may not involve the therapist. Other segments within the therapy hour may be in pre-play. This is defined as setting the stage for play. It encompasses preparations for more elaborate play, as in selection of objects. Everything else is non-play: talking about daily events, eating, reading, etc. One final category is interruptions, such as leaving the room, going to the bathroom, etc. These are understood in the fabric of the session to be signs of tension that the child finds to be intolerable.

Chazan organizes her account around vignettes from the treatment of seven children. In each case, the CPTI outline first requires a narrative description of the entire session by the therapist from process notes. The first order of business in applying the CPTI format is to identify the segments within a session devoted to each type of activity. Charts are made of the proportion of time spent in play at various stages of the treatment. To give an idea of how finely the child’s behavior is studied, thirteen types of play activity are listed. Then there is attention to script description of the play activity. This includes initiation, facilitation, inhibition, and ending. In each of these categories, note is taken of whether...
the process is determined by the child or the therapist. Next, the child’s level of relationship to the external world is measured in terms of spheres of play activity. If the amount of autonomy the child feels is restricted to bodily sensations and needs, the play is in the child’s autosphere. The macrosphere, small representations of the real world in miniature toys, etc., permits exploration of a small world that is thus manageable. Play in the macrosphere requires ability to deal with the world as it is, including the child’s relative smallness and dependency. This part of the evaluation gives significant information about the child’s perspective on itself and its world.

Readers of this review might wonder about the relational and affective aspects of therapy sessions. Lack of completeness is not a problem with this book. In addition to all of the categories listed above, seven components of the affective nature of the child’s play are scored on a scale from one to four. These are the overall hedonic tone, spectrum of affects, regulation and modulation of affects, transitions between affects (smoothness or abruptness), appropriateness of affect to context, child’s affective tone to therapist, and therapist’s affective tone toward child. Next, the cognitive components in the play are recorded. These include role representation (complex-dyadic, solitary, precursor), stability of representation—persons and objects (fluid/stable, voluntary/involuntary), use of the play object (realistic, substitution, miming, source of activity), and style of representation—persons and objects (realistic, fantasy, bizarre).

Narrative components observed in play get their due focus: Topic of the play activity, level of relationship portrayed within the narrative (self, dyadic, triadic, oedipal), quality of relationship portrayed within the narrative (autonomous, parallel, dependent, twinning, malevolent, destructive, annihilating), use of language by the child by the therapist (silence, imitation, pun/rhyme, single role, multiple roles, metaphor, meaning, about something other than the play, describing). Finally, developmental components observed in play activity are considered: Chronologically-developmental level of play activity (very immature, somewhat immature, age appropriate, somewhat advanced, very advanced), gender identity of the play activity (predominantly male, predominately female, no predominance), social level of the play activity—interaction with therapist (isolated/unaware, isolated/aware, parallel, reciprocal, cooperative), psychosexual level (oral, anal, phallic, oedipal, latency), and separation/individuation level (differentiation, practicing, rapprochement, object constancy).

Chazan discusses the meaning, significance, and value of every one of these aspects of observation. She offers her rationale for including them. She also cautions that variability must be expected both in different levels of achievement by a child in the possible aspects of its play, and in the steadiness of appearance of behaviors. Case by case, she evaluates the vignettes according to each category included in the CPTI outline of what took place. In her Introduction, Chazan offers descriptions of three children whose play patterns differ widely, but all of whom are reasonably well adapted to their lives. Then, using the same three names for three other children, she describes how similar-seeming patterns of play actually reveal poorly adapted behavior. She uses elements of the CPTI analysis with these made up examples to prepare the reader for close attention to actual case vignettes. Four overall diagnoses cover the actual children whose material is examined. They are the adaptive player, the conflicted player, the rigid/polarized player, and the extremely anxious/polarized player. Chazan applies the CPTI categories meticulously in discussing these children.

The strategies used by the adaptive player, presumably unconsciously, are adaptation, anticipation, problem solving, suppression, sublimation, altruism, affiliation (playing includes joining or being joined), identification, and humor. The conflicted player uses intellectualization, rationalization, isolation, doing and undoing, negation, reaction formation, repression, projection, introjection, regression, somatization, turning aggression against the self, and avoidance. Rigidity and polarization are grouped together because they both require constriction. Characteristic strategies (or in more common parlance, defenses) used by children in this condition include denial, splitting, projective identification, primitive idealization, primitive devaluation, omnipotent control, and identification with the aggressor. The defensive strategies of the extremely anxious/isolated child include de-differentiation, constriction, de-animation, dispersal (or fragmentation), dismantling, autistic encapsulation, fusion, freezing (halting the functioning of self or other), hypochondriasis, and reversal of affect.

In spite of this almost precious degree of organization, the flavor of Chazan’s understanding of the unconscious comes through in her explanations of categories. She adds in quotation marks the unconscious statement the child is making. Her understanding of hypochondriasis, for example, is that “The terror is taken in again and hurts me.” Or, for dispersal: “It is broken into pieces and spread around so it will not be dangerous anymore.” Her understanding of projective identification would please Melanie Klein, who broke with her followers over their idea that the projector succeeds in putting disavowed feelings into another. Chazan, with Klein, considers it as a more intense effort than projection. In the latter use, one believes the disavowed feelings belong to another so that one feels safe from them. In projective identifications, the object of the projection is experienced as dangerous. “The attribute (or experience) is outside of me. ‘I’ am actively holding it at arm’s length so it does not return to me.” Material of this kind makes Chazan’s
When I began Profiles in Play, I expected more emphasis upon meaning to the child in the process than emphasis upon the structure of therapy sessions. As with the formal scoring of the Rorschach, content analysis here seems an after-thought. Also, while a behavioral description of the child appears at the start of material from its sessions, there is almost no reference to what is evinced by the child in ego development outside of the therapy room, even at the end of treatment. The value of the changes that the therapist observes seems great to me, too, as a clinician. Nonetheless, from the scientific standpoint, it would be of great interest to correlate the changes with behavior in the larger macrosphere.

I found myself summoning all possible obsessive proclivities to get through the first half of this book. In the second half, Chazan uses her own clinical experience and the book springs to life. I will not disagree, however, with the choices she made. This is not a book for bedside reading. It is a blueprint for pinpointing a child’s ego development and progress in therapy. Someone without a deadline for writing a review can take the sections gradually and see how they apply to children, and perhaps adult patients. Albert Brok (1991) presented relevant views to Division 39. He underscored the advantage, for adult patients, of a psychic space that is illusion embedded in reality, and vice versa. Play on a verbal level confirms that thought is not deed. Some of the parameters that Chazan uses for evaluating ego development among children are useful in thinking about adult patients, too.

In any case, Profiles of Play is a good source for tracking the progress of young patients. I have been bemused at my own awareness of some of the issues that come clear, clinically, with the CPTI format, without my taking the trouble to fill out the outline. The CPTI format seems excellent to me for designing clinical research projects in psychoanalysis, as we clinicians have found it hard to do satisfactorily until now. The book is not for beginners, as Sophie Lovinger’s book is. It is useful to sensitize advanced students to the complexities of ego development, appreciating both strengths and difficulties of the child. Some of Chazan’s authoritative statements on the meaning of play in the treatment process might make useful handouts to give parents of new child-patients who are bewildered why anyone should be paid for just playing with their troubled children. The whole book impresses one with the richness of the enterprise.

REFERENCES
ORGANIZATIONAL PSYCHOLOGY: GOING INCognito:
We in the psychoanalytic community are currently debating the question of what constitutes psychoanalytic therapy. As the scope of psychoanalytic theory expands on a number of frontiers to include inter-subjectivity and other relational approaches, analytic therapy can look less and less like what Freud practiced. Add the current economic climate and the pressures for short-term treatment models exerted by managed care companies, and it becomes harder and harder to identify, just by looking, when therapy is psychoanalytic. Making such a determination requires investigation of the clinician’s theories and values, rather than their vocabulary or behavior.

Larry Hirschhorn’s book, Managing in the New Team Environment (recently back in print by a new publisher) raises the parallel question, “What constitutes Psychoanalytic Organizational Psychology?” Or, more specifically, how does one recognize management and business books that subscribe to psychoanalytic views of organizations? Some works give themselves away, with titles such as Organizations on the Couch (Kets de Vries, 1991), The Psychodynamics of Leadership (Klein, Gabelnick, and Herr, 1998), and Containing Anxiety in Institutions (Menzies-Lyth, 1988). However, lurking within the legions of management and organizational development manuals and texts are books whose titles obscure their psychoanalytic bent. Managing in the New Team Environment is an exemplar of such a book.

Upon reading Managing in the New Team Environment, I could scarcely contain my excitement. Without sounding overly giddy, I think that he’s found the Holy Grail! I say that as a psychoanalytic clinician as well as from my perspective as a management consultant working from a psychoanalytic view of organizations. What is so artful about the way Hirschhorn writes this book is that he manages to reach a lay audience, without oversimplifying, diluting or compromising the powerful psychoanalytic underpinnings of his work. At the same time, he provides footnotes pointing to the ideas. He successfully navigates the difficult path of reaching a mainstream audience while upholding the integrity of his beliefs. At the same time, he provides footnotes pointing to works more explicitly theoretical for those readers motivated to delve more deeply.

In the introduction, Hirschhorn asserts that “managing in a team environment puts you in the middle of a series of paradoxes” and he calls for a shift from the “control role” of management to a “learner role” (p. 5). Using a liberal dose of case vignettes, he presents the real dilemmas that managers and teams face, rather than the (supposedly) easy solutions often found in management and organizational development books. His delineation of the central paradox team leaders face is particularly cogent: managers need to authorize individuals to think for themselves, encouraging nonconformists, yet they also need to get these individuals to work together. “The more people in the group think for themselves, the more complicated is the task of getting them to work together” (p. 9). His premise for negotiating these dilemmas is a standard psychoanalytic tenet: “people must learn to use their inner thoughts and feelings in the service of getting work done” (p. 11). He is quick to point out that personal intimacy or feeling warm and fuzzy is not the goal of managers. Rather, communication of one’s inner experience allows people to “tackle the …[work] challenges they both face, but are reluctant to discuss” (p. 11).
Starting from the central paradox, then, Hirschhorn identifies additional challenges faced by managers. For example, he espouses the importance of boundary management as part of the team leader’s role, which he calls, “managing from the middle” (p.33). In other words, the manager must communicate the organization’s agenda to the team, and the team’s needs to the organization. But this, too, presents a paradox: If a leader is overly loyal to the larger institution, the team will feel exploited. If the manager becomes too uncritical of his team, unmindful of corporate goals, the leader loses legitimacy and the team will not get resources it needs.

Hirschhorn goes on to suggest specific ways to manage this boundary, using terminology familiar to business people, but incorporating key psychoanalytic ideas. For instance, in discussing the importance of clarifying roles in a group, he explains convincingly how clear roles help “contain their overall anxiety about who will exercise control when and with what power” (p. 39). Similarly, he not only gives a lexicon for role definition, he provides an explanation for why utilizing it is important: when using such terminology, he says, “team members are less likely to feel defensive when examining a mistake. A language provides a structure, a container for the anxiety that people feel when examining a mistake” (p. 40).

The longest chapter in the book is called, “Facilitating the Team Process” and is essentially a primer on Bion’s (1961) theories, applied to situations that team managers face. Here, Hirschhorn introduces “group-as-a-whole” phenomena, distinguishing them from attributions to individuals’ behavior. Included in this chapter is a summary of Bion’s Basic Assumption Groups (though Hirschhorn omits this confusing term), defining and giving examples of Dependency Groups and Fight/Flight Groups. He leaves out Bion’s Pairing groups, I imagine because it is too stimulating and bizarre for this audience (one can only imagine an executive’s reaction to reading that his team has selected two members to go off and procreate, so as to provide the group with a messianic savior, even if they do this only in fantasy!!). However, he coins his own third type of Basic Assumption Group, that of “Fight-Conformist” Groups (p. 64), which he equates with the more familiar concept of “group think.”

For all these defensive maneuvers by groups, Hirschhorn prescribes specific interventions that the leader can make, provided that he or she is acting as a participant-observer. However, he again eschews the use of such a term, instead explaining: …in leading a team you have to be in two psychological spaces at once. You want to contribute directly to the content of the discussion, but at the same time you want to monitor it. And you have to do both. If you talk to the substance of the conversation without monitoring it, you may fail to notice when it gets off track. But if you monitor without talking, you may lose touch with the discussion’s meaning and implication, and you may feel unauthorized or unable to shape its direction. (p. 55)

Examples are provided of various levels of process comments that can help to get the group’s discussion back on track. In all this explication of group theory, by avoiding technical psychoanalytic language, Hirschhorn successfully conveys complex ideas such as projective identification and thereby manages to undercut likely resistance to it.

Though his focus is clearly on group-level dynamics, Hirschhorn devotes a chapter to individual issues, while remaining mindful of the group context. He addresses the importance of recognizing and responding to people’s resistance to growth, as well as offering ways to create a sense of fairness in supervising a collection of subordinates. A section that managers might find especially helpful concerns how to appraise performance and give feedback. Hirschhorn advocates on-going feedback, rather than waiting for scheduled annual reviews, and he provides guidance for encouraging growth in team members in such situations.

No psychoanalytic book, clinical or organizational,
would be complete without some encouragement for the reader to consider his or her own dynamics. Clinicians might expect to be directed to their countertransference. In *Managing in the New Team Environment*, Hirschhorn encourages his readers to take on the “learner role” (p. 92). He advocates seeking understanding instead of control, a concept that is likely to be a hard sell to his intended audience. He successfully makes his case, however, by using the metaphor of “Chinese handcuffs,” the woven straw toy where you put your fingers in a tube and only by *not* pulling them out can you escape. “In taking a control role, you separate yourself from the situation you’ve helped create. In taking the learner role, you acknowledge your participation in it” (p. 93).

The strengths of Hirschhorn’s book lie in its ability to speak the language of his readers, while still conveying the complexity and importance of his theoretical orientation. Business team leaders would have a difficult time finding a book more helpful in identifying and addressing the paradoxes that are likely to be creating difficulty in their work. Giving them a language and frame to understand what has been frustrating them will, in and of itself, provide a sense of understanding and relief.

It is hard, however, to picture an executive or manager making full use of this book in isolation. The book practically screams to be discussed. Some of the material is stimulating and provocative and might leave a solo reader puzzled and bursting with questions. In that sense, the book’s heritage as a companion to a training program may leave the reader with a feeling that something is missing, when the accompanying training program is absent. As a resource for consultants to recommend to their clients, though, this book would be quite appropriate and helpful. In addition, clinicians who would like an introduction to how psychoanalytic concepts may be translated for a business setting will find this book a lively and provocative read. And, for people wondering whether there is a way to convey the usefulness of psychoanalytic thinking to a mainstream audience, Hirschhorn provides proof that such a goal is attainable.

**References**


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“Unless something happens, [Rose] (Kate Winslet) will marry…live comfortably, and suffer the long, slow death of the soul. The something is Jack [Leonardo DiCaprio], of course, who rescues a despairing Rose as she stands at the stern, red silk shoes on the railing, and prepares to jump. He hauls her back, they fall in love, he draws her nude, they make out in the cargo hold, and then the ship, in a touching display of erotic sympathy, rears up on end and goes down.” (Lane, 2002. pp.205-206. This is Anthony Lane writing for the New Yorker.)

“The moment of the accident is crucial here: it occurs directly after the sexual act, as if the crash is a punishment for the (sexually and socially) transgressive act. … Thus it is as if the iceberg hits the ship and the catastrophe occurs in order to prevent/occlude the much stronger libidinal catastrophe/disappointment of two lovers happily being together and then seeing their union degenerate.” (Zizek, 2000. in Gabbard, 2001, p.162)

If the term “Film Criticism” reminds you of thumbs and witty jabs at cinematic incompetence or excess, as in the first excerpt, welcome to Psychoanalysis & Film, a look at the “deeper,” and never-televised, SERIOUS side of the business. Glen Gabbard, psychiatry’s answer to Michael Caine for versatility and ubiquity, provides both a selection of psychoanalytic essays concerning 26 sundry commercial films, and a short but ambitious introduction to the volume and its subject matter. (All the contributions, including the two written by the editor himself, are taken from the International Journal of Psychoanalysis, 1997-2000.)

Since literary criticism is a close relative, perhaps even a parent, of the film version, it shares the family duality of purpose. On the one hand, it can be a consumer guide to the virtues and defects of the product so that the emptor is adequately caveated. On the other paw, the critique is actually a method of investigation, pulling from the manifest content ideas and meanings that may be unknown even to the author or film auteur.

Unless the reader is familiar with this second, investigatory, type of criticism, many of the essays in the present collection may be off-putting and incomprehensible. The term “Psychoanalysis” in the title encompasses numerous “schools,” including those used mainly in academic studies of the humanities and derived from the metapsychology of Jacques Lacan, the Semiotics of Roland Barthes, and Jacques Derrida’s “Deconstruction”.

One may not rely on Gabbard’s introduction as a Rosetta stone to these arcane epistemologies unless text such as the following seems reasonably clear:

In Adrienne Harris’ chapter on…Reservoir Dogs (1991), she ingeniously melds different approaches, ...a mixed model drawing on an evolving feminist theory... reception theory, which is a psychoanalytically driven theory of how meaning is evolved and managed... and a psychoanalytic reading of film as the expression of underlying, often unconscious cultural tensions and contradictions… (Gabbard, 2001, p. 13.)

Fortunately, the editor is much more lucid when writing in the kind of psychoanalytic language that is his native tongue. His own essays are clear, down-to-earth, experience-near, and based on the “facts of the movie.” It seems however that he wishes to cover the broad territory
of “post-modern” analytic criticism in the essays he has gathered for us. While his shortcomings as a guide to such material keep its appeal and usefulness limited to “insiders,” that does not invalidate his selection rationale.

That’s a different question: are the essays themselves “good” examples of any line of psychoanalytic film criticism? The limitations of my knowledge of the postmodern make it impossible for me to offer an evaluation of essays of that stripe. I would say, however, that for others who find themselves in my position, ignorant but curious and willing to learn, the best primer might be found in a standard film-school book of “readings” such as Film Theory and Criticism (Mast, Cohen, Braudy, 1992, —unfortunately just out of print). This reference provides excerpts and short pieces by accepted leaders and originators in the field.

Interestingly, none of the authors whose works are in the Gabbard anthology show up in the very large Mast collection, and none of the authors in Mast appear in Gabbard’s table of contents. Eight of the critics cited by Gabbard in his exposition on critical methodology have contributed to Mast. (If that doesn’t confuse the reader, she is ready to proceed to the Consumer Report on this year’s crop of digital cameras.) Finally, having provided the kind of film criticism that involves one of my thumbs, I offer the following brief foray into the more interpretive realm, which requires use of more insightful digits. What can we see in this book that is not sitting on the surface of the text?

“Of all the gin joints in all the towns in all the world ... she walks into mine.” Coincidence: I don’t think so! Let’s accept the fact that Casablanca is filmdom’s greatest B-Movie, made on the cheap and on the fly, with an absurd plot and dialogue. Only in such a work do we close our eyes to the infinite unlikelihood of Rick and Ilsa’s meeting. Usually, we are more skeptical.

What is the probability that strictly by chance two medical analysts writing books on the subject of psychoanalysis and movies will both shoehorn a mention of Hugo Munsterberg into their brief surveys of the history of analysis and film, considering that such an interpretation of Munsterberg’s work is rather forced. Psychologists know this name as one of the real old-timers, an early president of our APA, and a disciple of Wundt and William James.

Both introductions also make mention of Freud’s view of movies, and their take on the subject is that Freud probably had a negative opinion of the medium. The authors choose the same questionable evidence, which centers on Freud’s refusal to serve as a consultant to Louie B. Mayer, who proposed a project in which psychoanalysis would be presented to the lay public in a series of films. But such an undertaking would be terribly difficult prior to the advent of “talkies”; Analysis at that time was even called “the talk-cure.” And then, of course, one ought to know that Mr. Meyer was a notoriously crude and imperious fellow, so that even if one were to think that the proposal was interesting, it might be best to keep one’s distance.

The point in all this is not that Gabbard has borrowed from his colleague, but rather that both authors may have relied upon the same source for the historical background of psychoanalytic film criticism and an explanation of the newer (“postmodern”) forms. Greenberg thanks Krin Gabbard, professor of literature, for his help. Krin is Glen’s brother, and occasional co-author. His provocative essay on Saving Private Ryan appears in the present volume.

There are not a great many “standard” analysts writing in this field. The current leaders seem to have read the same books and shared a tutor. In terms of sheer quantity of critical “product,” Glen Gabbard is the informal Dean of the College, and though his writings are usually clear and engaging, the present book does little to advance this still immature discipline.

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Armond Aserinsky is a clinical psychologist who lives and works in suburban Philadelphia. On leave from his clinical practice, he devotes his time to teaching and consulting in the field of film and psychology and to directing the non-profit organization, PHCentral, INC. Access more information through www.PHCentral.org

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Footnote: A wealth of resources for those interested in finding out more about psychoanalytic approaches to organizations can be found at the web site of the International Society for the Psychoanalytic Study of Organizations (ISPSO)—www.ospsso.org. Also, information on the Tavistock Institute can be found at http://www.tavinstitute.org/. In the United States, the Group Relations tradition started at Tavistock is advanced by the A. K. Rice Institute for the Study of Social Systems (http://www.akriceinstitute.org).
It is common knowledge to the three-year old pupils in a preschool with which I am familiar that composing a letter to an absent loved one often has the magical effect of soothing the pangs of separation. That the evocation of a mental representation of the object makes possible multiple complex transformations of inner experience is a basic tenet of psychoanalytic developmental theory. Additionally, the concrete act of writing itself has affect-transforming powers, as numerous researchers have documented (e.g., Brand & Powell, 1985; Litowitz and Gundlach, 1987). In Katherine Dalsimer’s new book, the use of writing in transforming object representations and managing emotional states is taken up as a central theme in understanding the early writing of one of the most important figures in modern literature.

*Virginia Woolf: Becoming a Writer* is an elegant, psychoanalytically sophisticated expansion of the biographical literature on Woolf. Beyond that, it is an exquisitely sensitive exploration of the workings of memory and the process of mourning, using Woolf’s writings as an example—one that vastly exceeds in richness and scope any case vignette in our clinical literature. As Dalsimer observes, the immense volume of her writing and its autobiographical content make Woolf an excellent case for the examination of “the way a life is told and retold over the course of time.”

Dalsimer’s primary interest, as stated in her introduction, is in shedding light on the way that Woolf “used” the process of writing in coping with the many traumatic events of her life, and in working over her memories of events and relationships. All too often literary biographers make use of diaries and personal writings to provide accounts of the daily activities and experiences of their subjects, with little appreciation for the way that fantasy and affect filter experience. In contrast, Dalsimer shows great understanding of this factor and of the way that unrecognized transferences to imagined readers shape and color such accounts. She ingeniously reads, as she puts it, “between the lines” of Woolf’s diaries and other writings to create a double exposition, both of the emotions that Woolf was experiencing at the time, and of a theory about how emotion colors what we notice and how we interpret reality. In this, the book’s twofold appeal is clear. For literary scholars, it brings a sophisticated, up-to-date psychoanalytic understanding to bear on writing, and to clinicians, especially those who teach about clinical inference, a demonstration of this process in the literary realm. In addition, this book, with its lovely, jargon-free limning of such important concepts as internalized object relations, condensation, and screen memories, would make an excellent introduction to the core of psychoanalytic understanding, for students of all levels.

Dalsimer, the author of *Female Adolescence: Psychoanalytic Reflections on Works of Literature*, has a particular interest in Woolf’s teenage years and early adulthood. During this period Woolf suffered a series of catastrophic losses and traumas, including the deaths of her parents and two siblings, and the onset of her manic-depressive illness. Dalsimer views this as the period of “becoming a writer,” and asks how Woolf’s writing served her in her coping with these difficulties. She gives a close reading of a wide variety of Woolf’s early writings, with a focus on their meaning in her life at the time of writ-
ing. As a psychoanalytic therapist, Dalsimer reads with an eye for imagined scenes in Woolf’s fiction and in her reminiscences, seeing them not as veridical replicas of autobiographical events, but as products of a mind—phenomena condensing memory and fantasy and performing multiple psychic functions. She is influenced by Freud's concept of “screen memories,” and, further, by later psychoanalytic understandings of fantasy formation. Her approach—second nature to a clinician listening to a patient’s “material”—may be controversial in the world of literary criticism, where psychological, author-centered interpretive approaches are no longer au courant. Nevertheless, Dalsimer is so sensitive and so focused on the material rather than on the theory, that it seems likely that she will win over a postmodernist or two.

Dalsimer divides her book into eight chapters, each of which takes up one or two of Woolf’s works. These writings are addressed in chronological order, with the exception of Woolf’s great novel To the Lighthouse, which is taken up in Chapter One and sets the stage for a theme that will be explored throughout the book: maternal loss and its emotional sequelae. This first chapter addresses the mystery of how Woolf laid to rest her “obsession” with her dead mother by writing the novel, as Woolf herself claimed she had done. Dalsimer rightly doubts Woolf’s own rather pat explanation that the writing had somehow been simply cathartic, and seeks to provide a more complex explanation for the fact that Woolf, who claimed she had constantly imagined her mother’s voice and presence during her entire adult life, completely ceased to do so after completing this book, experiencing this as a relief. The novel itself centers around a fictional representation of Woolf’s mother, who died when the author was thirteen. Dalsimer’s discussion illuminates the way in which the book is not only about the death of a mother, but how the text “enacts” a certain experience of grief (p. 8) and shows how grief is actually induced in the reader (pp. 21-22) who has been subtly drawn to the child’s point of view.

Dalsimer’s answer to her own question is that Woolf’s achievement with this novel was, in effect, to “kill the angel in the house” that her mother had always represented, by “silencing” her, and by giving voice to her own rage at the loss. Dalsimer believes that this solution allowed Woolf to be rid of the haunting voice of her mother that had preoccupied her but did not allow her to keep an internalized good representation of her mother. It is not clear why she believes this—is she taking Woolf’s continuing episodes of depression and eventual suicide as evidence that a good object is absent? Other interpretations are certainly possible, especially if one considers that it is equally likely that writing the novel was not a cause of the lightening of this life-long burden, but rather a result of it. For example, one might understand the “obsession” as a representation of the painful, constant yearning and pining for a maternal figure, a state that Dalsimer describes movingly in later chapters. As Woolf moved from a state reminiscent of unrequited love to a state in which she gained a hold on the object by imagining its inner mental life, she may have been increasingly able to relinquish this symptom. By force of imaginative effort, she may have achieved a state in which she felt she inwardly possessed the desired object, and this, more than an expression of rage, may have enabled her to stop craving it.

Dalsimer goes on to explore Woolf’s earliest writing and to look at how memories are revised by examining the “newspaper” produced by the Stephen siblings in the years before their mother’s death. The Hyde Park Gate News mimicked the language and presentation of real newspapers, and covered family events large and small, outings to the park, lost toys, all noteworthy meals, and other happenings of interest to children. Dalsimer provides a sensitive interpretation of their clever and delightful accounts of the events of family life, reading between the lines to reconstruct some of the nuances of family relationships. While some of the inadequacies of the maternal relationship are highlighted, Dalsimer notes that there is also much lightheartedness in these accounts that contrasts sharply with the depiction of even these early days in Woolf’s later autobiographical writing. Dalsimer uses this contrast to discuss the malleability of memory, remarking that in Woolf’s case, “memory itself...(became) colored by grief and rage” (p. 38).

Woolf’s diary kept at age 15, is the subject of a particularly interesting chapter. The diary was begun during a period when Woolf was recovering from her first mental breakdown following her mother’s death. Dalsimer takes the startlingly dry, factual, rigidly-structured format of the diary as a reflection of “her effort to hold onto the world of ordinary experience and, more particularly, to fix it in place by its representation in words; it had proved too fluid already” (p. 42). In Dalsimer’s hands, this apparently dry material yields some of the book’s richest insights into the young writer’s inner world and her uses of writing and reading. It is not surprising that Dalsimer, whose other publications have focused on female adolescence, is at her best in analyzing the writing of this period of Woolf’s life.

This chapter contains some of the most subtle uses of Dalsimer’s clinical skills, as she pulls out for scrutiny the affective sense of Woolf’s narration of daily events, and links it to the important events known to have been occurring at that time. She sees in this diary an enactment of obsessional defenses, especially the isolation of affect, and the triumph of the chapter is the reunification of the feelings with their likely precipitants. For example, Dalsimer discusses a period of time documented by the diary during which Woolf’s older half sister becomes engaged. While no
negative feelings about this are acknowledged manifestly in the diary, rage and a “sense of imminent loss” are evident in her descriptions of external events. Suddenly, language and subject matter change in meaningful ways. The specific events deemed worthy of recording, and even descriptions of the weather, emphasize the dangerous and malevolent, the “violent” and “diabolical.” Then, after the wedding, when this sister falls fatally ill, danger and rage are again found all around her (Dalsimer talks of “projection onto the external world”). Woolf’s anxiety about her own rage and its power to harm, as well as a marked hostility toward older women, find expression in displaced images. In this period, it becomes evident that writing itself is becoming an act that comforts and protects, as the young writer reflects on the way that writing seems to drain events of their “power to hurt.”

In an examination of the diaries of Woolf’s later adolescence and early adulthood, which were freer in style and contain much self-reflection on being a writer, Dalsimer again shows her appreciation for the diary’s special meaning as a source. She focuses on the unusual physical aspects of the diary, and raises questions about the meaning of these. Woolf pasted her diary onto the pages of a published book, ostensibly in order to appropriate the handsome leather binding of the book. Rather than accepting this reason at face value, Dalsimer explores the meaning of this act of containing the diary, as well as of the choice of the particular book (Logick, or The Right Use of Reason) in conjunction with the mostly depressive themes emphasized in the diary. Dalsimer also brings together and makes sense of the numerous fragments written in margins, on backs of pages and upside down throughout the diary, by inferring likely associative connections and thereby restoring meaning. She also includes in this chapter some contemporary correspondence with Violet Dickinson, an older friend of the family, to depict movingly Woolf’s first love affair, during her father’s illness and slow decline. Her account emphasizes the deeply maternal-erotic tone of this relationship, and its yearning quality, continuing the theme of a basic driving need to work through the early loss of the mother.

Later chapters deal with other early writings, and their role in Woolf’s management and working through of her grief. Woolf’s early book reviews and essays, written during the period when her father was dying, are examined in light of the way that Woolf’s love of reading and writing reflected and enacted her tie to him. The death of Woolf’s brother, Thoby, is linked with the young men who populate her fiction. Dalsimer looks at Woolf’s first novel, The Voyage Out, including fragments from early drafts. She examines the way that the figure of the dead mother “haunts” this first novel, and is depicted amid a whirl of fantastic, erotic and destructive images. Here, Dalsimer again emphasizes the central place of the mother’s death in Woolf’s imagination. She implicitly links Woolf’s early loss with her developing fascination with elusive memory, the unattainable, and the absent.

These later chapters are less compelling, although they contain much that is insightful and interesting. This may be an effect of the way that the book was organized around the question of the function of writing. While these chapters further the project of addressing this question, the question itself seems in conflict with the thread that truly seems to unify the book, namely, the question of the relationship between memory’s fluidity and the process of mourning. While the material presented, when analyzed as deftly as this is, does much to illuminate Woolf’s experience, it seems to me that the question of how writing “served” may yet be unanswerable. The notion that Woolf was “writing” and “re-writing” her mother, moving back and forth through time, and “thinking through” her, would seem to be more sensibly harnessed to an exploration of memory rather than to an analysis of the meaning of writing itself. Is it not possible that these imaginative efforts of Woolf’s, accessible to us because of the brilliance of her gift, would have occurred even if she had not been a writer? The way that Woolf’s play with fantasy contributed to the reworking of internal images, which, thereby, reorganized her inner experience, is the theme that stands out in this book.

It is as though Woolf spent her life using her creative gift to represent the turns of her inner psychic kaleidoscope; when she turned it to create To the Lighthouse, she was able finally to modify a certain rigid and oppressive representation of her mother. Dalsimer has used Woolf’s earliest writings to reconstruct the turns preceding this momentous one, and in doing so has created her own masterful work of insight and imagination.

References

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CHARACTER TRANSFORMATION THROUGH THE PSYCHOTHERAPEUTIC RELATIONSHIP, BY ROBERT E. HOOBERMAN. NORTHVALE, NJ: JASON ARONSON, 2002, 225 PAGES, $50.00. LINDA B. SHERBY, PhD

In his introduction, Robert Hooberman states two hopes he has for his book. First, that the approach to treatment he elucidates, “… will lead others to see symptoms and disorders as attempts at adaptation as opposed to pejorative psychopathological entities…” and second, that his readers will come to appreciate that a treatment approach that deals with character structure affords “… a deeper and more satisfying treatment than that accorded by approaches more circumscribed.” These two hopes, which are more than realized, capture the tone of humanity, tolerance, thoroughness, and inclusiveness that pervades the entire book.

In a writing style that is clear, concise, and sprinkled with beautifully turned phrases, Hooberman offers many clinical examples and translates complex psychoanalytic concepts into easily understood and readable language. He is interested in how patients change, as well as how and why they resist change. He focuses on a multi-layered approach that deals with symptoms, defense, character structure, and unconscious conflict. His contention is that only the affectively charged relationship between therapist and patient can bring about structural change, and that this work can be done most effectively in what he calls the preconscious or implicit mode.

Character, the constellation of individual beliefs, habits, and psychic structures, develops as a person attempts to adapt to internal and external pressures, and this adaptation affords the greatest safety and security that an individual can muster. It is precisely because character structure provides such a sense of safety that it is so intransigent to change. “The development of personality structure represents both failure and success. It is a failure in the sense that the individual feels forced to develop neurotic (in the best case) choices in order to solve intrapsychic and interpersonal problems. It is a success in that these choices are often creative underpinnings for future problem solving” (p. 128).

The roots of character structure are organized unconsciously and grounded in childhood beliefs, misconceptions, and fantasies. On a day-to-day basis, they are reflected in what Hooberman calls a worldview, a characteristic way of behaving and relating, that is not articulated and that exists on a preconscious level. In an example of Hooberman’s respect for patients and, indeed, all individuals, he seeks to understand and normalize the difficulty inherent in giving up this worldview, regardless of how much pain or difficulty it might bring. One’s character structure and worldview have developed over a long period of time for the purpose of protection from internal or external impingements, as well as for bolstering the sense of self and, therefore, cannot easily be surrendered. It is also not in conscious awareness, and, so, it must await the gentle yet persistent interpretations of an analyst to be brought into the light of day.

This is not to say that Hooberman would suggest that interpretations alone bring about structural change, for that is certainly not the case. “Explicitly or implicitly, all contemporary psychoanalytic models suggest a creative engagement between patient and therapist. This goes beyond the awareness and use of countertransference, beyond even the use of enactments, and embraces the larger supposition that patients—nay, people—need interpersonal engagement in order to prosper” (p. 12). In detailing his style of working with patients, Hooberman can be seen as an astute listener who is calm, respectful, and inquiring. He believes every patient has a right to intensive treatment: “… I do not want to deprive any patients, of whatever stripe, of what might be their only chance to alter their lives significantly” (p. 23).
For Hooberman, much of the treatment is focused on characterological issues, the identifications and internalizations of beliefs, values, and habits which the patient has taken in from the family, and which patient and analyst now attempt to elucidate and clarify, particularly as they recur in the therapeutic relationship. To be most effective and to provide treatment that is most understandable to the patient, the analyst must stay focused on the patient’s affect in the present.

Hooberman advises against focusing on symptoms, the explicit, because they miss the complexity of the individual. Depression, for example, may serve different purposes and have different meanings depending on the patient. He also suggests that the most fruitful analytic work often does not take place in the hidden or unconscious arena either. “Heavy emphasis by the clinician on the past or on unconscious processes seems to me to point to an uncomfortable transference/countertransference issue that seeks relief in distance from the immediacy of the moment” (p. 108).

This is not to say that Hooberman rejects the importance of the unconscious. To the contrary, he believes that by focusing on character issues and how they manifest themselves in the present, one can most readily arrive at the link between the present and the past, between the conscious, the preconscious, and the unconscious. He believes that focusing on the implicit provides “signposts” to the unconscious, whereas “… the elucidation of unconscious material suffers when attention is given only to the interactive domain or to the domain of conflict” (p. 60-61).


Hooberman also brings his characterological approach to bear on many familiar psychoanalytic concepts such as defense, the repetition compulsion, and sadomasochism. For example, in discussing defenses, he stresses not their pathological aspects, but rather the safety that they provide in helping the person to cope with what would otherwise be unbearable experiences. Themes about trauma are interwoven throughout his book and he makes it clear that he is talking not only about cataclysmic trauma, such as the Holocaust or incest, but cumulative trauma as well, the trauma born from repeated emotional assaults on an infant or young child’s psyche. It is from these assaults, as well as internal stresses and conflicts, that defenses materialize. “[T]he patient develops these psychic structures to fend off disappointment, to establish a sense of safety, and, above all, to ensure psychic survival” (p. 82). In his discussion of the repetition compulsion, Hooberman’s basic humanity, respect, and understanding shines through. He writes, “… that repetition compulsions represent, especially in traumatized patients, a sense of the inevitable. As aspects of character structure, they transcend simple motivational etiologies and exist, in part, to maintain a sense of self and to provide a sense of stability” (p. 119).

For myself, I found Hooberman’s chapter on “Anarchy, Perversity, and Sadomasochism” to be one of the most enlightening of the book, filled with thoughtful ideas and new ways of looking at old concepts. For example, one little, almost tangential, tidbit that caught my attention had to do with the result of treating a child as a narcissistic extension of a parental caretaker. The child may learn from this experience to externalize their own internal conflicts onto others, just as was done to them by their caretaker. In retrospect, this seems like an obvious thought, but one that helped clarify my work with a patient who continually sees his problems as being caused by forces outside himself.

The main contribution of this chapter was a broadening of the concepts of perversion and sadomasochism beyond the concrete sexual realm. Drawing on the work of Winnicott, Khan, and, later, Novick and Novick, Hooberman sees perverse patients as having existed only to fulfill their
parents’ needs and are therefore terrified by annihilation anxiety when they are not satisfying the needs of another. “This is the shape of the internalized relationships they reenact. Inner deadness is what perverse patients defend against, even to the extent of risking their physical well-being” (p. 140). Sadomasochism is a similarly pathological solution to feelings of terror arising from either a fear of loss of self or a dread of emptiness. These patients cannot tolerate to not suffer because it gives them an illusionary sense of control via omnipotence. Therefore, they attempt to establish the analytic relationship as they have all other relationships: looking to be beaten. The analyst, in turn, must stay exquisitely attuned to the smallest of injuries that occur within the therapeutic relationship. These injuries violate the patient’s sense of omnipotence, and, therefore, safety, and they re-stimulate the desire to hurt, and to be hurt, in order to regain the lost omnipotence. This connection must be pointed out to the patient again and again as it is re-enacted in the transference/countertransference relationship.

Although I do not disagree with Hooberman’s formulation, my theoretical bent would lead me to add one element that I see as missing. It would be my contention that part of the intransigence of these patients, and, in fact, many traumatized patients, has to do with their having internalized a very negative parent-self image constellation to which they remain tied, and from which they cannot separate, without great pain and mourning. Thus, I would maintain that in addition to drawing repeated attention to the connection between these patients’ hurts in the therapeutic relationship and their need for omnipotent control, one could benefit from also looking at the patients’ attachments to their bad objects and the need to reenact that connection within the transference/countertransference relationship.

So far, I have said little about the extensive clinical material presented in this book, and there is indeed much to be said. Hooberman is very generous in the amount of clinical material he offers through the window into his consulting room. He begins presenting his clinical material early in the book and continues to the very end. Some patients he presents only once to illustrate a particular point; others he presents repeatedly so that the reader can have some sense of their growth and change. Hooberman is also generous in sharing himself. He talks about his anger at patients, his boredom, his arousal. He talks about feeling frustrated or perplexed or stymied by a particular patient. We see him as a human being with both his own worldview and his own imperfections, and that is rare within the psychoanalytic literature.

Given my comments about Hooberman’s generosity in sharing both his patients and himself, it may seem contradictory for me to say that I wished for more. Not more cases, but more experience-near examples. I wanted to know the actual words that were spoken in the room. I wanted to know, for example, what he explicitly said to his sexually unresponsive patient that enabled her to eventually “… understand the origins of her frantic need for male approval and her concern about sexual feelings and behavior” (p. 13). Similarly, I wanted to know how he went about telling his anesthesiologist patient that her need for distance made him sleepy and interfered with his attentiveness, and how she reacted to his telling her this. I wanted to know how many times he told her and how she may or may not have reacted differently as the treatment progressed. Since Hooberman obviously could not tell us about each of these patients in depth, I would have preferred for him to select a few patients and trace their treatment through the course of the book, using actual dialogue whenever possible. I also found that identifying the patients by title and initial (e.g., Dr. R. or Mr. T.), detracted from their humanity and aliveness, as well as being more difficult to follow from one chapter to another.

In a book that was less well crafted and focused less on the importance and intensity of the therapeutic relationship, I would have been more than happy with the extensive and varied clinical material presented. It is precisely because Hooberman’s patients are clearly so vital and alive for him that I wanted to more fully share and resonate with his experience. I wanted to see his patients come alive on the written page so that I could care about them as much as he did, and for this to happen I believe that explicit dialogue would have been greatly beneficial. Having expressed my desire for more, I hear Hooberman’s cautionary words in his beautifully written and thoughtful chapter on “Hating, Forging, and Healing.” I am then reminded that we must all relinquish the fantasy of perfection and come to terms with the limitations of both our idealized others and ourselves.

In closing, I will say that I found this book to be an invaluable addition to our field, a book that can be appreciated by both the novice therapist and the experienced analyst. This is a book that could, and should, be incorporated into the curriculum of both graduate training programs and psychoanalytic institutes. Hooberman does a masterful job of integrating concepts, of bringing in the new, more relational aspects of psychoanalysis, without discarding the contributions of Freud and more traditional theorists. The book is, as he hoped it to be, a humane testament to an integrative approach to both theory and practice.

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Manfred F.R. Kets de Vries opens the acknowledgments that preface his 2001 book, *Struggling with the Demon: Perspectives on Individual and Organizational Irrationality*, with a delightful boyhood recollection. He is fourteen years old and returns to a youth camp in the Netherlands. He and his brother propagate the myth that newcomers to the camp have to pass through an initiation rite that involves a dunk in a tub of icy cold water. Sixty boys “obediently” line up and immerse themselves, one-by-one. Thus, the “tremendous determination” and “powers of persuasion” of two small boys bring to bear what Kets de Vries describes as his “first important lesson in leadership and group psychology” (p. ix).

This whimsical snippet aroused in me a sense of the magic of leadership. We’ve all been in groups, not the least of which is our family, and we resonate with descriptive experiences about them. Kets de Vries’s discussion of the inspirational and potentially exploitative role of leadership sets in motion a thoroughly readable discussion of the complexities of organizational life. As the Raoul de Vitry D’Avaucourt Chair of Human Resource Management at INSEAD, Fontainebleau, France, he has five times received INSEAD’s distinguished teacher award and is program director of INSEAD’s management program: “The Challenge of Leadership: Developing your Emotional Intelligence.” He is an economist, student of management, and a psychoanalyst member of the Canadian Psychoanalytic Society and the International Psychoanalytic Association. This volume of discrete papers forms a collection of ideas and perspectives on the ways that the inner lives of leaders play out in the workplace. Kets de Vries explores the interface between underlying organizational dynamics and human resource management. He invites readers to make two journeys: one into his or her inner self, and another into the “organizational underworld” (p.14). He lifts classical psychoanalytic theory out of the bedroom and explores how through the repetition compulsion, the boardroom becomes the outer theater for the complex motivational systems of the “inner theater” (p.4) as our scripts are projected into and influence organizational life.

Just as every neurotic has a history, so has every organizational act. The repetition of certain phenomena in the workplace suggests the existence of specific motivational configurations. Just as symptoms and dreams can be viewed as signs with meaning, so can specific acts, statements and decisions (p. 5).

Kets de Vries believes that leaders make a difference, a notion contrary to many management theorists who either view leaders as a cog in the organizational wheel, or as influential only through the most rational of mechanisms. The title of this volume comes from a comment that Freud made to the novelist Stefan Zweig. He said that all his life he had “struggled with the demon” of irrationality (p.15). Through projection and projective identification “all of us have a tendency to externalize the scripts in our inner theater and act these out on a public stage” (p.11). Thus, when management students might be apt to overlook some of the dynamics that occur between people in organizations, Kets de Vries writes to convey that with increased self-awareness and tolerance for ambiguity, leaders can create organizational communities that bring pleasure and meaning. He asks at the outset, “Is what you see what you get? Is the manifest behavior of people the only dimension that counts” (p.1). And, so, he embarks on an exposition of dynamics based solidly in psychoanalytic theory, but one that is explained in a personable and practical way.

His discussion of individual--and the sometimes-parallel organizational--forces leads seamlessly to tangible suggestions of the kind I would comfortably recommend to non-analytic colleagues. His book is as practical as a self-help volume, without the kitch. For instance, Kets de Vries encourages leaders to talk with staff “using simple language” in order to best engage them in the process of organizational change. Making complicated intra- and interpersonal forces understandable to a breadth of readership beyond those studied in psychoanalysis is an admirable skill. For example, in his sixth chapter, Kets de Vries describes rain forest pygmies and how their culture illustrates an ideal organizational team. He spent some time living with the pygmies in the rain forest and can, as a result, define some of the qualities inherent in pygmy cooperation. He explores the fundamental need for trust, negotiation of problems, common goals and values, open communication, respect, and support. Survival in the rainforest meant managing together in light of daily threats to safety, and he explores how the pygmies were bound together rather than splintered by the danger and anxiety these threats raised. I was struck with the commonsense, yet foreign (in my experience in workgroups), necessity that
individuals put the needs of the group before their own.

The first three chapters of Struggling with the Demon focus on the individual and how the “emotional style of senior executives influences the prevailing climate of the workplace” (p. 57). First, through the psychoanalysis of an entrepreneur, Kets de Vries describes how a leader’s denial of inner life and later his gradual recognition and working through of personal issues effects the morale of the organization. Second, he discusses the affective spectrum from the charisma of the hypomanic leader on one hand, to the alexithymic (“no word for emotions”- p. 88) whose affect is like that of “dead fish,” on the other. Lastly, he explores how physiologic and social changes of the leader in mid-life frequently spawn a “paucity of inner life” (p.106) and what Kets de Vries calls the phenomena of “organizational sleepwalkers.” Summarized here in the most cursory fashion, these topics are discussed thoroughly and conceptualize how motere (emotion), which means “to move” (p. x), is the vehicle of inspiration or disenchantment between leader and employees.

Collusive pairs can taint organizational culture. Kets de Vries defines projective identification and explores how past, out-of-awareness and repetitive patterns become mutually shared enactments to master anxiety in the present (p.127). He illustrates the “equilibrium” of the roles played (p.123) by considering Jeffrey Katzenberg, head of Walt Disney Studios, and Michael Eisner, the Chairman of Disney. They were initially a highly creative and pro

"KETS DE VRIES’S EMPHASIS IS ON THE ROLE OF LEADERSHIP AND THE LEADER’S WILLINGNESS TO KNOW SELF. MANY OF THE EXECUTIVES HE HAS KNOWN ARE STUCK, ‘GOVERNED BY THE PAST’ AND LOCKED IN A ‘PSYCHIC PRISON….THESE EXECUTIVES ARE LIKE THE SIMPLE MUSSEL, WHICH HAS TO MAKE ONLY ONE MAJOR EXISTENTIAL DECISION IN LIFE: WHERE TO SETTLE DOWN. AFTER THAT DECISION IS MADE, THE MOLLUSK SPENDS THE REST OF ITS LIFE WITH ITS HEAD CEMENTED AGAINST A ROCK.’"
The task group, which functions in a rational way in order to accomplish its goal, can be likened to the ego in the individual. To function productively, the basic assumption group “must be subservient to and used in the service of the work task” (Rioch, p. 64). However, in actuality, groups, like individuals, struggle with more or less well-articulated and meaningful goal-oriented behavior and are similarly, more or less, impeded or incapacitated by underlying anxiety. From a broader perspective then, the leader helps the group define its primary task, modulate the boundary that reinforces the group structure and use self to understand the group’s anxiety. I like Heifetz and Linsky’s conceptualization of the holding environment to contain anxiety:

When you exercise leadership, you need a holding environment to contain and adjust the heat that is being generated by addressing difficult issues or wide value differences. A holding environment is a space formed by a network of relationships within which people can tackle tough, sometimes divisive questions without flying apart. Creating a holding environment enables you to direct creative energy toward working the conflicts and containing passions that could easily boil over (Heifetz and Linsky, 2002, p.102).

Kets De Vries explores several other topics in addition to the areas I’ve summarized above, including envy, change and downsizing. A discussion of envy follows naturally upon a discussion of projective identification and collusive relationships. Kets de Vries takes up this topic, which is not frequently discussed in management literature (p. 158). He describes the origins of envy, destructive and constructive ways of dealing with it in the workplace, and he concludes that vindictiveness can be constructively worked through and replaced by reparation. He also discusses the “relatively invariant” (p.24) principles of the change process and typical resistance to it. He notes “the only person who likes change is a wet baby” (p.215).

One major kind of change today is downsizing, and Kets de Vries tackles this subject in a useful chapter. He defines downsizing and its repercussions on “victims, survivors and executioners (those responsible for the implementation of downsizing)” (p. 249). Soured by the effects of downsizing on those who have lost jobs, and towns that have lost major corporate employers, I found my perspective shifting with his definition. Although Kets de Vries is the first to admit that downsizing will inevitably cause harm and leave wounds (p.282), it is best implemented as part of a corporate “renewal” which is interwoven into a philosophical change and ultimately effects the “values and attitudes of the company’s culture” (p.254) rather than leading to a reduction of numbers to ease the bottom line.

Kets de Vries’s emphasis in Struggling with the Demon is on the role of leadership and the leader’s willingness to know self. He writes that many of the executives he has known are stuck, “governed by the past” and locked in a “psychic prison.” (p.8) Without a fuller range of seeing things, and, thus, feeling they have more choice, “these executives are like the simple mussel, which has to make only one major existential decision in life: where to settle down. After that decision is made, the mollusk spends the rest of its life with its head cemented against a rock” (p.8). The metaphor will likely prompt a chuckle for you, as it did for me, in light of leaders we have known; it is sad, but true. Sad because we believe that there are ways to see our world and ourselves differently, and yet we know how difficult it is to find the wiggle room to explore oneself and to allow for a wider breadth of experience and options. “After all, mental health is really about making choices” (p.8), writes Kets de Vries. I think Kets de Vries is trying to increase the likelihood that a leader’s reflective curiosity will have positive effects on organizational life.

REFERENCES


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I would not say that Kleiger’s volume is a book you cannot put down. Indeed, I had to put it down frequently to ponder its complexities, so richly provided by Kleiger. It is a textbook, a reference book, a history book, and a clinical treatise, all combined in one well-executed volume.

Kleiger prepares the reader quite well for the difficult task ahead to comprehend the very complex but immensely interesting material to be presented. The study of thought disorder and thought disordered thinking on the Rorschach has been made rather difficult, he states, because of the wide range of terms used by various theoreticians and researchers to describe somewhat similar processes of disordered thinking, and because of the lack of clarity of the definitions of the terms used to describe disordered thinking, the use of a variety of conceptual systems, and the presentation of each category as unitary and discrete. These problems, and several others in the study of thought disorder on the Rorschach, make the topic quite complex.

Nevertheless, Kleiger has been very successful in his efforts to explain and clarify much of the material in this area. His book is a very impressive, clearly written volume, filled with many clinical examples. Almost anything and everything you might want to know about this topic is discussed somewhere in Kleiger’s well-organized and executed volume. I believe it will be a sourcebook on the topic of disordered thinking and the Rorschach for many years to come because it brings together a discussion of theory, clinical data, and research from a wide variety of sources.

What is even more impressive is Kleiger’s excellent ability to integrate all this diverse material. After a well-organized exploration of the concept or issue presented in each chapter, Kleiger provides a detailed interpretation and summary of the material in the chapter. While many authors provide chapter summaries, Kleiger’s summaries are even more impressive because of the way he considers a number of factors in the integration of findings in the summary. He does not merely summarize research findings, but rather, the studies are examined in the light of methodological difficulties, variations in method, differing criteria for inclusion of subjects, as well as variations in test technique, before any research summary is provided. Kleiger provides an integration of the research after he considers possible similarities and differences in findings, making diverse findings more understandable. Here Kleiger is especially helpful; he highlights differences in findings so that the reader can understand why they are obtained across studies and why research findings in some cases might differ from clinical findings on the Rorschach.

Kleiger provides a detailed review of the literature; indeed, his scholarship is impressive. His bibliography, for example, spans 30 pages; it is quite varied and yet very inclusive. He even includes references on aphasia and neurological issues in thought disorder, material on creativity, adaptive regression and intense religious experience, art history, post-traumatic stress disorder, diagnostic issues in borderline thought disorder, the mind and memory, the history of psychiatry, the MMPI, the TAT, as well as the prerequisite Rorschach literature and literature on psychoanalytic theory. In the latter area he includes material, for example, from Freud, Hartmann, Kernberg, Kohut, Kris, Schafer, Mahler, Pine, Rapaport, Schafer, Sullivan, Werner, and Winnicott. As an example of how inclusive Kleiger is in the consideration of his topic, he samples information from the following: A book by Eiduson, Scientists: Their Psychological World (1962); Ellman’s James Joyce (1959); Fuster’s, The Prefrontal Cortex (1980); a volume by Goertzel and Goertzel (1980), Linus Pauling: The Scientist as Crusader; Koestler’s (1964) The Act of Creation; Ernst Kris’s (1952) classic, Psychoanalytic Explorations in Art; and Werner’s (1952) classic, Comparative Psychology of Mental Development, to name just a few sources.

One reading of this volume does not do it justice because it is not possible to digest all the necessary subtleties and nuances of the data presented. Each thought disorder concept requires detailed exploration and examination, and Kleiger provides such discussion in the text. Indeed, he deconstructs each thought disorder concept he presents, demonstrating that each one is not a unitary concept, as there is considerable overlap with other related concepts and because the definition of each concept, as it has been described and used, varies considerably.

Kleiger explores the similarities and differences among concepts that appear, on the surface, to be discrete, yet are not, as well as concepts that appear to be different, but are not. He reviews the work of numerous theorists, each of whom proposed their own system of classification of Rorschach thought disorders, and he examines the similarities and differences among their systems. Kleiger examines the strengths and weaknesses of each system in reference to the others. He presents these systems in a fair and even-handed manner, without undue criticism.

In my opinion, the very last chapter of the book
should be read first because I believe it would help the reader wade through the various systems of conceptualization and measurement of thought disorder presented in the book. In this chapter Kleiger categorizes approaches to the use of thought disorder in the Rorschach. He differentiates three levels of approach, the Global Sign approach, the Differential Diagnostic Sign approach and the Conceptual approach. Each approach is said to represent "a more complex, comprehensive, and differentiated approach than the previous one, and each subsumes the strategies of the former" (p. 347). Kleiger describes the Global Sign approach as binary and descriptive, focusing primarily on presence or absence in which thought disorder is represented as a "static unity that exists in an 'all or nothing' form" (pp. 347-348). The Differential Diagnostic Sign approach resembles the Global Sign approach but it goes a bit further in its emphasis on "the qualitative differences in 'thought disorder profiles' between different types of diagnostic entities" (p. 346).

The Conceptual approach is characterized by "efforts to flesh out the meaning of thought disorder signs for an individual's adaptation" (p. 347). The emphasis of this approach is not on differential diagnosis, but "Instead, conceptual approaches seek to broaden the understanding of intrapsychic and interpersonal implications of different types of thought disordered responses. The search for a deeper meaning and a broader understanding of what these responses suggest to us about how a person might think about herself, relate to others, or perceive his therapist is what interests clinicians the most. This is...the approach I found most lacking in the literature and the approach I wanted to emphasize in this book" (p.347).

In addition to the above conceptual model, Kleiger-the-clinician rather than Kleiger-the-academician is heard more loudly here than anywhere else in the book. He decries the present-day situation in which the expenditure of more time to think through and conceptualize material is a luxury:

In our current professional climate with its zeitgeist of fast and furious clinical work, where all of us are pressured to do less with each patient we see, an approach that emphasizes careful and in-depth understanding of an individual’s thought processes might seem anachronistic. Yet it is precisely for this reason that an approach that values careful diagnostic assessment of psychological functioning and seeks to understand subtlety of meaning is critically important. Broadly speaking, the erosion of meaning and appreciation of complexity in the field of psychodiagnostic assessment is a grave threat not only to the profession but to the dignity and worth of the people we serve. The conceptual approach is important because it reflects the inherent value of thorough diagnostic understanding” (p. 348; italics mine).

**Volume Content**

The book is divided into four sections. Part 1, Conceptualizing Thought Disorder, examines the conceptual definitions of the phenomenon of thought disorder and the history of Rorschach approaches to the measurement of disordered thinking. To give the reader a glimpse of how Kleiger necessarily casts a wide net in his conceptualization of thought disorder, note the following quote:

A more comprehensive definition of thought disorder would be one that encompasses a broader perspective [compared with traditional definitions] that includes not only traditional concepts such as impaired pace and flow of associations, but also such factors as errors in syntax, word usage, syllogistic reasoning, inappropriate levels of abstracting, failure to maintain conceptual boundaries, and a breakdown in discrimination of internal perceptions from external ones. Such a definition comes closer to capturing the multidimensional nature of disturbances in thought organization (p. 6).

In Part 2, Kleiger focuses on an extensive list and description of thought disorder systems in the literature, including the seminal work of Rapaport, Robert Holt’s Primary Process Scoring System, the Thought Disorder Index (TDI) by Johnson and Holzman, Exner’s Special Scores and Schizophrenia Index, with an entire chapter devoted to lesser-known scoring systems. Each system is described in detail, including modifications made by later contributors. For each system, Kleiger includes a critique, emphasizing both its strengths and weak points, often including valuable suggestions for improvement. The chapters in this section are a goldmine for researchers and practitioners alike because of their completeness, thoroughness and because of Kleiger’s informed and unbiased perspective.

Part 3, Conceptual and Theoretical Underpinnings, consists of Kleiger’s efforts to organize thought disorder scores into conceptual frameworks, including Pine’s “pluralistic psychoanalytic model” and progressing to a detailed study of the meaning of the major scoring categories. In this five chapter section Kleiger examines the ways in which researchers have attempted to link Rorschach thought disorder systems to underlying theories of mental functioning. However, Kleiger does much more in this section. He reviews the wide range of disordered thinking categories, devoting separate chapters to confabulatory thinking, combinatoric thinking, contaminated thinking, and paleologic thinking. In these chapters, which I consider to be the heart of the volume, Kleiger discusses the often confusing Rorschach thought disorder categories, problems in semantics and the various subtle dimensions of each category. For example, in the chapter on confabulation Kleiger states:
Confabulatory thinking is generally taken as an indication of cognitive impairment or thought disorder...Verbal confabulation implies a filling in of gaps or erroneous overgeneralization from part to whole, leading subjects to form sometimes far-reaching conclusions based on inadequate data. However, a number of conceptual and semantic issues have made the term more complex and difficult to understand and have contributed to confusion, controversy, and a lack of clarity when attempting to discover the meaning and clinical implications of the term (p. 170).

Kleiger presents confabulation as a continuum and then indicates the possible diagnostic implications of the different confabulation levels. In this regard he states:

Rorschach confabulations can be excessively broad or excessively narrow in scope. They might involve the unfolding of a dramatic elaboration or a lengthy tangential or circumstantial commentary, on the one hand; or they may be crisply overspecific, on the other. Subjects may tell stories, with a beginning, middle, and end, or they may leap to one-or two-word conclusions that are absurd in their degree of specificity.

The overly specific confabulation is characterized by the inappropriately precise identity assigned to the image. [It] may be a brief response, quite different from the typically longer and more verbose ideationally embellished responses. For example, the Card VII response of “A Schnauzer, looks to be a female about three years old” doesn’t reflect excessive thematic, affective, or fantasy embellishment. The content is unremarkable and rather prosaic in nature, but it is inappropriate because the subject has provided specificity far beyond what the blot could justify. Overspecific confabulations with ordinary form level may reflect a situation in which an obsessional subject’s internal press for exactitude leads him or her to read inappropriate meaning into an event, revealing a need to be right and overly precise...Overly specific confabulations with poor form level become absurd responses, as exemplified by the following psychotic-level Card III response, “This here looks a lot like my grandfather, like parts of his stomach” (p. 182).

In addition, Kleiger points out, there are a number of content variables in the consideration of confabulation, classified in terms of whether the elaboration involves primarily thematic, affective, fantasy material, or some combination of these, or in terms of the tone or theme of the content (e.g., morbid, fusion, malevolent, magical, playful). Kleiger gives several examples here:

The response to Card III, “Two women who have just finished doing the wash together; they’re tired but will probably plan to rest awhile before going out to get something to eat” tells a story. There is little explicit affect and the story is grounded in realistic events...On the other hand, the Card II response “It looks like two fighters, really pissed off at each other, fighting to the death, bloody, pummeling each other into the ground until the loser cries out in agony. God what a mess!” exudes highly charged aggression. Although interpretively inappropriate given the stimulus, the response content itself is anchored in realistic concepts. In contrast, although the following...example...is excessively thematic and carries an explicit affective charge, it is characterized primarily by its departure from reality and immersion in fantasy. “It looks like a meeting of two, um...dragons who are comparing swords...or who are each so self-absorbed in themselves they’re ignoring each other and doing a hell-like, hellish...demonic...dance of the under-world... or they’re just staring at each other on rollers or standing on clouds, kind of pink clouds.” The specific content of the confabulation can reflect a theme or tone of malevolence, symbiosis, magic, or playful humor. Obviously, each of these, together with the degree of confabulation (mild, moderate, or severe) and the form level (+, -) may provide further interpretive or diagnostic clues...A severe confabulation with poor form and malevolent thematic content might suggest a psychotic process associated with both misperception and misinterpretation of a paranoid nature. One might also infer that this individual will exhibit marked perceptual impairment along with overly inferential thinking in the context of situations in which some external threat is identified. Hallucinations and paranoid delusions might be suggested by this type of confabulation. Similarly, a moderate level of confabulation anchored in adequate form and associated with merger fantasies might indicate heightened oversubjectivity in the context of symbiotic wishes (p. 184).

What follows in this chapter is a discussion of schizophrenic confabulations, manic confabulations, borderline confabulations, and PTSD confabulations.

The next chapter, Combinative Thinking, begins with a discussion of the psychological underpinnings of non-pathological combinatorial thinking, which is necessary, Kleiger indicates, in order to understand deviant combinatorial thinking. Here, too, Kleiger identifies a continuum of pathological combinations, mild (improbable or unlikely); moderate (impossible in reality, but without violation of body boundaries or boundaries between animate and inanimate objects); and severe (absurd or bizarre; impossible combina-
tions in which there is a violation of either body boundaries or the boundary between animate and inanimate objects). The richness of Kleiger’s work is here no better illustrated than when he links concepts of parataxic and preoperational thinking to pathological combinations, and indicates that they have in common superstitious, egocentric, and correlational thinking. Kleiger informs us that combinative thinking occurs in a wide range of clinical and normal subjects. He cautions:

Because of the ubiquity of combinative thinking across the diagnostic spectrum, it is important to avoid a rigid sign approach when considering diagnostic implications of fabulized and incongruous combinations. With the possible exception of manic conditions, the diagnostic specificity of both combinative scores is suspect. Several additional factors must be weighed before making premature links from combinative scores to diagnostic conclusions. Form level, intactness versus impairment of boundaries between adjacent objects, absurdity/bizarreness of the combination, thematic content of the combination...and distance taken from one’s response are all critical factors that need to be considered when evaluating the diagnostic significance of a pathological combination (p. 204).

In the chapter on contaminated thinking, Kleiger also discusses a range of severity. He indicates that Contaminations can be classified as verbal (e.g., “bug-ox”; “pig-people”, where a person sees a bug and an ox, or a pig and people, in the very same area, and fuses the percept); perceptual, such as the simultaneous presence of two incompatible views of the same object; conceptual, based on “the merging or simultaneity of conceptual categories (without perceptual fusion or verbal condensation” (p. 214).

Kleiger indicates that contaminations have typically been viewed as a pathognomonic sign of schizophrenia, but that in the examination of the literature contaminations occurred in only about 16 percent of the schizophrenics. Although contaminations are extremely rare, and have low diagnostic sensitivity, they have high specificity. Contamination responses typically yield a false positive rate for diagnosis of schizophrenia of less than one percent, but a false negative rate for the diagnosis of schizophrenia of about 85 percent.

The final chapter of this section, Paleologic Thinking, concerns autistic thinking, in which inappropriate generalizations are made from contiguity. While paleologic thinking, at its worst, may be the source of psychotic delusions, there are certainly milder and more normal forms of such thinking, such as stereotyped thinking, and coincidental thinking (basing conclusions on circumstantial factors; e.g., where there’s smoke there’s fire).

In Part 4 Kleiger discusses differential diagnosis of Rorschach thought disorder, including pathognomonic signs of schizophrenia, schizotypal personality, schizoaffective disorders, affective disorders, depression, borderline syndromes, as well as issues involved in differential diagnosis, and discusses Rorschach thought disorder associated with a wide range of other conditions, such as PTSD, dissociative, delusional, obsessive-compulsive, and brain disorders.

A very important chapter in this section is titled, Creativity or Disordered Thinking? in which Kleiger examines the issue of whether creativity might be confused with disordered thinking. He concludes that creative people have greater access to primary process material, which is reflected in their Rorschach protocols. He states:

- We would not be surprised to find primary process content, formal signs of thought disorder, and lower form level in the records of creative individuals. However, we would also not expect to find evidence of more severe indices of disordered thinking. Thought disordered responses, when they were given, would be milder and occur in the context [of] containment and control, benign or creative thematic material, and possibly some good Ms. Creative individuals are distinguished by their abilities to play with primitive ideas and unconventional forms of logic while simultaneously demonstrating a number of critical ego strengths (pp. 339-340).

Kleiger concludes this chapter with a description and discussion of the Rorschach of Linus Pauling, the scientist who won two Nobel Prizes, in an effort to separate creativity from psychopathology.

A final quotation from Kleiger illustrates the complexity of his chosen subject, thought disorders in the Rorschach:

- Although there are broad guidelines for associating certain types of scores with certain diagnoses or meaningful interpretations, there is clearly no isomorphic relationship that exists between scoring type and implication. Consider, for example, that different people can produce confabulations or combinatory responses for different reasons. Diagnostically, they may be bipolar, borderline, traumatized, or suffer from some combination of the above. Likewise, the meaning of these processes may differ from one person to the next. On the other hand, one individual may produce a variety of thought disorder signs/scores for essentially the same reason (pp. 352-353).

I would like to personally thank Dr. Kleiger for his valiant and quite successful attempt to deconstruct the topic of thought disorder on the Rorschach; he has helped to clarify a very complex area for me. His book is an excellent example of a W+.
potent mix of ideas attracted many of us to psychoanalytic psychology in the 1950s and 1960s. Psychology had evolved as an attempt to “scientize” the philosophical problems of action, knowledge, and evil; volition, thought, and feeling were its subject matter. Mainstream American psychology had, ironically, come to be dominated by a radical focus on action (behaviorism) that negated volition while dismissing unobservable thoughts and feelings. Its clinical psychology branch, however, addressed the problem of evil, with psychoanalytic ideas comprising the primary paradigm.

Psychoanalytic practice was then a virtual medical monopoly in the United States, but its ideas were not to be contained by a medical model. Important scholars in psychology like Jerome Bruner had come under the influence of psychoanalytic thought; psychoanalytic psychologist David Rapaport and his students were organizing ego psychological propositions so as to subject them to empirical study. Psychiatry, led by psychoanalysts, was attempting to meld psychodynamic thinking with its more traditional psychiatric nosology and treatments. For those of us inclined to pursue it, there was a developing and vital psychoanalytic psychology, allied neither with a sterile behaviorism nor with medical psychiatry.

One young contributor to this psychoanalytic psychology was David Shapiro. In his classic 1965 treatise, Neurotic Styles, he impressed us with gripping clinical descriptions and penetrating thought. He made it clear that understanding “styles” need not result in diagnosis-driven treatment. He emphasized the uniqueness of each therapy patient as central in any clinical situation. Commonalities and differences among and between styles could be discerned though, with the insights gained providing helpful things to say to our patients. Although not associated with any particular school of psychoanalysis, Shapiro’s first book was must reading for any serious would-be clinician at the time, and to my mind it still is.

For nearly four decades, David Shapiro has continued to work the soil he first furrowed. Still an individualistic thinker (with an academic position on one coast or another), he has remained true to his initial interests. In his current offering, he presents the boldest extension of his thinking to date. He compares neuroses and psychoses in what becomes an impressive challenge to the current trend to see the latter as solely a set of biological conditions; and he does so by maintaining his long-time focus on volition, or (in his preferred terms) decision-making, self-regulation, responsibility, and agency.

For Shapiro, “defensive self-estrangement” marks all forms of psychopathology. Self-deception and lack of planning are its important elements. Symptoms are not specifically related to trauma or to biology; instead they manifest a whole character. Self-estrangement is exhibited in the different forms of passive-reactive, rigid, and driven character types, each with varieties. Anxiety-laden situations do not provoke defense; instead, defense results as character exaggerates trivial situations. Shapiro presents a theory of character development in which affects trigger action only for the infant. As development ensues, conscious intention and will power evolve while more mature and complex motives provide context for responding to immediate situations. Defenses are part of character rather than mechanisms employed by it. Actions emerge from choice and responsibility, as well as from conflict and anxiety. Adults do not passively act out biological programs or family dynamics; nor do they regress. Instead they act adaptively or defensively, sometimes using pre-volitional modes. In more severe disturbances, defenses are extended and exaggerated, rather than broken down. Loss of reality sense, blurring of self-object differentiation, degradation of affective experience, and limitation of volitional direction are all characteristic of neurotic as well as psychotic conditions.

In what amounts to a major reformulation of several tenets of current theory, Shapiro presents a holistic, humanistic perspective on character pathology and the workings of the mind. He does not merely assert alternate positions. His views are supported by numerous examples from descriptive psychiatry and clinical wisdom, by reference to ideas derived from both psychoanalytic and psychological thought and empirical study, and by refined argumentation. He neither minimizes nor avoids the complexity of the ideas he discusses, and he acknowledges the incompleteness of both his formulations and the current understanding of psychopathology, especially psychosis.

Shapiro’s reformulation is specifically directed at (and within) modern conflict theory. He does not address relational theories, object relations approaches, self-psychology, or other models extant in today’s psychoanalytic pluralism. Nor does he address matters of technique except by asserting the principle that an incorrect message is given when models not based on “agency” guide our thinking. Shapiro does not deal with current “hot topics” in psychoanalytic psychology: two-person psychology, self-disclosure, gender issues, social issues, therapeutic outcome, or empirical validation. His work evokes (for me) the fundamental and still exciting issues of the 1950s and 1960s.
Shapiro’s work is unusual also for its emphasis on two matters commonly overlooked by psychoanalytic theory: action and consciousness. Behaviorism devoted itself to the study of action only. Psychoanalysis emphasizes internal psychological events prior to action. Shapiro notes his dissatisfaction with Schafer’s earlier attempt (1976) at developing an “action language” to emphasize agency, but finds the even earlier psychoanalytic views of Hellmuth Kaiser (1955) on responsibility to be consistent with his own. Cognitivism, American psychology’s current paradigm, devotes itself to conscious (usually rational) experience. For many psychoanalysts, “the unconscious” is the core of psychoanalysis, despite more modern and now long-standing structural theory. Action and consciousness are then seen as preoccupations of an anti-psychoanalytic American psychology. Shapiro attempts to reorient psychoanalytic psychology by giving equal respect to the three problems central to the original evolution of psychology from philosophy.

Shapiro’s bibliography may seem timeworn or unfamiliar to contemporary readers, while warming the hearts of those of us still taken with the ideas of mid-century psychoanalytic psychology. 75 of his 89 citations predate 1990. They include early psychoanalysts like Abraham, H. Deutsch, Erikson, Fenichel, the Freuds, Guntrip, Nunberg, Rapaport, and Waelder. Inspiration from psychiatry comes from Andras Angyal, Arieti, Bleuler, Freeman, Sechehaye, and Sullivan. Lewin, Piaget, Werner, and Kurt Goldstein are psychologists cited. A more contemporary source is Louis Sass, whose notion of “double bookkeeping,” a clinical description of pathological thought, provides Shapiro with a helpful means of understanding schizophrenia. An unfortunate anachronism is Shapiro’s use of the male pronoun for all patients but hysterics, whom he refers to as female.

Some will find this an old-fashioned book; I find it a worthy new look at old problems yet unresolved. Some will find it narrow, focusing on complex issues through the single lens of agency; I find its ideas to be wide-ranging and evocative of Hartmann’s ambition that psychoanalysis be a general psychology. It is a small book (160 pages of text) but it is not a quick or easy read. It is all meat and sometimes tough-going. Shapiro’s clinical descriptions amply justify the price of admission; his theoretical contributions will reward the effort required to study them.

References

Jeff Golland is a Training and Supervising Analyst at the Psychoanalytic Training Institute of the New York Freudian Society, a member of its Faculty, and vice president of the Society.
What is the experience of the supervisor when supervising? What is the experience of the supervisee when in supervision? How does one learn to supervise? At times it is almost assumed that a psychotherapist can become a supervisor simply because he or she has been in supervision and has seen his or her own supervisor work. Although all psychotherapists receive supervision during the course of their education, very few are exposed to the theory of supervision, and fewer still gain practical and supervised experience in the provision of supervision. The Supervisory Experience discusses supervision from a psychodynamic perspective and explores supervision from the supervisor’s and the supervisee’s perspective. This book provides a greater understanding of what is happening in the supervisory relationship and will be of interest to supervisors and supervisees alike. Susan Gill (a supervisor and faculty member in the Adult Training Program of the Psychoanalytic Institute of the Postgraduate Center for Mental Health and Washington Square Institute for Psychotherapy and Mental Health), has brought together a number of well-known and published psychoanalytic/psychodynamic authors to discuss the process of supervision. She has succeeded in creating an edited book that is of benefit to the novice and the experienced supervisor, while still being accessible to students learning the process of supervision. This book is divided into two sections: The psychotherapist’s learning experience and countertransference.

Facilitating the Psychotherapist’s Learning Experience: The first section of this book introduces the reader to psychoanalytic/psychodynamic supervision and explores issues related to working with anxiety, transference, vulnerabilities, and superego issues. In the first chapter, Stanley H. Teitelbaum discusses the historical nature of psychoanalytic supervision by addressing issues such as the didactic versus experiential nature of supervision, and the concept of an “expert supervisor.” He also discusses more recent developments that have occurred in psychoanalytic supervision including the emergence of a relational model of supervision, which addresses supervisee vulnerability and anxiety, and the democratization of the supervisory relationship. Along with this later point, the author discusses the importance of supervisors “nondefensively exploring their own blind spots or supertransferences” (Teitelbaum, 1990). Teitelbaum discusses the importance of “cultivating the supervisory alliance as a precondition for meaningful teaching-learning.” Finally, he discusses the impact of supervision on the supervisor in terms of narcissistic needs, and in terms of the importance of adapting supervisory approaches to the appropriate learning and developmental levels of the supervisee. Teitelbaum provides a succinct overview of important developments occurring in psychoanalytic supervision and provides a foundation on which subsequent chapters develop.

Susan Gill explores narcissistic vulnerabilities in the supervisee in terms of the ego ideal and self-exposure. She starts off by exploring Freud’s concept of the ego ideal (Freud, 1914) and then discusses Schafer’s idea of the ideal self and the experienced self (Schafer, 1967). She uses these concepts to discuss how the tension between the experienced self and the ideal self affect narcissistic strivings and can lead to feelings of failure and humiliation. These themes are continued in the chapter as Gill explores the tension that exists in trainees between the “all knowing therapist” and the “unknowing supervisee.” She presents Brightman’s Kohutian model to describe the “process of change in the area of professional narcissism” (Brightman, 1984) and then uses case examples to discuss self-exposure as a source of narcissistic vulnerability. The use of clinical vignettes is particularly helpful in clarifying how fear of exposure may keep supervisees from identifying feelings that are contradictory to internal ideals. Finally, Gill moves beyond narcissistic vulnerabilities as a normal part of supervisee learning to a discussion of supervisees with narcissistic character defenses and how these defenses can create significant learning and therapeutic problems.

Sydney W. Arkowitz continues to explore vulnerabilities in the supervisee by discussing perfectionism. He discusses how the supervisory relationship, intended to be safe and facilitate learning, can lead to uncertainty, vulnerabilities, and regression. He argues that this is brought about when perfectionism in the supervisee is the result of unresolved grandiosity, unrealistic ego ideals, and harsh superego structures rather than a striving for mastery and competence. Arkowitz discusses how the supervisor can use supervision to modify the supervisee’s superego ideal, soften the superego structures, and decrease grandiose needs. In order to facilitate this, Arkowitz describes how the supervisor can become a new ego ideal; an ego ideal that demonstrates that perfection forever eludes it and is willing to be imperfect. Arkowitz suggests that supervisor’s can become this new ego ideal by allowing supervisees to see his or her shifts in thinking, feelings of countertransference, projective identifications, and failures of empathy. He argues that by doing this the supervisee will internalize a new identification. The supervisee will relinquish the idea of the supervisor as omnipotent and therefore also relinquish his or her need to be omnipotent. Arkowitz uses a number of case examples to exemplify these concepts and to help the reader understand how to work with supervisee perfectionism.

Susan Reifer briefly discusses how supervisors can understand and deal with supervisee anxiety over being a new or beginning therapist. She discusses how success or failure is often viewed by the supervisee as a reflection of his or her own
personality and character, and how supervisors need to recognize this. She explores feelings of omnipotence and how part of what supervisees may be dealing with is the need to “master their own narcissistic trauma of being used by parents as supporting objects” (Brightman, 1984). She then goes on to discuss three different approaches to help supervisees reduce their anxiety: Patient-centered, therapist-centered, and process-centered supervision.

Wilma C. Lewis’s chapter on transference in analysis and supervision takes a different approach from the previous chapters in that she presents two examples from her own experience as a supervisee (one positive and one negative). She briefly explains that how supervisors handle issues such as transference projections, displacements, etc., will ultimately impact on the success of supervision, and whether the transference reactions will continue to be reinforced (and an obstacle to supervision) or mitigated (and not impact supervision). This chapter provides an experiential perspective to supervision and highlights, from a supervisee perspective, many of the concepts touched on in this and previous chapters. It is an excellent opportunity for supervisors to reacquaint themselves with the anxieties etc., experienced by those in supervision.

Jennifer L. Roberts also recounts her own experience as a supervisee using the metaphors of performance anxiety or “stage fright.” Roberts refers to Gabbard’s work on “stage fright” as a universal experience to help the reader understand supervisee anxiety and to provide a theoretical context for her discussion. She discusses performance anxiety developing out of Oedipal and pre-Oedipal conflicts such as exhibitionism, genital inadequacy, aggression, and fear of retaliation (Gabbard, 1979). She also cites Mahler’s (1975) stages of separation and individuation and Freud’s psychosexual stages of development to help understand key anxieties experienced by supervisees and how different types of anxiety may be related to separation and psychosexual development. Finally, she discusses narcissistic vulnerability and suggests that supervisors need to be sensitive to ego ideal conflicts, self-exposure concerns, and narcissistic character defenses (Gill, 1999) when dealing with supervisees. She then suggests the importance of building a positive alliance and discussing transference rather than facilitating a transference experience. Like the previous chapter, this chapter helps the reader further understand the experiences of the supervisee and the anxieties he or she may experience.

Iris Levy explores superego issues that emerge in supervision from both the supervisee’s and the supervisor’s perspective. Again, by looking at this issue from the supervisee’s perspective, Levy’s discussion follows that of the previous two chapters. She begins by discussing the origin and function of the superego, and then considers how and why superego issues develop in supervision. Levy discusses how one of the most typical compromises a supervisee enacts when faced with overwhelming anxiety is the projection of their punitive and perfectionistic superego onto the supervisor. This results in experiencing the supervisor as critical and punitive. In terms of supervisor superego issues, Levy discusses concerns relating to competence to teach, taking on the role as an authority figure, competitive feelings, and issues related to having to evaluate students. Finally, Levy offers some technical advice for handling these issues in supervision and then ends the chapter by providing two clinical vignettes to illustrate these issues.

Carol Martino discusses supervision from a self object experience. She discusses the origin and function of self object experiences by drawing on the work of Kohut. She maintains that if the supervisees’ self object needs are met in supervision then there can be a greater sense of shared communication within the supervisor-supervisee dyad. Martino uses Wolf’s (1994) three self object experiences (adversarial self object, efficacy experiences, and vitalizing self object experiences) to help understand the developmental progress of supervisees and how they may relate to their supervisor. Martino finishes the chapter by presenting two clinical vignettes to help illustrate her self object perspective to supervision.

The final chapter in this section of the book addresses what factors created the optimum learning environment in supervision. Mary B. M. Cresci provides four case examples of supervision sessions. She discusses what made the sessions successful and what facilitated learning from the supervisees perspective. She concludes the chapter by discussing how to better facilitate the supervisee’s learning experience. It is apparent that it is not only the supervisor’s theoretical orientation that is most helpful to the supervisee, but that the manner of supervision and the supervisor’s personality style also greatly affect the quality of supervision. She suggests that the degree to which the supervisee does not feel anxious and criticized (but instead feels relaxed and engaged) will determine the quality of the supervisory experience, and will determine the degree to which the supervisee can learn. Cresci also makes the point that different developmental levels in supervisees will determine the optimal learning situation.

Countertransference: The second section of this book is devoted to the issue of countertransference. The authors consider whether supervisors should encourage the disclosure of countertransference issues within the supervisory relationship. The first chapter by Lawrence Epstein begins by identifying aspects of the supervisory relationship that may disadvantage the supervisee and/or the treatment relationship, and then discusses how supervision can be structured to minimize these disadvantages. Epstein discusses the traditional model of supervision that focuses on the patient-therapist relationship and how this model ignores the concept of the practice of participant-observation. He then provides a case example of a supervisory failure to help illustrate this point. Epstein goes on to discuss a modified supervisory approach where the supervisor focuses his attention on the supervisee (i.e., focus on the supervisee’s feelings and reactions vis-à-vis both the supervisory and treatment situation).

In this approach Epstein suggests that the supervisor needs to focus on the supervisory relationship in terms of active participant-observation. That is, the supervisor needs to be aware of the impact of his or her personality style, interventions, and
the entire supervisory process on the supervisee. To facilitate this process Epstein provides specific examples of how to apply the participant observation approach to the supervisory relationship. He discusses issues such as overcoming resistance to accepting that supervision can fail, the use of object-oriented versus ego-oriented questions, and working with countertransference issues. The author finishes the chapter by providing three vignettes to help illustrate the points he discussed.

Winslow Hunt further explores how to use countertransference in supervision. He provides a theoretical rationale for incorporating countertransference into supervision and then provides some guidelines for when and how to incorporate it. Through the use of clinical vignettes the author describes how countertransference can be used to better understand the supervisee-supervisor and supervisee-patient relationships.

Howard E. Gorman also uses a clinical example to illustrate the positive use of countertransference in the supervisory relationship. Gorman argues that “interpreting countertransference in the supervised case, and transference and countertransference in the supervision itself” can be used to promote therapeutic progress and growth of the supervisee (Gorman, 1996). He provides an extensive clinical example that illustrates the beneficial nature of using countertransference in supervision. Gorman is careful to state, however, that interpreting countertransference should not become the sole focus of supervision. He argues that discussion of countertransference issues should be undertaken when it has the potential to benefit the supervisee, the supervisee-supervisor relationship, and the patient. He challenges the reader to think about interpretation of the transference in a broader context beyond the “deep, general, and reconstructive interpretation that forms a very small, albeit crucial, part” of psychoanalysis (Lester & Robertson, 1995). This chapter argues for the appropriate use of countertransference in supervision and provides a clinical example indicating how this information can be used beneficially in supervision and inform treatment.

Anne E. Bernstein and Susan C. Katz describe the rarely reported phenomenon of a supervisor and a supervisee both dreaming about a patient, and then using that dream information to facilitate supervision and to better understand the patient. They use case material from supervision to illustrate how a well-developed supervisory relationship can facilitate the discussion of material such as dreams, and how dreams can be a reflection of the process occurring between the supervisor and the supervisee.

The final chapter in this book discusses transference-countertransference dynamics and disclosure in supervision. William J. Coburn presents three tenets of the supervision experience. The first is that the primary subject matter of the relationship is the patient’s subjective world. The second is that the relationship between the supervisor and supervisee is the result of transference-countertransference interactions among the supervisor, the supervisee, and the patients. The third is that the exploration of these relations is what is most valuable to the supervisee’s and the patient’s development and progress. From an intersubjective position the author presents case material to illustrate these points. Coburn discusses how a supervisor’s disclosure can help a supervisee feel understood on an emotional level and how this models a relationship that can be internalized by the supervisee.

In summary, The Supervisory Experience offers a framework for understanding some of the issues surrounding supervision from both the supervisor’s and the supervisee’s perspective. The first section of the book addresses how to work with anxiety, transference, vulnerability, and superego issues. The authors explore a range of topics such as models of supervision, perfectionism, narcissism, and personal experiences, and discuss how best to facilitate supervision and supervisee learning. The second section of this book addresses the specific issue of countertransference. The authors discuss how countertransference can be used to facilitate supervisee development, and inform both the supervisory relationship and treatment. The Supervisory Experience addresses a number of important issues in supervision. For the new supervisor this book is an excellent resource that is filled with theoretical and practical information. For the more experienced supervisor, the book offers a more detailed examination of a number of key issues related to supervision and the supervisory relationship.

**References**


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The Mark of Cain: Psychoanalytic Insight and the Psychopath, by J. Reid Meloy, is the first published collection of psychoanalytic papers on the phenomenon of psychopathy. The underlying premise of the book is that psychopathic minds are formed by early developmental failures and that one can apply a psychoanalytic formulation of character structure to understand the psychopathology of these disorders. The articles in this anthology are presented chronologically and are organized into two sections, “Development and Psychodynamics” and “Treatment, Risk Management and Psychodiagnosis.” The author provides a very concise and useful introduction to each of the two sections as well as a brief commentary prior to each article. This excellent organizational strategy provides the reader with an exceedingly useful and clear reference on the subject of psychopathic personality.

This book is of unique value, as the professional literature concerning the criminal mind tends to be either sociological or biological. If psychology is referenced, the perspective is usually behavioral or cognitive-behavioral. This book provides ample evidence that psychoanalytic thinkers have contemplated this clinical problem for some time.

Dr. Meloy has worked in a variety of capacities of forensic mental health settings for many years. He relates in the preface that early in his career he became interested in what the psychoanalytic literature would suggest was clinically useful concerning the phenomenon of psychopathy. Some of this curiosity evolved from his background in history. He was seeking what was thought about the internal life of persons who were deemed untreatable by the institutions within which they were incarcerated or referred for management.

Dr. Meloy’s work is a book that culls from the psychoanalytic literature yet includes references to other fields, including psychological, biological and social research. In discussing his work and the considerations in preparing this volume, Dr. Meloy is very honest about the difficult aspects of working with this population and thus contemplating their personality traits and characteristics. Dr. Meloy’s idea for this book was to provide a useful resource. He reports that he had significant difficulty in his search for a publisher. The major issue was that the reprint permission fees were considerable. This daunting problem was solved with a generous grant from the John Jay College of Criminal Justice Foundation. That entity is owed a debt of gratitude for their support of this most valuable work. Aside from its theoretical and technical value, this collection of works is a fascinating treasure trove of historical material, which traces the development of psychoanalytic thinking in and of itself over the years of the 20th century. I was particularly struck by the use of language to describe various clinical processes. Since some of the terminology is not currently used to classify clinical phenomenon, it provided additional richness to the text.

The summaries for each of the two sections provide exceedingly useful compendia of what is known about the psychopathic personality. In the first section, developmental issues are considered. The writings presented reveal the complexity of this topic. A seminal point that Dr. Meloy presents early on is that, “The house of psychopath is built on a psychobiological foundation of no attachment, underarousal and minimal anxiety” (p. 3). Hence, there is a particular predisposition to psychopathic development. This characterological picture leads to a basic failure of internalization with a severe narcissistic psychopathology, primitive internalized object relations and superego abnormalities. Furthermore, there is what Dr. Meloy calls “part-object emotions” (p. 16) and a preponderance of pre-Oedipal defenses. The psychopath “possesses
an emotional range and depth and object relatedness similar to—although not identical with—those of a young toddler prior to sustained interaction with his peers” (p. 16).

The articles that follow cover a wide spectrum. David M. Levy (1937) discusses affect hunger and maternal rejection as a cause of the chronic emotional detachment of psychopathy. John Bowlby (1944) presents some of his early notes on the psychopathology of a sample of “juvenile thieves” with an emphasis upon how a lack of attachment causes negative internal representations and a presence of aggression. Phyllis Greenacre (1945), comments how “constitutional psychopaths” fail to develop a conscience due to faulty structural development, characterized by impulsivity and emotional lability. Other authors from early in the psychoanalytic movement include Laretta Bender (1947) who presents her observations of institutionalized children and Kate Friedlander (1949), who uses Aichorn’s concept of “latent delinquency” to illustrate a case where environmental disturbance in ego development create superego dysfunction.

Helene Deutsch (1955) describes the importance to “single out from the many varieties of psychopathic personality one particular type and to attempt to understand him” (p. 115). She thus details the psychoanalytic treatment of a 14-year-old boy who she calls “The Imposter.” The classic paper of D.W. Winnicott, “The Antisocial Tendency,” is included. In this work, the author depicts the problem with helpfulness with the view that “where there is an antisocial tendency there has been a true deprivation … that is to say, there has been a loss of something good that has been positive in the child’s experience up to a certain date, and that has been withdrawn … “ (p137). Other papers include discussions of time and character disorder, psychopathy, freedom and criminal behavior and the psychology of wickedness.

The section on diagnosis, risk management and treatment deepens the readers understanding of psychopathy. The overview discussion summarized issues relating to transference, countertransference, and the question of treatment or risk management, psychodiagnosis, character pathology, diagnostic classification systems and psychological testing. It is noted that there are very few papers, which depict analytic treatment of psychopathy. This is qualified by the reminder that there is very little if any evidence that individuals with psychopathic personality will benefit from psychodynamic therapy of any type. What has been published thus is more focused upon a discussion of the “psychoanalytic way of knowing the psychopath” (p. 183) through countertranference reactions.

This section includes several classical psychoanalytic papers, by such writers as Wilhelm Reich (1926), (“The Phallic Narcissistic Character”), August Aichhorn (1935), (“the Narcissistic Transference of the Juvenile Imposter”), Betty Joseph (1960), (“Characteristics of the Psychopathic Personality”), Neville Symington (1980), (“The Response Aroused by the Psychopath”), and Otto Kernberg (1989), (“The Narcissistic Personality Disorder and the Differential Diagnosis of Antisocial Behavior”).

It occurred to me that so many of the psychoanalytic concepts referred to in these articles were quite familiar to me. However, I had not seen many of these applied to the understanding of psychopathy before reading Dr. Meloy’s compendium. Thus, the book will undoubtedly enlarge the average psychoanalyst’s mind to further applications of what is already known and as a reference on the subject.

My only question I reading The Mark of Cain was the lack of representation from the contemporary psychoanalytic literature. I wondered whether or not there were papers extant that included work on the neurobiology of attachment and traumatic stress as it was applied to psychopathy. Perhaps this fact derives from the reality that there are no such writings. If this is the case, one hopes that Dr. Meloy will continue to publish psychoanalytic writings on this most difficult clinical problem as knowledge evolves. I can see that this work could be the first in a series that considers this subject.
I should probably preface this review of Lucy Daniel’s *With a Woman’s Voice* with a disclosure. I have known Lucy and felt close to her for over thirty years. We were graduate student classmates at the University of North Carolina Clinical Psychology doctoral program in the early 1970s and rapidly bonded over our shared interest in psychoanalysis. Although we have had relatively little contact in recent years, the bond feels very much intact to me.

No doubt this predisposed me to like her book. Having said that, however, let me note that Lucy’s memoir succeeds in doing justice to what I have always felt was one of the most interesting life stories in the mental health field. For those who do not know Lucy, to read her memoir is to encounter life for the first time—a fascinating experience for anyone interested in psychoanalysis, art, and the relationship between the two. It is also a wonderful stand-alone story of a very bright young woman’s struggle with mental illness and her ultimate victory at forcing her creativity to triumph over the confusion and conflict she faced. Lucy is a psychoanalytic artist and an artistic psychoanalyst. She is also a superb synthesizer and writer.

Lucy’s story has always reminded me of a tragic-comic-ironic novel. And it can certainly be described in those terms. A child is born into a highly charged and psychologically confusing Southern family with enormous expectations both overt and subtle. She is bright, sensitive, and cross-eyed. Her grandfather had founded the most prominent newspaper in the state and was inevitably in the center of most political controversies in the state capital. Her father took leave of the family newspaper business long enough to be press secretary in the Roosevelt White House, where the little cross-eyed girl played with FDR’s grandchildren.

Her mother was from Charleston and regarded her as powerful. She was a writer. Gushed about, as powerful women are by those who hate them, she was placed on a distant pedestal as a woman who should have been press secretary in the Roosevelt White House, where the little cross-eyed girl played with FDR’s grandchildren.

For those who do not know Lucy, to read her memoir is to encounter life for the first time—a fascinating experience for anyone interested in psychoanalysis, art, and the relationship between the two. It is also a wonderful stand-alone story of a very bright young woman’s struggle with mental illness and her ultimate victory at forcing her creativity to triumph over the confusion and conflict she faced. Lucy is a psychoanalytic artist and an artistic psychoanalyst. She is also a superb synthesizer and writer.

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Her mother was from Charleston and regarded her as powerful. She was a writer. Gushed about, as powerful women are by those who hate them, she was placed on a distant pedestal as a woman who ran the perfect home. Decades later, when asked by a friend what her mother was like, the little girl would say, with neither sarcasm nor venom, “She was sort of like a, a, Nazi.” Lucy was the oldest of four girls. Her father’s passion, combined with her mother’s distance, intensified the inevitable triangular and dyadic issues one would expect from such a family constellation.

And so in her adolescence the little girl stopped eating. If anorexia nervosa is a difficult illness to treat today, in 1950 it was an invitation to apply the radical and grotesque interventions of the day. Insulin shock and ECT were her primary treatments, along with a pragmatically coercive approach. They were not helpful.

After she finished her tour of hospital duty and as she was recovering, she wrote a best-selling novel, *Caleb, My Son*, that was one of the first of a genre about race relations in the South. Soon she was feted in writing circles and in the popular press. She appeared on the newly emerging national media including the Today show with Dave Garraway. She was a writer.

Her second book did not “do well.” It was an attempt to describe life in a mental hospital, an experience most people do not want to have even vicariously. She would not write again until the present work over forty years later. Instead, she made babies. Four of them in a marriage that was difficult for her and ultimately ended in divorce. Each of the births was followed by a painful depression that at the time went largely unnamed. With four young children in tow, she decided to get a formal education and started at the University of North Carolina at the age of thirty-four. She did well and in 1972 joined a group of twenty-somethings in the UNC clinical psychology doctoral program.

The doctoral years for Lucy were marked by the break-up of her first marriage, leaving her with four children and a graduate program at the age of forty. She was depressed and eventually turned to analysis. For the next two decades, her relationship with her analyst was a struggle to unlock the creative expression of her childhood and young adulthood. Her analytic work is described throughout her book and, again, in its own right makes for a very rich “case” study, although I hesitate to use such a term in discussing Lucy.

Lucy wanted very much to receive analytic training herself, although in retrospect, it is quite clear the Duke-UNC Institute at the time had very little to offer her and probably would have been more akin to her earlier hospitalizations than to an institute of higher learning. Nonetheless, she did apply. She received a one-line response from the Director of the Institute, Milton Miller: “The Institute does not accept non-physicians. M. Miller.”

With the exception of a short-lived second marriage, the period after graduate school was lonely for Lucy. While living in her home community of Raleigh where her name was widely known, she was hardly a good candidate for Raleigh’s “high society.” She started her own successful private practice, which provided a badly needed source of income.

Next, Lucy became a millionairess. Through a complex set of developments with the family newspaper,
the Raleigh News and Observer, Lucy was able to sell her inherited share of the paper for a small fortune.

Despite her childhood affluence (or maybe because of it), I have never seen Lucy display so much as a hint of materialistic interest. Her reaction to the money was bold and unabashed, if somewhat unorthodox. She did buy some things for herself—for example, a beach house along the North Carolina coast—and educating four children is, of course, not an inexpensive endeavor. However, these conventional expenditures were the tip of the iceberg of Lucy’s financial evolution. She rapidly became a philanthropist, a role for which she has been very well suited.

To an outsider, Lucy’s philanthropic style may seem a bit odd, or at least idiosyncratic. For example, to the best of my knowledge, Lucy is the only philanthropist ever to purchase an office building for her state psychological association. For the most part, however, Lucy has spent her money on psychoanalysis, creativity, and children, supporting projects that have facilitated her ability to encourage a creative component to psychoanalysis, to advance the discipline, and to provide therapeutic innovations for children through applied psychoanalytic techniques. She has funded, developed and run for several years now a therapeutic school and through her foundation has provided support for artists and analysts in a host of creative programs and events.

The psychoanalytic community has benefited enormously from Lucy’s creative use of her inheritance. In yet another irony in Lucy’s life, all of this has earned her a special category of membership in the American Psychoanalytic Association. Lucy was declared a “Special Friend” of the American.

Lucy has never exhibited any resentment at her treatment by the American in the earlier years. I do not know whether her equanimity expresses a magnanimous spirit or a deep recognition that psychoanalytic training at the time would have been an awful and ultimately destructive experience for her. Given the arrogant cold shoulder she received when applying to the UNC-Duke Institute, however, I rarely miss the opportunity to rib medical analysts that I had the foresight to consider Lucy a “distinguished friend” of mine before she had money.

For all of the positive things I can say about Lucy’s memoir, the truth is that it stands on its own as an item of great interest because of who and what Lucy is. In that regard, the reader sees many facets of Lucy.

Yet there are two aspects of Lucy that I do not think come through as much as I would like. The first is her wonderful comic sense of the ironic and the absurd that I think is more robust in person than it is in the book. I remember Lucy showing me a newspaper article about one of her prominent family members. It displayed a long list of lifetime achievements. Lucy laughingly said, “They didn’t tell the whole story.” Lucy’s sense of humor has obviously been an enormous comfort for her in some very difficult times. However, it stands in such contrast to many of her life experiences that I think it is difficult for it to emerge fully in a written document. If it had come through more, her book would probably resemble *The World According to Garp*, and I do not think that was her purpose in writing it.

The second regret I have is that in writing, Lucy synthesizes more than she does in person. Lucy is a veritable fountain of free association. If one can keep up with her, the experience is a rich lesson in the creative process. If one cannot, it is a frustrating sense of being in the presence of artistry and creativity to which one cannot quite gain access. In writing, this all evaporates into lucidity that only confirms the feeling I sometimes had in talking with Lucy, that if I were just a little smarter or a little more creative, she could teach me much more. Capturing her associative verbal style would have made for a different book, but the lucidity in this one has given me a rare glimpse of how an artist transforms her raw material into the structure of a creative work.

Lucy’s memoir is a vivid explanation of the role psychoanalysis can play in the life of a struggling but creative person with the capacity for psychological insight. Good psychoanalysts must be as much patient as analyst, and Lucy has her bona fide in that requirement. To me, her work and her patienthood have always been a seamless entity. Her memoir is a fortunate confluence of cultural richness, writing skill, analytic sophistication and creativity. And while it is not the first word one would think of on meeting Lucy, her doggedness shows through.

Lucy was born with a physical handicap that made seeing difficult and stigmatizing. And yet she now sees far more than most. She suffered from mental illness and yet became a healer. She was born into a family that was confusingly oppressive and yet she became creative. She was denied analytic training by a community that worships the value of its own training, and yet she now stands out as a recognized creative figure in that community.

Lucy has done what great people do. They transcend. As a result the analytic world is richer.

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This is a brief, very readable, and intellectually sophisticated review of what we know about violence, what seems to increase it, and what we can do to reduce it. If is never oversimplified, nor does Whitaker ever suggest one simple solution for a complex problem. It is typical of the breadth of his approach that he even deals with the Malthusian argument that violence is a natural way of dealing with the problem of overpopulation (for the potential food supply). He demonstrates that it actually makes the problem worse.

The problem of violence is increasing. The danger of violent death is greater now than in the 18th or 19th centuries, with all their violence. The United States is the most dangerous of all the developed countries, in terms of the odds of violent death.

The book considers individual violence by individuals against individuals, violence of countries against each other, violence of countries against their own citizens, and the nature of pseudo-patriotic violent groups and of anti-government of anti-cultural violent groups, including violent religious sects. The one omission is the 9/11 bombings since the book was written before that attack, but it does include the earlier World Trade Center bombing, and the Oklahoma City bombing, and deadly religious cults, and the factors that are described would generalize to other specific situations.

Included are critiques of the way we practice law, the use of media violence, the way we practice journalism, the way we treat the poor, deceptive and destructive advertising, and other aspects of our society that engender violence. Included is a description of how Phillip Bernays, using psychoanalytic advice from Brill, carried out a completely deceptive campaign to help get women to smoke, using women who thought they were demonstrating for women’s rights and had no idea they were advertising cigarettes and smoking.

There is a well-documented chapter (using trustworthy sources in the public domain) on the CIA, which is hard to read, not because the writing is not clear, but because the reader does not want to believe that our own government would do such things. My reaction was similar to that of a therapist suffering what is usually referred to as “secondary trauma,” the reaction of a therapist whose patient recounts horrors that the therapist would rather believe could not possibly be true. Unfortunately, the chapter is accurate. (I asked Dr. Whitaker about that chapter, and he told me his feelings about writing it were even more uncomfortable than mine on reading it, but that he felt it was important to complete that chapter, no matter how disturbing it was to work on.).

But this is not a pessimistic book. It suggests things that can be done, that work, as well as things that are done, that do not work, or that make the problems worse. For example, it is an empirical fact that democratic governments are far less likely to wage war than undemocratic ones. The difference in the murder rates between England and Canada and that in the United States is very close to the difference in the rate of gun ownership. Whitaker suggests techniques of dealing with members of dissident potentially violent groups. He, of course, talks of child rearing, good and bad, and about authoritarian and violence prone individuals, and the constructive mentality and what seems to produce each of these, and information that would help if widely known. He describes unusually constructive individuals and what seems to produce them. He also talks about aspects of our society, mass media, the practice of law, even the way we approach sports that lead to an increase in violence. He points out that no one factor alone is responsible, but the interaction of several factors usually leads to violence. Single factors by themselves do not usually lead to violence, but they change the probabilities. Similarly, changing a single factor will not cure violence, but it will change the probabilities. Among his causes are the gun industry, protest masculinity (“Real men dominate”), violence entertainment, drug pushers, bigots, and bullies. Their advocates defend each of these as not the cause. Whitaker agrees: Each of them is not the cause; each of them is a contributing cause. Consequently, a decrease in any of them will decrease the probabilities of bad things happening.

This book is reminiscent of Gordon Allport’s classic The Nature of Prejudice in its breadth of coverage of factors, readableness, accuracy, and the insistence that just as there are vicious circles, there are also benign circles—a decrease in one hurtful factor makes it easier to improve others. It is a book well worth reading and thinking about.

Bert Karon teaches at Michigan State University and is a former president of the division. In April 2003, he received the Distinguished Scientific Award from Division 39.
In *A Primer for Child Psychotherapists*, Diana Siskind provides an easy to read primer especially useful for a beginning child therapist in a private practice or clinic setting, where the therapist can set the tone for treatment. The book is written in a dialogue format with a hypothetical supervisee directing commonly asked questions which Siskind addresses.

Her responses not only guide the reader with what to do, but offer a way to critically think about what is being asked, keeping in line with what psychoanalytic tradition so richly offers the field of psychotherapy regardless of one’s theoretical orientation. Examples include her encouragement to examine one’s own countertransference reactions to either child or parent, and to examine what purpose a behavior might serve, before coming with a response. Intermediate therapists already established can use this book as a way of checking and challenging their assumptions and practices.

A useful philosophical stance Siskind provides is for “the child’s therapist to remain equidistant to child and parent (p.19).” The therapist has to build and be mindful of the relationships with both the caretaker and the child when doing child psychotherapy. Another point she stresses is gain an understanding as to what needs to be treated before proceeding with the treatment.

Siskind walks the reader through all the basics of treatment from why children may be brought to therapy, how to proceed, whom to see first, and the office setting, right down to when termination may be appropriate.

I will briefly describe some of the topics she addresses: The layout of the office, useful and distractible toys, issues of confidentiality, setting the tone for treatment, developmental considerations, setting limits and boundaries. Common problems addressed include how to handle a child wanting to keep a toy, gifts, handling the disruptive child, and the differences between kindness and over gratifying a patient. More difficult dilemmas are presented such as when parents divorce, and difficult problems such as dealing with suicidal patients, especially while handling confidentiality concerns.

The dilemmas are presented to her by the hypothetical supervisee, and then explored in a dialogue fashion. Siskind does provide answers and guidelines, but only after encouraging the supervisee to make the most of the question being asked including maintaining a professional attitude, exploring one’s own countertransference reactions. While the examples mentioned in the dialogue feel universal and have can be easily generalized, it is the critical way of thinking that she encourages that becomes the greatest source of learning, rather than the answer she ultimately gives. Still, I found myself wishing that Siskind had addressed even more common dilemmas such as handling child abuse issues, eating disorders, and substance abuse, as these dilemmas are complex and frequent.

I had some minor contentions with her guidelines of first meeting the parent prior to the initial contact with the child. I would argue that it many instances seeing the child first gives therapists a chance to evaluate a child in a less biased manner, and to assess if rapport with this child is possible. However, her points are well taken that building a therapeutic alliance with the parents, assessing parent’s motivation, and the appropriateness for treatment makes meeting the parents first preferable. More importantly, Siskind is not only writing a methodology for child treatment, but a way to think about how we make our decisions. It is not simply about who should be seen first but about how we come to this decision. In this regard, Siskind more than excels in imparting to the reader how to approach child psychotherapy, and makes *A Primer for Child Psychotherapists* a must-read for those entering the field of child psychotherapy.

Abraham Loebenstein has been in private practice for six years with a practice largely devoted to children and adolescents. He is a psychologist, a marriage and family therapist and a graduate of Alliant University: The California School of Professional Psychology.

In Memoriam

Emmanuel Ghent, MD 1925-2003
Teacher, Mentor, Colleague
One of the challenges for me of being “FOR Psychoanalytic Psychology” is choosing and prioritizing among a rather everchanging landscape of topics to think about. More and more I have noticed that in deciding on topics, my mind reluctantly focuses on those related to the socio-political-cultural contexts in which we do our psychoanalytic thinking, theorizing, educating and practicing. These contexts, and the issues arising within them, seem to me to have great potential to shrink the space available to educate, practice, theorize and think freely, and they lessen the degrees of freedom for individual discretion and diversity.

Recently, my attention has been called to prescription privileges for psychologists as one such socio-political-cultural and economic issue. I noted in a National Psychologist for instance, that the push for prescription privileges for psychologists is taking place in considerably more states than it was a year ago. In another publication, the Michigan Psychologist, there is mention of a task force within the MPA on prescription privileges for psychologists in Michigan.

Recently, an article from the New York Times came to my attention. Entitled, “Study Finds Jump In Children Taking Psychiatric Drugs,” it mentioned a number of ideas that seemed relevant to the future of psychology and psychoanalytic psychology and psychoanalysis. Among the things I particularly responded to was this quote, “On the other hand, little research exists to indicate whether psychiatric drugs are being responsibly prescribed or whether they are over prescribed, in part because health insurers are reluctant to pay for ‘talk’ therapies and other non medication treatments.” A later quote from Dr. Leckman of the Yale Medical School: “We’re doing these experiments more or less with our own children” also stood out for me. I was also struck by the information about the overabundance of Medicaid-payer children being placed on drugs, especially antipsychotics and mood stabilizers, and the considerably higher rates of stimulant medications used with children whose care is through HMO’s or Medicaid.

The information on Medicaid-funded patients is particularly frightening in that it brings to my mind the so called “research” on the course of untreated syphilis done on the indifferent Black men many years ago which came to light a few years ago. These men, too, were experimental subjects, although they did not know it or give consent, with the silent approval of a society and professionals who allowed them to be misused.

I think it is time to think about the potential impact of the development of prescription privileges for psychologists on psychoanalytic psychology/psychoanalysis as discipline, practice and education, as well as on psychology as discipline and practice. We need to do this thinking now while it remains an issue about which the profession can debate, and before it becomes further interconnected with governmental regulation and with the pharmaceutical and insurance industries. We need to involve ourselves in this decision now, because how and on whose behalf we decide to practice as professionals, and the ethics that underlies and is manifest in this decision, will define our professional identity and define how we are perceived by those who seek our services now and in the future.

There has been very little discussion of prescription privileges for psychoanalytic-psychologists at national meetings I have recently attended. There has been a mini-convention at the August 2002, APA meeting which included at least one debate panel about the wisdom of moving forward with this initiative. It is my understanding that APA is doing so. I have heard almost no discussion of this matter at Division 39 meetings with the exception of a panel chaired by Patrick Kavanaugh with papers by Bertram Karon and Johanna Krout Tabin.

I have heard the argument that no one would be forced to become a prescribing psychologist or mandated to take the special training. Therefore, the argument goes, those who want it should be able to have it within psychology and that their doing so would not impact the rest of us and therefore should not matter to the rest of us. It seems to me that this argument insufficiently considers the many ways in which granting prescription privileges to psychologists and perhaps more importantly, the presence of prescribing psychologists within the population of psychological practitioners, might impact and change practice, ethics, and ways of thinking about people and their mental life. As I am drawn to the philosophy of “live and let live” I wish the “live and let live” argument spelled out above were convincing to me. However, whatever my wishes, I cannot avoid recognizing the need for deeper and more wide-ranging discussion before a decision is made.

In the current healthcare climate even the best professional training does not prevent professionals, quietly and perhaps without awareness, from slipping into offering care based on economics and what is demanded by and for the good of healthcare organizations like HMO’s, government-funded programs and drug companies. Consequently, psychologists easily slip into neglecting to offer patient-oriented/individualized care in whatever service setting they find themselves, as our ethics seem to me to imply we must.

There is some writing on the subject of psychoanalytic work and medication scattered throughout the literature of the last half-century. I am sure that each of you can think of readings, panels and papers relevant to this matter. It would be wise for us to search the literature in this regard and consult the issues raised, the debates, discussions, theorizing and clinical presentations in this literature to enrich our thinking as we consider the potential impact on our work in a context wherein psychologists are prescribers working with biology rather than talkers working with mind and/or mind’s manifestation in behavior.
Dr. Tabin’s paper mentioned above, for example, reviews work she did in the past where she referred for medication and offers the conclusion that this particular referral was driven more by her anxiety than the analysand’s need and that the referral gave the analysand the clear message that she had doubts about the analytic method. Should psychologists gain prescription privileges there is real danger in our sociopolitical–cultural and economic climate that permission to prescribe will shortly turn into duty to prescribe and will then make one more “duty” that makes psychoanalytic listening and thinking more difficult and “outdated.”

However slowly or quickly permission (license) becomes duty, we can know from past and current experience with the many forms of managed care, both private and public, that such settings will be eager to further substitute pills for talk, and invasive chemical behavior management for opportunities to think about how one lives one’s life. We can expect that a psychologist will be expected to practice as a less expensive prescribing professional akin to a nurse practitioner, whose specifically psychological ways of working will be substantially curtailed. These psychological ways will become even further equated with “community/support groups” as non-professional interventions, as so frequently is the case. With this strong possibility I think we need to think seriously about this potential so we do not contribute through “live and let live” to shrinking the space for psychoanalytic psychology.

Many of us who have worked closely with medically-licensed psychoanalytic practitioners have heard how lucky we are not to have to consider such matters as it enables us to listen associatively with less interruption emanating from our own anxiety about our role. Even before psychoanalytic work ceased to be a medical monopoly in the US there was oral tradition about innovation and “new directions” coming from the challenge of not being able to prescribe. Models like the one developed at Chestnut Lodge purposely relieved even the physician-analysts of this interruption in listening and working analytically by having others deal with housing and managing the analysands in residence. The demise of the Lodge resulted from a successful lawsuit against it for not prescribing medication, although full disclosure of the lack of reliance on medication was offered as part of the voluntary procedure for admission to the program.

In addition to practice implications prescription privileges for psychologists have implications for education as well. Graduate education in psychoanalytic psychology, including internships and fellowships for practice experience, are already barely available, although there remains a considerable call for this kind of graduate education. This is in fact an area of concern for Division 39. Making room in graduate education (and undergraduate prerequisites) for the knowledge and experience to produce prescribing psychologists will only further erode the space for education in psychoanalytic psychology, as it also pushes out psychological science and psychosocial interventions of other persuasions.

APA is pushing for prescription privileges, although there is question as to whether this is a direction the majority of its members wish to pursue. APA also accredits graduate programs, internships and post-doctoral programs. Past experience with such accrediting activities would therefore strongly suggest that psychoanalytic psychology will not fare well when accrediting standards include education and training in prescribing.

Finally there are also some practical/economic issues that we would do well to look into and consider in our decision-making process about prescription privileges. How will “talking” psychologists be different from prescribing ones, when it comes to malpractice insurance rates? A look at the New Mexico Law raises issues about our maintaining our status as independent practitioners with the presence of prescribing psychologists in our ranks. Medical input can quickly become medical oversight and, eventually, medical supervision/control. We would be wise to look carefully at the law and administrative procedures developing in New Mexico as well as at the “model” training programs APA has developed as we think about this matter.

I believe we need to begin thinking about this important issue of prescription privileges for psychologists on many fronts simultaneously and in a variety of formats. I urge each person to use the study groups in which they already participate to focus on papers or associative process material relevant to the issue of prescription “privilege.” I further urge people to get together and listen to tapes and read papers, including position papers, model laws etc., for the purpose of thinking together on this subject. I urge people to write papers of their own and to attend presentations and debates when they occur. I strongly urge everyone to visit http://pantheon.yale.edu/~tat22/rxp_statement.htm and read the position statement of SSCP, a Section of Division 12 of APA. Many important pros and cons are contained in this document and a course of action within APA to increase discussion and debate over the adoption of prescription privileges is therein contained. We should not overlook our other-than psychologist members in these discussions, who are also experiencing the pressures in various work settings to focus their work on medication compliance rather than furthering the self-understanding of those with whom they work.

I hope that in raising the issue for thinking and discussion we begin to think about this matter proactively and that our interest might stimulate greater interest within the division. Currently this issue remains a professional issue and one over which the profession can debate and make a decision before it becomes, as it has in New Mexico, further interconnected with government, insurance and pharmaceutical industries.

Etta Saxe is president of the Michigan Society for Psychoanalytic Psychology (MSPP) and this article is adapted from a recent President’s Column from the MSPP newsletter.
I want to inform the American psychoanalytic community that a new Section on Psychoanalysis was recently approved by the Canadian Psychological Association (CPA). As Founding Chair of this new section, I would like to invite APA members and fellows of Division of Psychoanalysis to show their support of our efforts by joining our organization and becoming involved in our vision through ongoing professional exchange. Unlike the States, psychoanalytic psychologists are a small community in Canada; yet this is all more the reason why a section of this kind is needed to help broaden and satisfy member interest, stimulate cross-disciplinary dialogue, and promote collective identity among our profession.

In the months ahead, the new section will be organizing as a formal group and would appreciate your ideas and involvement. The rationale for developing the Section on Psychoanalysis was simplistically straightforward: namely, to provide opportunities to CPA members and fellows to formally link-up with other colleagues who share similar perspectives in theoretical orientation, training, and ideology. Moreover, the lack of professional forum and contact with other psychologists who share similar interests will now be remedied at the national level by allowing the section to sponsor its own scholarly activity through CPA support. With the new Section on Psychoanalysis, we hope an important gap may be filled through the opportunity for professional and collegial colloquy.

Although the new section is being formalized, it is open to ongoing suggestions, fruitful dialogue, and broad, secular visions. While not inclusive or exhaustive, thus open to modification and change, the following goals currently serve as a template for the section’s future directions:

1) To advance psychoanalytic psychology in Canada and internationally through scholarly interchange, education, research, interdisciplinary dialogue, and practical application to the public that it serves.
2) To provide a forum for members and fellows to have a shared discourse on ideas in psychoanalytic theory, practice, and applied considerations.
3) To augment professional identity and represent the voice of those psychologists who are under-represented among CPA membership.
4) To advocate for the dissemination of knowledge on current developments and research in psychoanalysis at annual CPA conventions.
5) To broadly rejuvenate interest in psychoanalytic psychology among Canadian academics and practitioners.
6) To support the educational and training endeavors of psychoanalytic psychologists from different perspectives, and encourage critical dialogue across those perspectives.
7) To help overcome popular distortions, misconceptions, and anti-psychoanalytic biases.
8) To explore applications of psychoanalytic theory and practice to under-served or neglected patient populations, so as to augment the relevance of psychoanalytic psychology to the community at large; and
9) To collaborate with other psychoanalytic organizations to help understand new developments that may impact on the psychoanalytic community, and seek ways to deal with those developments when they arise.

The Section on Psychoanalysis is barely in its infancy, but it auspiciously hopes to bring some exciting contributions to Canadian psychology for years to come. For our first year as a formal section, we have organized some key presentations and symposia for the upcoming CPA convention that focus on diverse and interdisciplinary themes in psychoanalysis including its contemporary status in North America and its relation to postmodernism, spirituality, and existential psychology offered by some of the leading psychoanalysts in our field. We hope to garner support from the CPA community, and invite Division 39 members and fellows to join us at the conference held this year from June 12-14 in Hamilton, Ontario, just outside of Toronto.

The Section on Psychoanalysis is in great favor of promoting reciprocal exchange between our respective organizations. With the CPA’s endorsement of our new section, we now have visibility at all future annual CPA conventions. We would very much like to see Division 39 become a permanent part of our program by attending and presenting papers at our annual conferences. More specifically, program time has been set aside for Division 39 representatives to offer an invited symposium at all future CPA conventions. In addition, I wish to invite Division 39 members and fellows to consider individual proposals for presentations, symposiums, panels, and poster sessions at our next CPA convention held in beautiful St. John’s, Newfoundland during the summer of 2004. The deadline for proposal submissions is October 14, 2003 and can be submitted online at www.cpa.ca/Hamilton or mailed directly to: Canadian Psychological Association, 2004 Convention 151 Slater Street, #205, Ottawa, Ontario K1P 5H3, Canada

Again, I invite you all to support this exciting new venture and contact me personally with your ideas at 1104 Shoal Point Rd, Ajax, Ontario, LIS 1E2; Tel: (905) 686-7184; Fax: (905) 686-7197; Email: jmills@processpsychology.com. Help make the CPA Section on Psychoanalysis a successful and vibrant new avenue for the psychoanalytic community.
INTERNATIONAL PSYCHOANALYTICAL ASSOCIATION CONGRESS MEETS IN TORONTO IN AUGUST 2003

The IPA’s 43rd Congress takes place this summer in Toronto. Between July 29th and August 2nd some 2000 people will gather at the Sheraton Centre Hotel for the “Working at the Frontiers” Congress. The Congress title refers to the exploration of theoretical and clinical issues that are seen in the established disciplines of psychoanalysis and those at the cutting edge. The aim of the Congress program is both to re-visit some of the more established thinking and to explore developmental and experimental work in psychoanalysis—particularly in interdisciplinary areas.

For the first time in the history of the IPA the Congress will be fully open to non-IPA members. This year we hope that many non-IPA psychoanalysts and members of allied professions will take up the opportunity of attending. With “dialogue” as one of the central themes of the Congress, the participation of substantial numbers of non-members will surely enrich the experience for everyone.

Those attending can look forward to an opening address from Professor Antonio Damasio, Head of Neurology at the University of Iowa, on The Neurobiology of Feeling. Amongst many other possibilities offered by the Congress multi-track format, participants will be able to learn from multiple approaches to a single clinical case with no less than six panels discussing the different approaches to the same material. Those delivering keynote addresses include Shmuel Erlich, Director of the Sigmund Freud Centre at the Hebrew University, Glen Gabbard, Professor of Psychiatry at Baylor College of Medicine in Houston, Texas and Sonia Abadi, Training and Supervising Analyst at the Argentine Psychoanalytic Association.

After all their cerebral exertions those attending will have the opportunity to relax and enjoy a full social program including: performances by the Seiler Orchestra and the Dave Turner Jazz Quintet; Art exhibitions - The Henry Moore Collection, Marcel Dzama; Films by Elisa-beth Marton - My Name is Sabina Spielrein, and Kunuk - The Fast Runner. Reinvigorated, those wishing to do so will be able to participate in panel discussions on “Psychoanalysis and Art” focusing on the featured exhibitions and films.

For more information about the Congress and the full program visit the IPA website at: <www.ipa.org.uk> or request a copy of the Provisional Program by emailing <Congress@ipa.org.uk>

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 submission to Psychoanalytic Psychology and should include a cover letter indicating that the paper is being submitted for the Stephen A., Mitchell Award. Division members with academic affiliations, in particular, as well as all members are strongly encouraged to invite graduate students to submit papers. There are no restrictions as to topic or theoretical orientation, although the papers must be of a psychoanalytic nature. Manuscripts and questions should be addressed to the editor: Joseph Reppen, PhD, ABPP, Editor, Psychoanalytic Psychology, 211 East 70 Street, New York, NY 10021-5207, 212/288-7530 (voice), 212/628-8453 (fax), reppen@datagram.com

DEADLINE: JULY 1, 2003
Due to budget cuts, the Fall CAPP meeting was held via telephone conference call. The January meeting was held in Washington. In 2003, as in 2002, there will be three meetings in Washington. The conference call meeting of the CAPP was more like a press conference with announcements, limited discussion and only action taken on a few matters.

The most sobering and upsetting item was that Paul Wellstone had died, and CAPP acknowledged his support of mental health legislation. His absence creates a gap in the connections our profession has with legislators that are friendly to mental health legislation.

At the January meeting the legislative agendas for mental health was reviewed. Congress has been preoccupied with a number of important items, Iraq, the economy, North Korea, prescription benefits for Medicare beneficiaries etc. Thus mental health legislation has taken a back seat and this may be the case for some time.

One good piece of news is that a commission to study health delivery has made a preliminary report. The findings indicate how poorly mental health needs are being served. Another piece of good news is that psychologists are explicitly included in the terrorism bill. Additionally funds for psychological services are funded in this bill. This is an important recognition of our value as providers who can address mental health issues that are associated with national tragedy and terrorism. The Practice Organization has worked hard to get psychologists included in legislation that involves health care providers. The Practice Organization staff is trying to get psychologists included in all legislation that defines health care providers.

In February, President Bush announced his proposals for changes in Medicare and Medicaid. These proposals are complex. Important features include shifting more power to states for determining benefits and eligibility. This could provide an option that would permit private health plans for the elderly. These are far reaching proposals and mental health practitioners need to monitor the legislative process as Congress responds. The Practice Organization will need to advocate on our behalf as this is debated in Congress. Again, these legislative items are taking a back seat to more immediately pressing items before the Congress. Considering the current economy and the cost of war, new health care legislation that will cost the government money will be hard to get passed and signed by the President. This is a most unfortunate state of affairs since an increasing number of Americans do not have health insurance and health care and prescription costs are rising.

The budget of the Practice Directorate and Practice Organization was also an important item of business at the January meeting. The staff and program budget reductions permitted APA to meet its 2002 spending target. This will be achieved again in 2003. More staff left APA, or reduced their time than was expected. Therefore some critical positions had to be filled with new hires. The estimate of meeting the 2004 budget target is less clear because in 2004 there will be staff increases. Revenues for APA, the Practice Directorate and the Practice Organization are expected to be flat for 2003 and 2004. New projects are very hard to fund and current projects need to proceed with less budgetary support. All APA Boards and Committees were mandated to reduce operational costs, which included reducing the number of committee meetings, by one per year.

Preliminary discussions were held regarding ways to generate revenue for the Practice Directorate and the Practice Organization. Discussion involved increasing the special assessment, getting more practitioners to pay the special assessment, and revenue generating products or projects. The Practice Directorate launched a new public education campaign: “The Road to Resiliency.” This was similar to the “Warning Signs” campaign. When the war in Iraq began, materials were added for day care workers, teachers, parents and consumers. They can be accessed at www.helping.apa.org and can be downloaded and printed from that site.

There was discussion about the next public education campaign topic. Obesity was noted as a major public health problem that has a significant behavioral health component. This could possibly be a good topic for the next campaign. There was also some discussion on evidence-based treatments and how this will be an issue for psychotherapists. This is something that psychoanalytic psychologists must be alert to and be prepared for the discussions on this topic that will certainly be coming.

A review of the New Mexico prescription privileges regulation process was presented. The process is slowly moving forward and is being carefully monitored by the Practice Directorate and the New Mexico Psychological Association. Psychologists are involved in writing the regulations.

The Practice Directorate Portal, a free gateway to information for practitioners, has been launched and can be accessed online at APAPractice.org. The Practice Organization’s on line resource for HIPAA compliance, prepared along with the APA Insurance Trust, can be purchased only through the portal.

The Virginia Blue Cross/Blue Shield case was reviewed and CAPP was updated on trial preparation. In March, the case was settled in a manner that was most favorable for the plaintiffs. This is a major victory against managed care and its use of “phantom panels” and interfering with the patient-therapist relationship.

The Integration Group (IG) meeting reviewed a number of concerns that were brought to the CAPP. It is very important that practice issues important to the Division of Psychoanalysis be brought to the attention of CAPP through the IG.
COMMITTEE FOR MULTICULTURAL CONCERNS

This is a summary of the panel presented by Division 39 at the National Multicultural Conference and Summit (NMCS) in January 2003. The summit is hosted and organized by Division 17, Counseling Psychology; Division 35, Society for the Psychology of Women; Division 44, Society for the Psychological Study of Gay, Lesbian and Bisexual Issues; and Division 45, Society for the Psychological Study of Ethnic Minority Issues. Over 800 people attended this third Summit with a significant representation of 250 students.

For the second time, Division 39 was the only division to be one of the sponsors of this, the third NMCS that took place this year in Hollywood. The Division Board held its annual Winter Meeting immediately after the Summit giving the board and other members of our division an opportunity to attend these vital sessions. At least ten board members and members registered for the Summit.

The panel, Psychoanalytic Psychology in Action: Clinical Supervision Across Boundaries of Sexual, Ethnic and Cultural Divergence And Convergence, in the next issue. The panelists made a point of introducing themselves in terms of their distinguishing ethnic and cultural identities. When considered with the patients being discussed, the two supervisory dyads: by Dennis Debiak, PsyD and Winnie Keung MA, from Widener University and David Ramirez, PhD and Winnie Eng, MA from Swarthmore College and Temple University. The two, 30 minute live supervision sessions highlighted the supervisory triad (supervisor-supervisee-client) in relation to critical issues of similarity and difference of cultural experience, sexual orientation, gender identity and ethnicity. The audience of approximately 150 sat in a semicircle and was provided the opportunity to come to the stage and interact with the presenters.

Panelists made a point of introducing themselves in terms of their distinguishing ethnic and cultural identities. When considered with the patients being discussed, the two supervisory dyads became triads of cultural and ethnic complexity. The first of these was comprised of a Chicano male supervisor, female Asian-American supervisee and an international student from Hong Kong as the patient. Issues of shame, deference, humiliation and self-disclosure as they pertained to the similarity of Asian cultures of the therapist-patient dyad were processed on stage. At the same time the therapist’s perception of her role and the crucial issue of her countertransference to familial similarities in relation to this patient was explored.

The second triad of Caucasian gay male supervisor, female Asian international student supervisee from Hong Kong working with an African American female bridged differences in culture, ethnicity, sexual identity, age and class. The patient had experienced traumatic sexual abuse and had suffered the loss of her mother by suicide. Issues of cultural and language difference and ability to communicate, identity development, sexual fantasy and separation and abandonment were remarkable aspects of this case.

The dialogue and interaction were powerful, challenging the two supervisory dyads and the audience to consider different ways of intervention. The presenters had the courage to disclose themselves with the audience participating in a way that demonstrated its respect for them. Constructive questions and discussion followed such as the similarity and difference between the dyad; the supervisory mix of two male supervisors and two female supervisees; nuances of language and how in one instance “sexy” was heard as “sassy” and its impact on the treatment. A number of comments were made about the mixed dyad making the intern raise the question whether one can gain “legitimacy” with patient’s that are culturally different. The answer, it seems, rests with the patient and with the therapist, which was reflected in the quality of their relationship. The participants were responding to this alliance and wanted to know more about it. One person remarked that she may not have done it that way but it worked. Isn’t that what it is all about—making a human connection with another person that is meaningful and helpful regardless of one’s theoretical orientation or style of intervention?

The majority of the people in the audience represented an array of treatment modalities other than psychoanalysis and quite likely did not differentiate between classical and postmodern psychoanalysis. Some of them spoke about devastating experiences with “psychoanalysts” who were insensitive and apparently destructive. This forum provided the opportunity to express these concerns opening up a more positive view of who we are as psychologist/psychoanalysts. The audience learned from us and we learned from them. Hopefully they went away with a more positive view. The interns went away with a sense of excitement about working on a deeper level with their patients; the supervisors will begin to view some of the material in a different way. We accomplished what we set out to do, which was to begin to dispel stereotyped notions about psychologist/psychoanalysts, to demonstrate what contemporary psychoanalysis can contribute to the development of multicultural competence and to have greater participation in the Summit from our membership. Two members from the division expressed interest in repeating the panel with their supervisees the next NMCS.

We have established creditability with the NMCS and may have more input in future programming. William Parham, from Division 17 who is one of the coordinators for Summit 2003 and also the upcoming Summit 2005, came to our Board Meeting to get critical feedback about Summit 2003 and recommendations for the next Summit.

We will continue to provide a dialogue at our spring meeting in Minneapolis. Be on the lookout for a summary of our invited panel, Cultural Identifications And Clashes In The Therapeutic Relationship: Holding Hope In The Face Of Cultural Divergence And Convergence, in the next issue.
MEMBERSHIP COMMITTEE

The following individuals joined the division between December 1, 2002 and February 28, 2003. Please take the time to review the list and be sure to welcome to the division anyone whose name you recognize.

Richard Ackley, PhD
Peggy L. Beasley
Elizabeth Bernbach, PhD
Reyna L. Cowan, CSW, MSW
Coral Curz, MS
Caryn Del Core Schmidt, MA
Daniel Friedman
Karim L. Goldstein, LICSW
Lynn Goren, PhD
Deborah K. Greenberg, PhD
Max Harris, MS
Laura Heaton, BS
Sandra Hershberg, MD
Elaine M. Hyman, PsyD
Heather Jessen, MA
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Candace Kern, PhD

FELLOWS SUB-COMMITTEE

Congratulations are due to Division 39 members who were admitted to Fellows status in American Psychological Association in August 2002. George Stricker, the original chair of the committee shepherded the Division through the process over the last few years by establishing a procedure so that “old” fellows (i.e., Division 39 members who had been nominated and elected to Fellows status by other division) could be admitted as Division 39 Fellows and form part of the review committee to develop “new” fellows. The following members were nominated and elected as part of this process and so are our first “new” fellows:

JEFF GOLLAND, PHD
RUTH LAX, PHD
JOE REPPEN, PHD
DAVID RAMIREZ, PHD

Members interested in applying for Fellows status in the Division should contact Norman Abeles, chair of the Fellows Sub-Committee at abeles@pilot.msu.edu.

ANNOUNCEMENTS

Introducing New Book Series in Psychoanalysis - Contemporary Psychoanalytic Studies: Call for Manuscripts: Contemporary Psychoanalytic Studies (CPS) is an international scholarly book series devoted to all aspects of psychoanalytic inquiry in theoretical, philosophical, applied, and clinical psychoanalysis. CPS aims to promote open and inclusive dialogue among the humanities and the social-behavioral sciences. Editorial address: Jon Mills, PsyD, PhD, 1104 Shoal Point Rd. Ajax, Ontario, L1S 1E2 Canada jmills@processpsychology.com.

May 23-24, 2003 - Oklahoma City, OK: The Oklahoma Society for Psychoanalytic Studies presents Alan Sugarman, PhD on Dimensions of the Child Analyst’s Role as a Developmental Object. St. Anthony Hospital. For more information contact Stephen Miller at 405-810-1133.

June 6-7, 2003 - Orlando, FL: Florida Organization for Relational Studies presents Marian Tolpin, MD on Attunement to the Emergence of Forward-Edge Phenomena in the Therapeutic Relationship. For more information contact: Bill Player at relations@forsonline.com or check out the website: forsonline.com.


June 15, 2003 - Deadline - Call for Participation: International Federation for Psychoanalytic Education: This Interdisciplinary Conference will be held November 7-9, 2003 at Westin Pasedena, Pasedena, CA with theme The Transformational Conversation. For additional information check out the website at www.ifpe.org or contact Harold C. Davis, PhD at HDavisNYC@aol.com or 212-496-0217.


June 21, 2003 - LaJolla, CA: Snadiego Society for Psychoanalytic Psychology presents Jill Weekerly, PhD on Mood—and Other—Disorders in Children and Adolescents. San Diego Psychoanalytic Society and Institute. For more information contact Sandy Shapiro, MD at 858-454-9751.
In the spirit of the growth potential of relationship, I am pleased to “come out” as the first Division 39 Liaison to Division 44 (Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues)!

After having experienced myself for some time as a kind of “double agent,” representing affirmative points of view regarding the multiplicity of sexualities in psychoanalytic circles and speaking out for GLBT-affirmative psychoanalytic theory and treatment in GLBT circles, it seemed important to work towards integration. It is time that members from both Divisions, as well as the APA membership at large, learn about the rapidly growing community of clinicians and scholars committed to GLBT-affirmative psychoanalytic psychology. I am pleased to be at the forefront of such an effort. Below is an outline of my objectives, goals, and intended tasks as liaison:

- Cultivate and nurture a productive relationship between Divisions 44 and 39
- Facilitate communication and information-sharing between the divisions
- Complete needs assessment/survey of membership of both divisions to generate ideas for dialoguing and relationship-building
- Organize and complete scholarly projects including regularly updated web-based reference list of psychoanalytic publications addressing sexuality issues
- Organize programming at conferences

Recent and Future Programs: Division 39 has offered two hours of their APA Annual Convention programming for a symposium jointly sponsored by both Divisions 39 and 44 to be co-chaired by Judith Glassgold (President-elect of Division 44) and Jaine Darwin (President of Division 39). This program will be entitled “Skeletons In Our Closets: GLBT and Psychoanalytic Explorations” and will include papers given by the following members of both divisions: Mark Blechner, Shara Sand, Scott Pytluk, and Dennis Debiak.

Division 44 will sponsor hospitality suite programming the morning of the symposium mentioned above entitled “Multiple Identities, Strange Bedfellows?: Integrating psychoanalysis and LGBT issues.”

I just returned from the Division 39 meetings in Minneapolis, where I acted as a discussion leader of the SILGBTI committee’s “Ongoing Discussion Group on Sexual Object Choices.” We were pleased to note that the large group of attendees engaged in a stimulating and important extended discussion on these issues. Also during this conference, Johnny Symons’s film Daddy & Papa, about gay male adoption and parenting, was screened and commented upon by Division 39 panelists. One such panelist was Dennis Debiak, who also chairs Division 39’s SILGBTI committee.

In the spirit of my role as liaison, I would like to invite Division 39 members to contact me with thoughts and ideas at (312) 279-3982 or spytluk@argosyu.edu

Important News: Many Division 39 members might already be aware that Division 19 (Military Psychology) has proposed that APA’s governing bodies rescind the ban on military advertising in APA publications that has been in force since the early 1980’s due to the military’s discrimination against gay, lesbian, and bisexual individuals. In response to this proposal, Division 44 executives went into immediate action drafting a statement and report arguing for the continuance of the ban and lobbying APA members for support. I am pleased to report that I brought this concern to Division 39’s mid-winter board meeting in January and that the board voted quickly and unanimously to adopt a formal resolution supporting the continuation of the military ban!
SECTION REPORTS: SECTION V - PSYCHOANALYST CLINICIANS
JOHANNA KROUT TABIN, PHD

Section V joined other cutting edge Sections II, III, and IX for a grand party at the Minneapolis meetings. In its own mission, it presented a discussion of *Analysts’ Disclosures—Evocative Possibilities—Hopeful Openings—and Complex Sequelae*, by two married couples, Spyros Orfanos and Sophia Richman, and Stuart and Barbara Pizer. Henry Seiden chaired the thought-provoking session.

To encourage newcomers to the field, Ghislaine Boulanger is chairing a committee to offer a $300 prize for the best essay by a graduate student member of the division, on *Encountering the Unconscious: A Personal Essay Exploring the Concept and the Experience of the Unconscious*. The winner will be announced at the Section V meeting at APA in Toronto in August. The essay and that of runners-up will be posted on the Section V website.

Elizabeth Young-Bruehl gave the Section V Ninth Annual Kalinkowitz Memorial Lecture in New York on March 14. Her topic, *Discovering Child Abuse*, combined her expertise as an historian and a psychoanalyst. The field of special study of this important issue developed from Kempe et al.’s 1962 article, *The Battered Child Syndrome*; but it still needed a framework. Dr. Young-Bruehl provided one, informed by psychoanalytic understanding.

A large audience greeted her presentation with great enthusiasm. For those who could not attend or might wish to keep a copy of Dr. Young-Bruehl’s paper, it will appear on the Section V website.

Section V’s successful Online Continuing Professional Education Program announced its sixth offering in its series, “Turning Point Papers in Psychoanalysis.” The entire series remains available at no further cost to members of the Section, awarding three APA credits for each course after completion of the brief, mandated APA exam.

All of the seminal papers are introduced by series editor Robert Prince and then given a commentary by someone who has particular knowledge of the subject. Arnold Rachman discusses the latest, Ferenczi’s *Confusion of Tongues*.

The website, maintained by Henry Seiden, is also interesting for information about various members’ activities and contributions, and for two special interactive segments on the Writings page: *Currents* consists of short communications and the concluding paragraphs of members’ articles; and longer pieces are presented under *Essays*.

Arnold Rachman has just been elected to join the Board of Section V as Treasurer helping to keep us financially “afloat” to support the initiatives outlined above and those that we will develop in the future.

SECTION VI: PSYCHOANALYTIC RESEARCH SOCIETY
LISA POMEROY, PHD

The Psychoanalytic Research Society has awarded $1750 for outstanding psychoanalytic dissertation research to William Lamb, graduate student in the Clinical Psychology Program, Department of Psychology, UC Berkeley. He is a graduate of the University of Texas with a Masters degree from Harvard University. Congratulations to William Lamb! The title of his psychoanalytic dissertation research is *A Meta-analysis of Outcome Studies in Long-term Psychotherapy and Psychoanalysis*. Lamb writes “The significance of this proposed meta-analytic study is that it will extend our knowledge of outcome in studies of long-term treatment and thereby will contribute to evidence-based practice, which has become the benchmark of clinical quality.” You can read more about his proposal in the article on page 16 of this issue of the newsletter.

Johanna Krout Tabin, PhD, ABPP (Member-At-Large of Section VI) was appointed by E. Lisa Pomeroy, PhD to the Division 39 Task Force on Research. This Committee was formed by Jane Darwin, PhD President of Division 39.
Section V Announces a $300 Prize For The Best Graduate Student Essay Entitled: Encountering The Unconscious: A Personal Essay Exploring the Concept and the Experience of the Unconscious

The winner will be announced at The American Psychological Association meetings in Toronto in August 2003. The prize winning essay and essays by runners up will be posted on the Section V website.

**RULES FOR SUBMISSION:**
Essays should be no more than 15 pages in length.
On a separate sheet supply: name, phone number, address, email plus the name of the university you attend and the program in which you study.
Do not put your name on the essay itself.

**SEND ESSAYS TO:** Section V Essay Contest
333 West 57th Street, Suite 103
New York, NY 10019

**ELIGIBILITY:** You must be a Student Affiliate member of Division 39 to take part in this contest. If you are not a Student Affiliate, you can still join. Application forms for both Section V and Division 39 are available on our Website. See the “Join” page. Fill out both forms. Student Affiliate membership in Division 39 costs $15.00; a check made out to Division 39 in that amount should accompany your submission. If you are already a Student Affiliate member of the division, let us know. Each student submitting an essay will automatically be invited to become a member of Section V. Address inquiries: sectionfive@nyc.rr.com

As part of its mission to serve the professional Community at large, Section VII sponsored an excellent program entitled “Three Faces Of Trauma: What We Need To Know When Dealing With Disasters.” More than 70 mental health professionals attended the program given on Friday, March 21 at the Training Institute for Mental Health, in New York City. The program was timely and useful, judging by the response. Presentations included introductory remarks by Albert Brok, PhD, followed by Shoshana Ben-Noam, PsyD who addressed her analytic group work with 9/11 survivors “then and now.” Included in her discussion were some principles she derived and continues to develop in her work with the aftermath of trauma. Sharon Moore-Kellman, MSW, a specialist in counseling police and herself an officer, followed this presentation. Her enlightening and often poignant focus was on Protecting the Police from Posttraumatic Stress. Emanuel Shapiro, PhD, who addressed Life at the WTC Site, What was Learned and Continues to be Learned About the Needs of Volunteers and Uniformed Personnel, chaired the final presentation. Dr. Shapiro strikingly described how he was sought out and chosen by a group of WTC lay volunteers, to provide a group therapeutic setting for processing their experiences and stresses activated by the strain of being in “the Pit” (World Trade Center site) day in and day out after September 11, and now, after the site was closed upon the termination of the “clean up.” The group is still ongoing and the volunteers who formed it were also present to give their impressions of the value and place for such a group. Of special interest was a discussion of the kind of group leadership required, and the transferences involved in such a group. In addition there was discussion of the distinctive projective attributions made by various uniformed personnel working at the site in their involvement with mental health professionals and volunteers. Often, initial contact and relationship with volunteers paved the way for subsequent fruitful use of professional mental health personnel.

Given our troubled times and the recognition that we no longer are secure in our feeling of geographic safety we of Section VII thought that revisiting the issues raised by traumatic experiences for our professional and personal functioning is of utmost importance if we are to deal with serious impingements to “normal life” and also continue to make a valuable contribution in difficult circumstances to others, as well as optimally deal with our own personal needs. Our experience gained through various kinds of group approaches, has yielded valuable new knowledge we were glad to share and disseminate to the professional public at large.

In addition, Section VII is planning future special presentations on more felicitous albeit significant topics such as the processes and differences between an Illusion and Reality as they manifest in individual dynamics in group, as well as consideration of each of their value to human experience and the group as a play space...a potential precursor of the experience of hope.

Section VII also would like to congratulate new members of its Board: Andrew Eig, PhD, Treasurer, and Susan Kavalier-Adler, PhD, Member-At-Large.

Section VII - Psychoanalysis and Groups

Albert Brok PhD

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Section VII also would like to congratulate new members of its Board: Andrew Eig, PhD, Treasurer, and Susan Kavalier-Adler, PhD, Member-At-Large.
The Philadelphia Society for Psychoanalytic Psychology’s current year of programming commenced in September with our annual fall dinner meeting, featuring a presentation by Dr. Sue Grand, entitled *Lies and Body Cruelties in the Analytic Hour*. Dr. Grand, who is a supervisor and faculty member at the New York University’s Postdoctoral Program in Psychoanalysis and Psychotherapy, discussed an intensive case of female sexual dysfunction and sadomasochistic maternal transference. Dr. Grand spoke with grace about a difficult area of psychotherapeutic inquiry and provided a substantial element to what has proved to be a convivial gathering of many within our membership.

The other end of our psychoanalytic “season” was capped in March with a presentation by Dr. Jody Messler Davies at our annual spring meeting. Dr. Davies’ talk was entitled *Whose Bad Objects Are These Anyway? Repetition and Our Elusive Love Affair with Evil*. Barbara Goldsmith, PsyD and David Mark, PhD, two members of our association, were discussants to Dr. Davies’ presentation. Dennis Debiak, PsyD, served as moderator of the discussion.

As a coda to the year thus far, two additional major presentations have been scheduled. On April 26, 2003, Dr. James Grotstein will return to the Philadelphia area for a presentation entitled *The Light Militia of the Lower Sky: The Profounder Mission of Dreaming and Phantasying*. Dr. Grotstein’s program represents our local effort to develop programs involving joint sponsorship, and we will be collaborating with the two other major psychoanalytic associations in the Philadelphia area: The Psychoanalytic Center of Philadelphia and the Alliance for Psychoanalytic Thought. Later, on May 9th, we look forward to welcoming back Dr. Polly Young-Eisendrath, who will kick off Mother’s Day weekend with a discussion entitled *Ambivalence in the Mother-Child Relationship*.

In addition to these major presentations, PSPP regularly sponsors at least three editions of our Sunday Brunch Series. These brunches feature presentations by local members and provide continuing education credits in the convivial setting of a private home, with food included! These brunches have proven to be a wonderful opportunity for members to give “test runs” of papers or presentations, to explore favorite of new ideas, and to allow informal networking for our members. This year’s past and future presentations include Dr. Fran Martin’s discussion of the emotional challenges of Inflammatory Bowel Disease, Dr. Dennis Debiak’s presentation of a film and discussion on Gay male parenting, and Dr. David Mark’s paper entitled *Hope: Needed, Demanded and Noxious*, and Dr. Maggie Baker’s exploration of integrating EMDR technique into long-term, dynamically-oriented psychotherapy.

An additional fall offering was presented by Tamara Feldman, PsyD, with Nancy McWilliams, PhD contributing as a discussant. Dr. Feldman’s talk was entitled: *Was it Good for You Too? The Physiology and Psychology of the Female Orgasm*. She is a recent graduate of Widener University and her participation is indicative of the contribution of many current students and recent graduates of doctoral programs who are interested in developing a stronger connection to the psychoanalytic/psychodynamic community. The Board of PSPP currently includes three members who are students and who have taken the forefront of an ongoing initiative to provide outreach to local students who have an interest in our specialization.

Among ongoing opportunities for continuing education and professional enrichment is the Child Assessment Study Group. The group meets approximately once a month and is geared for members of our organization who are also school psychologists or who are treating children in some capacity. Under the leadership of Dr. Karen Berberian, the child group has continued to provide a great service to our organization. This year, PSPP was recognized as an approved provider for specialized continuing education credits required for school psychologists by the Pennsylvania Department of Education.

Finally, our companion organization, the Philadelphia Center for Psychoanalytic Education (PCPE) continues to provide a unique format for ongoing education. PCPE offers presentations by nationally known speakers which are preceded by seminars in which participants read and discuss relevant material. This year’s seminars have included presentations by Dr. Leonard Shengold on reflections on clinical issues of trauma and loss, and Dr. Mark Epstein on Buddhism and psychotherapy. Dr. Barbara Goldstein also presented a short course over the course of four weeks entitled *The Effective Use of the Therapist’s Self*. A final offering this May, presented by Drs. David and Deanne Pederson, will focus on understanding the Adult Attachment Interview in its theoretical, research and clinical implications.
This has been an outstanding year for the Minnesota Society for Psychoanalytic Studies (SPS). Many of our 100 members, actively working on boards and committees, have inspired new interest in our community in psychoanalytic therapy and education.

Two major psychoanalytic educational events supported by our membership have brought national attention to the area. In the fall of 2002 SPS co-sponsored a symposium on Architecture and the Psyche “External Places and Internal Spaces.” The brainchild of our past president, Richard Wagner, it was unique in many ways. For example, the symposium took place at the Frank Gehry-designed, Weisman Art Museum in Minneapolis. Most presentations were the collaboration of an architect and a psychoanalyst. Also there was a gallery exhibition including photographs of analysts’ offices and an installation piece by a local architect. Several local analytic organizations worked together in planning the event and it was well attended by a diverse audience of professionals.

This spring, hosting the Division’s 23rd Annual Meeting in the Twin Cities gave us another opportunity to promote interest locally in contemporary psychoanalysis. This event raised the profile of psychoanalytic theory and practice with graduate schools and mental health professionals in the Midwest.

In addition, SPS has sponsored two on-going chapter educational programs. The Firesides Series provided local professionals with eight evening seminars on topics of current and controversial psychoanalytic issues and the “Psychoanalysis for Skeptics Series – 2003” explored the question, How Does Psychotherapy Heal? through four evening seminars on the role of relationship in psychotherapy.

Finally, our annual spring conference, May 3rd, will bring Linda Share and Susan Williams to the Twin Cities to present Dreams: Reaching the Core of the Human Experience: The Work of Bernard Bail, MD.

In keeping with our current administration’s preoccupation with territorial aggrandizement, APS continues to “colonize” our far-flung territories. Lately, however, there has been a revolution of sorts, a return of the repressed, perhaps, as our colonists have turned the tables on us and come to Knoxville to teach us. The first major event of the year was our annual Scholars Symposium and Marsha McCabe came from Nashville to present a relational perspective on mourning. Accompanying her was another Nashville scholar, Michelle Rose to serve as discussant and John Auerbach from Johnson City completed the “surrounding” of our town by also discussing this paper. The proceedings were also enlivened by the presence of Marsha’s spouse, Jules Seeman who, as an early student of Carl Rogers, brought his own perspective and experience to the discussion.

Our other major presentation this year was Michael Diamond, who talked about fathering and masculinity, elucidating the shifts in psychoanalytic theorizing and the increasing recognition that development of masculine identity is a relational process the involves the integration of identifications with both the mother and father. Michael also talked about the increasing recognition that the father plays an important role in the child’s life not only though prohibitions and enforcement of sanctions, but also in helping the child modulate both need for excitement and attachment to both parents. The talk was enriched with the addition of clinical material as well as Joyce Cartor’s presentation of process notes of her work with a male patient.

In addition to our primary presentations, APS also holds Saturday Morning Seminars on diverse themes to address our varied membership’s interests and concerns. Donna Diftler gave an introduction to IMAGO therapy, Bill Hogan reprised last year’s talk on interrelationship of psychotherapy and psychopharmacotherapy, and Scott Glass addressed the pragmatics of child/adolescent-centered family therapy. On a more “cultural” note, Heather Hirschfield discussed psychoanalytic criticism of Hamlet and Michael Guy Thompson led a discussion of the movie 1919, a 1985 film about Freud’s treatment of two patient’s: the Wolf Man and a young homosexual woman.

Our chapter continues to do well in attracting a broad membership and we have been particularly successful over the last year in revitalizing our connection to graduate students in the various clinical programs at the University of Tennessee. We have found the this takes constant outreach, cheap or free programs, social events and involvement in program work to keep the connection going. We have been especially lucky to have a student, Deborah Gleason, take charge of our website, www.korrnet.org/aps/ Please check out our website for future presentations.
ANNUAL REPORT FOR 2002 OF THE DIVISION OF PSYCHOANALYSIS (39) OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION

Each year the American Psychological Association requires each Division to submit an Annual Report on its activities and programs. The superb report for 2002 was written by our Secretary, Marilyn Jacobs. We are publishing it here give our membership a picture of the full range of activities, programs and issues which the Division sponsors and deals with in the course of a year. From our website to our Spring meeting, our journals and newsletters, to the substantive questions affecting psychoanalytic practice, our members can see where their dues are going and just how much we have undertaken. We thank Marilyn for putting this all together in a readable way and the many active members who contribute so much of their effort to make it all happen. No doubt 2003 and 2004 under the leadership of Jaine Darwin will be as productive. See you in Minnesota and then Miami! Jonathan H. Slavin, PhD, Past-President


Executive Officers:
President: Jonathan Slavin, PhD
President-Elect: Jaine Darwin, PsyD
Past President: Maureen Murphy, PhD
Treasurer: David Ramirez, PhD
Secretary: Marilyn S. Jacobs, PhD

APA Council Representatives: Judith L. Alpert, PhD, Neil Altman, PhD, Bertram Karon, PhD, Harriette Kaley, PhD, Bryant Welch, PhD

Members-at-Large: Gemma Ainslie, PhD, Mary Beth Cresci, PhD, Mary Joan Gerson, PhD, Franklin Goldberg, PhD, Marylou Lionells, PhD, Nancy McWilliams, PhD, Dolores Morris, PhD, E. Lisa Pomeroy, PhD, Nathan Stockhamer, PhD

Section Representatives to the Board:
Section I: Joseph Reppen, PhD
Section II: Diane Ehrensaft, PhD

Section Representatives to the Board:
Section III: Maurine Kelly, PhD
Section IV: Andrea Corn, PsyD
Section V: Harold B. Davis, PhD
Section VI: Gwendolyn Gerber, PhD
Section VII: Albert Brok, PhD
Section VII: Susan Shimmerlik, PhD
Section IX: Nina Thomas, PhD

Division 39 Central Office Administrator: Ms. Ruth Helein

Parliamentarian: Laurel Bass Wagner, PhD

Those Who Served In 2002 (based upon elections in 2001):

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Section Representatives to the Board:
Section I: Joseph Reppen, PhD
Section II: Diane Ehrensaft, PhD
Section III: Maurine Kelly, PhD
Section IV: Ellen Rosenberg, PhD
Section V: Harold B. Davis, PhD
Section VI: Gwendolyn Gerber, PhD
Section VII: Albert Brok, PhD
Section VII: Susan Shimmerlik, PhD
Section IX: Nina Thomas, PhD

Division 39 Central Office Administrator: Ms. Ruth Helein

Parliamentarian: Nathan Stockhamer, PhD

2. Presidential Initiatives: Jonathan Slavin, PhD, President of Division 39 during 2002, established his Presidential Initiatives as having the aims of:

a) Renewal of an interest in the study and teaching of contemporary psychoanalytic ideas in undergraduate and graduate psychology courses and programs
b) Assisting interested faculty in acquiring the tools for including psychoanalytic ideas in their curricula
c) Outreach to interested graduate students for involvement and participation in the Division
d) Increasing the diversity of the membership of the Division.

During 2002, Division 39 continued to contribute to the welfare of society in the aftermath of the terrorist attacks of September 11, 2001. Many members of the Division were involved in the trauma response and served the public in various capacities. Work produced by the Division and its membership was both at the didactic and practical level.

4. Special Projects or New Publications:
• Division 39 finalized its updating of the Internet website for the Division. In this regard, the goal was to improve the appearance of the Division website and make it more functional while substantially reducing expenditures related to Division activities. After thoughtful solicitation of proposals and study of the matter, it was decided that PsyBC would provide the improvements in web services. Features in development on the new website have included an online membership directory, access to Division publications and conferences and message services to Division members in the form of Bulletin Boards and ListServes.

• It was established that the Division 39 newsletter, Psychoanalytic Psychology, would have copyright privileges for articles published therein.

• Under the auspices of the Public Information Committee, the Division developed a new brochure describing...
5. Organizational Developments:
- The Division began negotiations and agreements regarding the placement of the Division journal, *Psychoanalytic Psychology*, on the next issue of the Psychoanalytic Electronic Publishing Company CD-ROM (an electronic library of psychoanalytic writing which includes the eight major journals in psychoanalysis from 1920 – 1998).

6. New Committees, Chapters and Sections:
- The Division established a Committee on Sexual Identity and Lesbian, Gay, Bisexual and Transgender Issues. The charge to this committee was to conduct an assessment of the needs of the Division membership regarding LGBT concerns, to work closely with the APA Division on these issues and to make recommendations for programs in this area at future Division Spring meetings. The formation of this committee was a formalization of the work of the Interest Group on the Sexualities.
- A new local chapter of Division 39 was established in Indianapolis, Indiana.

7. Advocacy:
- The Division continued to advocate for inclusion of diverse groups of professionals in its membership ranks and as essential groups for whom to provide services.
- Through the Psychoanalytic Consortium, the Division is developing legislative advocacy in areas related to licensing, confidentiality and privacy of psychoanalytic practice.

8. Interorganizational Linkages:
- The Division contributed financially to the National Multicultural Conference and Summit, to be held in January 2003 in Los Angeles. In return for this contribution, the Division was offered several opportunities for participation in the meeting. Furthermore, the Division decided to hold its January 2003 Board meeting in the Los Angeles area to encourage attendance at the summit.
- The Division has continued its involvement in the Psychoanalytic Consortium, an organization of the four major psychoanalytic entities in the United States. The decade of work of the Consortium culminated in approval of a standards document and the establishment of the Accreditation Council for Psychoanalytic Education (ACPE). The goal of the ACPE will be to implement the standards established and to accredit psychoanalytic institutes in the United States. The Division pledged support to this entity and authorized an allocation from its budget for start up funds.
- Under the direction of Dr. Slavin, the Division published a letter in the Division newsletter and sent this letter to select psychoanalytic journals clarifying the Division’s philosophy and policy on the political use of psychoanalytic assumptions. The need for such a response occurred after a misuse of such concepts on the website of the London, UK based Freud Museum.
- The Division made a financial contribution for the attendance of two representatives to the Fall 2002 conference, “Future Directions in Education and Training in Professional Psychology” sponsored by the Association of Psychology Postdoctoral and Internship Centers (APPIC).
- The Division voted to develop a more formal relationship with the Canadian Psychological Association, Section on Psychoanalysis.

9. Other Information:
- The Division once again held a very successful annual meeting in April 2002. The theme of this meeting was “Evolving Domains: Psychoanalysis, Culture and Technology”. This meeting offered a wide variety of lectures, symposia, master classes and social activities. Several summaries of presentations were published in the Division Newsletter in the Summer 2002 issue. The attendance was over 800 participants from a variety of mental health disciplines and geographical sites.
- Division Membership: At the close of 2002, the number of members of Division 39 was over 4,000.
- Division Fee Schedule:
  - It was decided to adopt a more favorable fees schedule for graduate student attendance at the annual spring meeting of the Division.
  - It was also decided to adopt a more favorable fees schedule for Foreign Affiliates of the Division in their attendance at the Annual Spring meeting of the Division.
- Both of these fee schedules would be applicable to reductions in membership in the Division.

10. Comments on the Associations Activities:
None noted at the time of this report.

Respectfully Submitted:
Marilyn S. Jacobs, PhD, ABPP
Secretary, Division 39 (Psychoanalysis)
Division of Psychoanalysis (39)
Board of Directors Meeting
August 23, 2002, Palmer House Hilton, Chicago, IL

Present: J. Slavin, President; J. Darwin, President-Elect; M. Murphy, Past President; M. Jacobs, Secretary; D. Ramirez, Treasurer; Council Reps: N. Altman; J. Alpert; B. Karon; B. Welch; Members-at-Large: G. Ainslie; M. Cresci; F. Goldberg; M. Lionells; N. McWilliams; D. Morris; L. . Pomeroy; N. Stockhamer; Section Reps: J. Reppen, Section I; D. Ehrensaft, Section II; M. Kelly, Section III; E. Rosenberg, Section IV; H. Davis, Section V; A. Brok, Section VII; S. Shimmerlick, Section VIII; N. Thomas, Section IX. Guests: J. Couch, Membership Chair; D. Debiak, Sexual Identity Committee Chair; M. Manosevitz, CAPP Representative; S. Morelli, Graduate Student; S. Orfanos, Education & Training Chair; H. Sands. Absent: G. Gerber; M. Gerson; H. Kaley.

I. Call to Order: Dr. Slavin called the meeting to order.


III. Minutes: The minutes of the April 2002 Board of Directors minutes were reviewed.

   Motion 1: To approve the minutes of the April 2002 Board of Directors Meeting as written. By: D. Ramirez. Action: Passed

IV. Announcements:

   a. Bylaws amendments were passed and a short explanation was given.

      1. Term of Office of Division President – this will begin with the 2003 presidency. The President-Elect will not begin his term until 2004.

      2. Non APA Psychologist Membership in the Division

   b. Meeting with Dr. Sternberg – J. Alpert announced the time and place of the meeting.

   c. Graduate Student Fellowship – J. Darwin announced that the Endowment for the Advancement of Psychotherapy at Mass General Hospital wishes to grant a fellowship for a graduate student which would pay for attendance at a Spring Meeting. She will follow up on this with Anne Alonso, PhD at the Endowment.

   d. L. Barbanel candidacy for the President of APA. The Board was reminded of the Division endorsement for Dr. Barbanel’s candidacy and received promising news about her chances of being elected.

   e. Stephen A. Mitchell Graduate Student Paper Award: Dr. Reppen announced that Greg Morton was the winner of this award. Five papers were submitted for consideration.

V. Budget Report:

   a. D. Ramirez, Treasurer, reported on the 2002 Budget. Dr. Ramirez announced that the Division had over $200,000 in the savings account and is working toward the goal of having one year of operating budget monies set aside. The Sections as a group have aggregate assets of approximately $125,000. He summarized the financial picture of the division during his tenure as Treasurer. During his time as Treasurer the Division has netted a total profit of $60,000 – for an average of $16,500 per year. He stated that it has become very clear to him that the money the Division has has is the least of its assets – the real assets of the Division are the Board members and the members of the Division. He asked the Section Reps to assist the new treasurer by making sure their section financial statement is sent to the Division Treasurer by the end of January. All task forces and committees need to make certain they submit their budget requests along with their plan. Due to the decrease in attendance at the New York Spring meeting – the budget is at a shortfall for 2002. The decrease of attendance has been contributed to by the earlier conference of the IARPP in the same location at a similar cost. He announced that the commitment of the 2nd year payment to the Stephen Mitchell fund, which was deferred to this meeting, would be honored. Additionally, he discussed the various activities of the Division and discussed the rationale for dues increases over the next three years.

   Discussion was held prior to voting on the motion.

VI. Old Business

a. Internet Committee Report: M. Murphy reported that the contract with PsyBC was reviewed by the APA attorneys and was signed. The committee has been working with their website contact. The timetable is within 3-4 weeks the design will be ready for viewing by the committee. There will be an online membership directory. This will have a content management system. Individual members will have their own password and be able to make their changes in the electronic directory. Section coordination is an important aspect to the website and the committee is working on methods to enhance Section membership. The goal is to have the site up by the end of the year.

Discussion was held regarding the use of the Division Listserv and the criteria for sending information to the members via the listserv. The interim criteria are that each Section may post information on the listserve twice monthly. This is to make certain that only division wide information is sent and to not overwhelm the members with information. Once the website is up and running with links and areas for Sections and Committees the use of the listserv will be revisited.

b. Education & Training Committee: S. Orfanos distributed a report on the activities of the committee and gave a brief overview of areas of focus for this committee. Additionally, he discussed plans for the 2003 year. He discussed his committees’ efforts to reach the proper people in APA to upgrade the texts that are recommended. His committee hopes to include information on presentations, curricula, etc. on the Division website.

c. Harry Sands Proposal: J. Slavin gave a brief overview of the proposal, which has been previously discussed, and introduced Dr. Harry Sands. Dr. Sands addressed the Board and updated them on the progress he has made on this proposal. He stated that the APF agreed to a contract that would permit the Division to have direct control of how the funds would be disbursed. He indicated that he had received some enthusiastic support and that he would contribute the seed money of $25,000. He explained how the contract with APF would be structured. He assured the Board that every dollar of monies raised would go for psychoanalytic psychology, but respectfully declines the offer at this time. By: M. Murphy/D. Ramirez. Action: Passed Yes – 17; No – 7; Abstain – 1

d. Graduate Student Committee: S. Morelli, graduate student, reported on the efforts of this committee on behalf of Dr. Schwartz and Dr. Rosica. The graduate students will have an informal discussion – with a goal of dispelling the “myths” that surround psychoanalysis and encourage more students to be involved in psychoanalysis. She further reported on future activities and goals for this committee.

e. Fellows Committee: J. Darwin referred to the committee report in the agenda packet. Dr. Norman Abeles has agreed to take over the chairmanship of this committee.

f. Committee on Sexual Identity and Lesbian, Gay, Bisexual and Transgendered Issues: D. Debiak reported that his committee is working on a needs assessment of members of the division. They are working on the finishing touches of a survey to help the committee set goals and make recommendations to the Board. This survey will be carried in the newsletter and on the listserve. He also reported that he has met with the president of Division 44. She was pleased and surprised that Division 39 had formed this committee and had reached out to her Division. He indicated that he was able to give her information regarding psychoanalysis. She made several recommendations for the two Divisions to work together. He also reported that there would be another installment of their ongoing discussion group at the Spring Meeting in Minneapolis. Further discussion ensued.

g. Membership Committee: J. Couch gave a brief membership report. He indicated that the membership directory was printed and mailed on time. He recommended that the Board reconsider a printed directory in the future, due to the expense, the inherent errors and the immediate out datedness of the publication.

He further discussed the discrepancies between the Division’s records of membership and APA’s records. Additionally, he reported that members may be dropping through the cracks and may not be showing up on the APA list. We have a significant number of members who have not been receiving the Division publications. He will request a complete list of members to do a comparison with what we have on our records to help close the gap.

He also discussed the problems we have with retention. APA recommends that you need 1-2 percent of new members for good recruitment. We currently have a recruitment of approximately 3%. Retention is our major consideration.

His committee will be working with programs that are not APA approved to recruit additional members for the Division within the new category of membership. His committee will also target populations of individuals who will qualify as Allied Professionals.

Through APA we are sending a postcard to non-renewals to encourage them to renew their dues. He also
is hoping to use local chapters to make personal contacts with the individuals to encourage renewal. His committee will be working on a “welcome back” packet for those who leave and then come back.

He will be looking at the aging population of our division and look into a dues reduction method to make dues more in line with financials for members who are moving toward retirement age.

VII. Practice Directorate Report:

R. Newman of the APA Practice Directorate addressed the board regarding the following activities of the Practice Directorate:

1. The status of the lawsuit of the VA vs. Blue Cross/Blue Shield. He indicated that a trial date has been set. The fraud claim was dismissed from this case, which was disappointing, but not unexpected. The case has made its way into legislative language regarding a merger in which Blue Cross/Blue Shield is involved. Will fight this on the trial level and the appellate level, to pick up the fraud issue.

2. He also discussed the HIPAA issues. He talked about the issue “if you don’t use 3rd party payment and you don’t use electronic transmission, do you still have to comply with the HIPAA requirements?” His understanding of the regulations is that if you do not use electronic transmission or 3rd party payment – you do not have to comply. However, APA is not recommending to people to try to avoid compliance in that way – because there may come a time when the individual will need to use an electronic transmission, a 3rd party billing service, etc. and will need HIPAA compliance. So, for practicality he recommends that it would be best to work to meet HIPAA compliance. In the fall they will come out with model forms and instructions for members.

Dr. Newman also discussed the launch of the APA Portal – schedule now for September. They hope this will be a better opportunity to link to members in states, Divisions, etc. and disseminate information in a more detailed and timely manner.

Questions were also raised regarding the structural changes of APA and particularly the Practice Directorate. Dr. Newman addressed the issues and discussed ways recommendations can be made – specifically through CAPP.

VIII. Old Business

a. Support of L. Barbanel for APA President: Dr. Thomas sent a list for members to sign up to make calls and send postcards to encourage colleagues to vote for Dr. Barbanel. Postcards will be provided.

Motion 4: To discuss APA presidential candidacy and Division support. By: J. Alpert. Action: Passed Yes – 12; No – 1; Abstain 7

b. Public Information: Drs. Fulton and Ainslie reported on the progress of the Public Information brochure development. They plan to send a copy of the brochure to each Division member. They distributed copies of mockups they are considering for the layout/design of the brochure. It will be finalized soon and distributed. This is the type of information that will be included on the website and the APA Portal.

Additionally, the committee is working with Section IV to outreach to the media through the local chapters. Each local chapter may put together a “speakers bureau” in a format that works best for their area. The committee is looking at more opportunities of media training and developing inroads for disseminating information to the media. They have developed an open action with Section IV by attending and having a discussion at their Senate meeting on Saturday, August 24.

This brochure is a first step in working on the upcoming presidential initiative of getting psychoanalysis “out on the streets”.

c. Sections and Local Chapters Dr. Rosenberg introduced Dr. Corn as the new Section IV representative to the board beginning in January 2003. Dr. Corn reported on the new local chapter that has been established in Indianapolis, IN.

Motion 6: To approve a new local chapter for Indianapolis, IN. By: E. Rosenberg. Action: Passed unanimously.

A report on Section membership numbers was distributed and discussion was held regarding this report. Reference was made to the task force recommendations regarding Section voting rights/representation on the board, that were accepted previously by the Division Board. The implementation of these recommendations will begin January 2003. The report is to update the Board on the Section membership numbers.

Dr. Jacobs reported that the following Sections needed to increase their numbers in order to have voting rights in 2003 – Section III; Section VI; Section VIII. A report on membership numbers must be submitted to the Board Secretary by mid-December. Those Sections who are under the 150 required members have the option of forming a coalition with other Sections in similar circumstances to
send one representative to the Board as a voting member.

Suggestions were made for increasing Section memberships. The Board encourages the Sections to use the time between now and January to work on increasing their membership.

IX. Other Business

a. Publications Committee: N. McWilliams gave a brief report on the activities of the committee. She discussed the makeup of the committee and its function. She also informed the board that she and others were meeting with Susan Knapp of APA Publications Department to discuss issues with mailings, etc. of Division publications.

Discussion was held regarding the Copyright Policy for the Newsletter

Motion 7: To approve Copyright Policy for the Division Newsletter. By: N. McWilliams Action: Passed unanimously

Discussion was held regarding the appointment of Dr. Reppen for another six-year term as Journal Editor. The Publications committee unanimously supported this appointment request.

Motion 8: To approve the appointment of Dr. Joseph Reppen for a second full term as Editor of the Psychoanalytic Psychology, with the congratulation from the Board and Executive Committee on the range and quality of the Journal under his editorship. By: N. McWilliams. Action: Passed unanimously

b. Continuing Education: W. MacGillivray gave a brief report on the activities of his committee. The Continuing Education Committee is going well and has been a positive experience.

c. Freud Museum Website Posting: A discussion was held regarding this issue. Dr. Slavin gave a brief update on the situation. The responses from the Freud Museum were not satisfactory. The Executive Committee recommended to the Board that the Division write a letter on behalf of the Board and Division 39, that it be published in the Division newsletter and sent to the various psychoanalytic journals, including the Division Journal, and ask that it be published. The letter would point out the misuse of psychoanalysis and the appearance of a political point of view or agenda – which harms, trivializes and discredits the field of psychoanalysis. Also, the letter would be sent to the Board of Directors of the Freud Museum. This issue will also be raised at the next Consortium meeting.

Motion 9: To accept the recommendations of the Executive Committee in handling this issue through a letter as described above. By: Executive Committee Action: Passed unanimously.

d. HIPAA, CAPP and IG: Drs. Manosevitz and Goldberg reported on the activities of CAPP and the IG. Recently, New Mexico passed a restricted legislation for psychologists to have prescription privileges. Dr. Manosevitz reported on the cut backs in APA and reduction of staff. Due to the cuts CAPP will not meet in the fall. CAPP is working together with the Practice Directorate in understanding how to become HIPAA compliant. A presentation will be made regarding the resiliency issue during the APA town meeting. Material kits will be made available for members who would like to present information to the public. A documentary will be broadcast on the Discovery Health Network on this issue.

Dr. Goldberg gave a brief summary of the Interdivisional Task Force on Managed Care and Health Policy report that was distributed. Additionally, Dr. Goldberg gave a brief summary of his activities as Federal Advocacy Representative. He reported that parity is at a standoff and the patience rights bill was stopped at this time.

e. APA Council of Representatives: N. Altman reported that the Council passed a new ethics code. A new CEO will begin in January at APA. Multicultural guidelines were approved. The operating deficit at APA has been resolved, but now there is a staffing crisis at APA. Also APA depleted their working capital and will resolve that issue by refinancing the two buildings they own.

f. Program Committee: J. Darwin reported that the Division reception would be held from 4 pm –6pm on Saturday during the APA meeting. It will be held at the Hilton Chicago. Additionally, she reported on the progress of the Spring meeting and other meetings that are upcoming. She reminded the board that the January board meeting would be held at the end of the Multicultural Summit in Hollywood.

Dr. Morris, chair of the Multicultural Committee, reported on the progress of the Division 39 panel to be held at the Multicultural Summit. More information about the Summit and the panel will be carried in the Newsletter. Additionally, her committee is working on a panel for the Spring Meeting.

g. Awards Committee: Dr. Slavin congratulated L. Wagner and B. Karon for being recipients of awards this year.

X. Adjournment

There being no further business to come before the board at this time the meeting was adjourned at 3:44 central time.

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