FROM THE PRESIDENT

Six months into what is now a two-year presidential term, I appreciate the blessings and burdens of the extended period of office. The work ranges from a quiet week with some administrative tasks to weeks when I feel like I am squeezing in clinical hours between emergencies, emails and phone calls. People work very hard for this Division and I am awed by the conscientious and creative efforts of a volunteer force. In this column I’d like to talk about what the Division needs from the membership.

BEING HEARD AND SEEN

As in any large organization, our membership spans the continuum from omnipresent to unseen; from deeply committed to dues paying only. I respect each members right to choose a spot, but I despair when members don’t feel free to choose. In any week, we receive a host of complaints and compliments, to which we want to respond. My greatest fear is for those who feel disenfranchised and remain silent because they assume no one will listen. We willingly track down glitches when members are not receiving journal and newsletters. We look to open dialogues when members object to policy decisions. In the midst of a problem with the International Psychoanalytical Association, which I will address shortly, I learned that some joint members of the Independent Psychoanalytic Societies (IPS) and Division 39 felt the Division acted against their interests during the accreditation standards. I hope to begin discussions with this group as soon as possible to see if we can understand and heal the rift.

GETTING ACTIVE

We are an all-volunteer organization. Get involved. Join a Section; join your local chapter. Review a book for the newsletter. Submit a proposal for the Spring Meeting. Participate in an outreach project or start one of your own. Keep us all aware of anything you feel impacts on psychoanalysis. If you’d like us to respond as a Division, let me know. If the issue is local, let your local colleagues know. The best way to perpetuate the stereotype of the silent analyst is to remain silent.

The leadership of the Division is not an exclusive club. If anything, we’re just people who can’t say no. Committee participation and task forces await all takers. Go to our web page, www.division39.org, and update your membership listing or change your email address so we can contact you by listserv. We are judicious in its use, too judicious in the opinion of some. The listserv allows us to contact you quickly and inexpensively. We continue to have trouble with AOL subscribers receiving listserv announcements. If you are an AOL subscriber and have not received at least two to three listserv announcements from the Division office a month, please let me know by email, jdarwin@aol.com. We are working with both APA and AOL to fix the problem.

DIVISION MEETINGS

We need you to mark your calendar and make plans now to attend the Miami Beach Spring Meeting, March 17-21, 2004, Psychoanalysis at the Edge: the Transmission of Culture, Class and Institution. We will meet in the newly-refurbished Fontainebleau Hotel. We will also launch the 25th-anniversary of the founding of Division 39. In addition to Keynote Speakers, Drs. Otto Kernberg and Roy Schafer, Invited Panels include:

• Contemporary Dream Theory and Practice
• Authority in Psychoanalysis
• Who Are Our Thirsts? What Cultural, Class, and Dynamic Shifts Went Into Becoming Analysts
• The Analyst’s Use of Culture and Context in Creating Analytic Space
• The Division of Psychoanalysis After 25 Years

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The Minneapolis Spring Meeting was a triumph. For those who were neither deterred by a view of the USA as a Saul Steinberg cartoon where only the dance. We learned from a member of both Division 39 and the IPA that the IPA was considering rescheduling their meeting on the same dates as our Miami 2004 Spring Meeting and that a decision was being made in the next two days. We initiated a series of contacts by us and any one whom we thought had the IPA's ear. We began with the following email on June 20 to the members of the IPA Executive Council:

I am the President of the Division of Psychoanalysis (39) of the American Psychological Association. We are holding our Spring Meeting, 2004, in Miami Beach, Florida March 17-21, 2004, one of your proposed dates for rescheduling their meeting. We are an organization of 4000 members and our memberships and presenters overlap in major ways, including our keynote speakers, Otto Kemberg and Roy Schafer. It would be financially disastrous to both our organizations to schedule simultaneous meetings. I ask you in the strongest way to choose the December 17-21, 2003 date to reschedule. I am available by telephone at 617-354-7480, both days and evenings, if you wish to fully discuss the ramifications of either decision.

Sincerely,
Jaime L. Darwin, PsD

After a series of phone calls and emails, I was contacted three days later (on behalf of the IPA president, Dr. Daniel Willcoxon), by Piers Pendren, the Secretary General of the IPA to ask if it was possible to reschedule to the Miami Beach meeting...
Dr. Manosevitz referred to his written report.

iv. Psychoanalytic Consortium: Dr. Wagner reported that the Consortium is looking at other projects/issues to work on in the future. Since the standards are now approved, they have reduced the number of meetings each year for the Consortium.

v. Trauma Interest: Dr. Alpert reported that this group is growing and working on a petition to become a Division of APA.

vi. Program: Dr. Darwin

2003 Annual Meeting Minnesota (4/2-4/6):
- Chairs: Drs. Giacomini/Greenspan
- 2003 APA Convention (8/7-8/10): Toronto
  - Chairs: Drs. Kobrick/Jupp
  - Chairs: Drs. Corn/Viruca
- 2004 APA Convention (7/28-8/1): Honolulu

2005 Annual Meeting (Dates TBA): Toronto

2006 APA Convention (8/18-8/21): Washington, DC

- Chair: Dr. Debiak
- 2006 APA Convention (8/10-8/13): New Orleans


Discussion was held regarding policy for committee membership on Division committees.

Motion 8: All members of Division 39 entities must be members of the Division unless an individual performs a unique function which cannot be duplicated by a Division member. Action: Withdrew

b. PEP CD ROM: Dr. McWilliams and Dr. Slavin: It came to the attention of Dr. McWilliams and Dr. Slavin that there would be a new PEP CD ROM in 2003. Dr. McWilliams began working on negotiating to have the Division’s journal published on the PEP CD ROM.

Motion 9: To approve proceeding with funding of the PEP CD ROM project with expenditure of division funds being monitored by the president and executive committee. Action: Passed

c. Ron Levant, Ph.D., Candidate for APA President: Dr. Levant joined the meeting and gave a brief presentation on his candidacy and ideas on ways to have a clinician elected to this position. A question and answer period followed.


XIV. Other Business

a. Report and Evaluation of NMCS Participation: Drs. Morris and Ramirez: The Chair of the Summit joined the meeting and shared his thoughts and ideas on the conference and future conferences. Discussion, questions and answers followed. He informed the Board that the meeting will again be held at the Renaissance Hotel in Hollywood in 2005.

b. In Person Committee Reports:
   i. Nominations and Elections: Dr. Slavin: Nominations were not closed, therefore no report was given.
   ii. Sexual Identity and LGBT Issues: Dr. Debiak reported on the activities of his committee, especially the committee’s interaction with Division 44. He also referred to the IPS (Independent Psychoanalytic Societies) who would be most inconvenienced by the conflict, I sent the following email that evening, June 23, 2003:

   Dear Dr. Widlocher:

   We deplore the situation that now exists in which our two major psychoanalytic organizations would be holding meetings either on the same dates or on dates so close together as to have the same impact. This is terrible for psychoanalysis and for each of our memberships. The atmosphere of cordial collegiality among the analytic communities is being pushed back to the kind of environment that existed prior to the settlement of the GAPPP lawsuit. To be asked to choose between a meeting date that coincides with our long publicized meeting date or the week before is no choice at all. This is coming at a particularly unfortunate time since this is the first IPA Congress truly open to non-IPA members without sponsorship or special permission.

   We wish you to take what follows as an opinion but in no way as a sanctioning of your final decision. We do not want to place, and we hope you do not want to place our joint members, mainly members of societies belonging to the IPS and psychologists who are members of the American Psychoanalytic Association, in a position where they cannot logistically attend both meetings. While the canceling of the Congress in Toronto was unavoidable, your proposed detrimental solutions are not. The worst possible outcome for our numerous joint members would be your decision to hold your meeting simultaneously with ours. The next worst outcome would be for you to decide to hold the Congress a week before our meeting. While the latter decision would make it logistically possible for members to attend both meetings, it does nothing to obviate the ill will generated by the action.

   Sincerely,
   Jaime L. Darwin, PsyD
   President, Division 39 (Psychoanalysis)

The IPA had a different spin on our communication. IPA members received an announcement of the rescheduling the next day, which included:

We were made aware of the overlap of dates with the Division of Psychoanalysis of the American Psychological Association, known as Division 39. We commissioned enquiries as to the overlap of dates with Division 39 and decided, based on cooperation, to bring the Congress forward by one week, from the initial proposal of 17 March.

Fortunately, we plan to put this behind us. We plan a superb meeting in Miami Beach.

Conclusion

We are growing. We are vibrant. Let’s make the next 18 months great for psychoanalysis, psychoanalytic psychology, and for us as a Division.
Motion 4: To experimentally establish reciprocal presentation time with the Psychoanalytic Section of the Canadian Psychological Association and to review this project in two years. Action: Motion withdrawn – referred to the Program Committee

IX. Membership Report: Dr. Couch
Dr. Couch discussed membership numbers. He reported that membership numbers have increased. He also reported that his committee will continue to work on ways to reconcile the Division’s membership numbers with the numbers from APA. He further reported that the Division will send a postcard to members who have not renewed their membership. He will also contact local chapters to enlist their assistance in making a personal contact with these individuals. He also received a list of individuals who subscribe to the Division journal, but are not members of the Division. These individuals will be sent an invitation to join the Division. Additionally, he discussed a “membership and informational packet” that is being developed for members to use when presenting, attending meetings, etc.

X. Visit by APA CEO, Norman Anderson, PhD:
Dr. Anderson was introduced to the Board of Directors by President Darwin. Dr. Darwin gave Dr. Anderson a brief summary of the Division’s budget, its number of Council Reps, and number of Sections. She asked each Section Rep to give Dr. Anderson a brief summary of their Section and its activities. Additional comments were made and Dr. Anderson responded to a number of questions, as well as making comments on his goals and ideas for APA.

XI. Budget Report: Dr. Manosevitz
The 2003 budget was distributed and comments by Dr. Manosevitz were made regarding the wonderful job Dr. Ramirez had done with the financials of the Division and the assistance he has given Dr. Manosevitz. Additionally, he reminded all Section Reps to have their section treasurers send their annual financial reports to him for submission to APA for tax purposes. He reviewed the budget and explained to the members that the budget is a “working document” that must continue to be a flexible document so that the Board can be responsive to needs of the Division. He gave a brief overview of the reimbursement guidelines. He commented that a high proportion of the budget is already designated, such as the publications and administering the Division.

Motion 5: To accept the provisional 2003 budget as submitted by the treasurer. By: J. Slavin; Action: Passed.
Dr. Manosevitz also distributed the provisional budget for the Miami Spring Meeting. This budget is a plan of anticipated expenses.

Motion 6: To accept the 2004 Miami Beach Spring Meeting budget as submitted. By: M. Manosevitz; Action: Passed

XII. Old Business
a. Report on APPIC/Scottsdale Conference:
Dr. Ramirez reported on the Conference which he attended on behalf of the Division in Scottsdale, AZ. In order to have an official representative to this conference, the Division was required to make a donation to the conference. Dr. Ramirez explained that after a presentation by J. Kwawer and a discussion, the Executive Committee had made the commitment to assist the funding of Dr. Kwawer’s attendance as well as covering the expenses of Dr. Ramirez’s attendance. Dr. Ramirez reported that this was very much a working conference. Every attendee/delegate was placed into one of ten work groups and each of those groups focused on major domains in psychology. He encouraged members to read Dr. Kwawer’s report. He felt that the future actions and outcomes of the conference were:
1. Division needs to be involved in this process.
2. Delegates will be scheduled discussing the work of the conference workgroups.
3. Identify Division 39 members who are directors of doctoral training programs or directors of

b. Continuing Education Committee Policy:
Dr. MacGillivray referred to his written report on the CE program. The review committee from APA gave one year of provisional approval for the Division’s CE Program. The programs will be up for approval again in August. He felt that his report addressed the value of the CE program. He will work on making certain that the program is accepted for the normal 5-year period of approval from APA. The question came up whether the Division should continue to be the umbrella organization for all sections and local chapters regarding Continuing Education. It was the consensus of the committee that they should continue in this role, but restructure the committee somewhat to assist the chair and have local coordinators that are exercising oversight in all programs.

Motion 7: To restructure CE Committee so that each constituent body has a CE Coordinator (the Division, the Sections, and the Local Chapters). Action: Passed.

c. Section Representational Status Update:
Dr. Jacobs distributed the current membership statistics for each Section. Section III is working to get their membership numbers up to the minimum. Section VI has elected a new Board and is also working towards reinstatement as a voting member of the Board.

Motion 8: To accept the provisional 2003 budget as submitted by the treasurer. By: J. Slavin; Action: Passed.
Dr. Manosevitz also distributed the provisional budget for the Miami Spring Meeting. This budget is a plan of anticipated expenses.

Motion 9: To accept the 2004 Miami Beach Spring Meeting budget as submitted. By: M. Manosevitz; Action: Passed
Division of Psychoanalysis
Board of Directors Meeting
January 25, 2003, Renaissance Hotel, Hollywood, CA

Present: J. Darwin, President; J. Slavin, Past President; D. Ramirez, President-Elect Designate; M. Jacobs, Secretary; M. Manosevitz, Treasurer; Council Reps: J. Alpert, N. Altman, H. Kaley, B. Karon, B. Welch; Members-at-Large: M. Cresci, M. Gerson, M. Lionells, M. McCary, N. McWilliams, D. Morris, L. Pomeroy, H. Seiden; Section Reps: D. Ehrensaft, II; M. Kelly, Ill, A. Corn, IV, H. Davis, V; A. Brok, VII; S. Shimmerl, VIII; J. Couch, Membership Committee Chair; D. Debiak; Sexual Identity Committee Chair; L. Wagner, Parliamentarian; L. Zelnick, Internet Committee Chair.

Absent: J. Reppen, Section I Rep; N. Thomas, Section IX Rep.

I. Call to Order and Passing of the Gavel: Dr. Slavin
The meeting was called to order by Dr. Slavin. Dr. Slavin introduced Dr. J. Darwin to the Board as the 2003-2004 President and with very gracious comments passed her the official gavel.

II. Proxy Votes: Dr. Jacobs:
The following proxies were submitted: J. Alpert for N. Altman; M. Cresci for J. Reppen

III. Introduction of New Board Members: Dr. Darwin
Dr. Darwin asked each person in attendance to introduce themselves and she welcomed the new Board members.

IV. Draft Minutes of August 23, 2002 Board Mtg.: Dr. Jacobs
Motion 1: To approve the draft minutes of the Board meeting of August 23, 2002 as submitted. By: M. Jacobs, Action: Passed

V. Resignation of Dr. Stockhamer from Division Board
The Board was informed that Dr. Stockhamer had resigned his Member-at-Large position on the Board in order to serve on the newly formed ACPE Board.

Motion 2: To elect Lawrence Zelnick as the replacement to fill the remainder of Dr. Stockhamer’s term of office as Member-at-Large until 12/31/04. By: J. Alpert, Action: Passed unanimously

VI. Information Items:
a. Appointments: Dr. Darwin
Dr. Darwin announced that Dr. L. Wagner would serve as Parliamentarian, M. Murphy will chair the Awards Committee, P. Strasberg will co-chair the Continuing Education Committee and take over the Chair position in 2004; M. Lionells will chair the Outreach Committee; and S. Spyhulk will serve as liaison to Division 44.
b. Freud Museum Follow Up: Dr. Slavin informed the Board that the letter sent to the Freud Museum had been published in the American Psychoanalyst. A short discussion ensued.

c. APSA Liaison Follow Up: Dr. Slavin gave a brief report on the APSA Liaison issue.
d. Helen Block Lewis Award: Dr. Darwin reported that this award is from an endowment for Psychotherapy from Mass General. They want to pay full expenses for a graduate student to attend the Spring Meeting. The Division would waive the student’s registration fee.
e. Visit by APA CEO Norman Anderson, PhD: Dr. Darwin gave a brief overview of the information the EC felt would be pertinent to share with Dr. Anderson.
f. Visit by Ron Levant, PhD, candidate, APA President: Dr. Darwin informed the Board that Dr. Levant will be soliciting support for his candidacy for President-Elect of APA. He will also discuss ways to help elect a clinician.

VII. Presidential Initiatives: Dr. Darwin
a. Outreach: Dr. Darwin summarized her Outreach project—putting a human face on psychoanalysis. This project will include asking the members to “get out of their offices and do something in the community”. She will appoint a committee to gather information on projects already in process throughout the country. Additionally, she has charged the Public Information Committee to increase the amount of information disseminated to the media. She has charged the Public Information Committee to assemble a “stable of writers” to address/respond to issues that appear in the media.
b. In reach: Dr. Darwin explained that she would like the Division to have more interaction with other Divisions and APA. She has appointed a liaison to Division 44 and Division 2. She also feels that the Division needs to “reach in” to the Sections and have more interaction with each of them, as well.
c. Role of Research in the Division
Motion 3: To establish an Outreach Committee which will oversee the Outreach Initiative as a resource and as a clearing house for establishing programs; and coordinate with the Public Information Committee to gain media attention for efforts. By: M. Manosevitz, Action: Yes; No – 1; Abstentions – 3

VIII. Foreign Affiliates Vote: Dr. Slavin
Dr. Slavin reported that he had been in contact with the Canadian Division on Psychoanalysis. This group is looking at ways to interact with Division 39. Division 39 Canadian members are encouraged and feel this will be a vital Division and interaction with Division 39 would be beneficial to both.

DIVISION 39 BOARD ENDORSES
RON LEVANT - HELP MAKE RON LEVANT APA PRESIDENT

During these uncertain times, psychology is increasingly called upon for its scientific knowledge and professional skills. Psychology needs an experienced leader who has a history of working with all of psychology’s constituencies, and who can bring us together to effectively respond to these challenges. Dr. Levant is a Fellow of Division 39, and a long-standing supporter of psychoanalysis. He was trained in Boston, and although his integrative approach includes elements of client-centered therapy and the Bowen family systems approach, it is at its core psychodynamic. He has also acknowledged personally benefiting from his own analysis. Finally, as Dean at NSU, he has long supported a concentration in the doctoral program in psychodynamic psychology. Dr. Levant has served as professor, research investigator, clinical and academic administrator, clinical supervisor, public and private practitioner, author, political advocate, and public communicator. Through this experience, he has developed a broad perspective on the discipline and profession of psychology. He knows that psychology’s strength derives from its rich scientific and professional traditions, that the students in APAGS are our future, that our future will be affected in unexpected ways by technological change as the 21st century evolves, and that APA, despite all of our differences, is one family. He has a vision for psychology’s future in which the growing integration of the science and practice of psychology will expand opportunities for knowledge generation and service delivery aimed at addressing society’s most pressing problems, and thus make psychology a household word.

He is committed to:• advocating for a prominent place for psychologists in the health care arena and expanding the scope of psychological practice.
• positioning psychology to emerge as a top-tier health profession/discipline in the coming integration of behavioral health with physical health in the health care system.
• enhancing the inclusiveness and diversity (in all of its dimensions, including race/ethnicity, gender, sexual orientation, disability, and age) not only of the profession but also of its leadership and its students, and to promoting the multicultural competence of the membership.
• addressing the problems with Institutional Review Boards, enhancing the public perception of psychological science, increasing psychological research funding, and bringing scientists back to APA.
• creating a climate for education in APA and addressing the need for reliable and valid tools to measure student learning outcomes, at all levels of psychology education.

PROVEN LEADER • APA Recording Secretary • Associate Editor of Professional Psychology: Research and Practice • a term on the APA Board of Directors • two terms on the APA Council of Representatives and APA Committee for the Advancement of Professional Practice • President of the Massachusetts Psychological Association • President of Division 43 • former Editor of the Journal of Family Psychology • President of Division 51 • Represented APA at the White House Summit Meeting and the Surgeon General’s Conference on Children’s Mental Health.

RECENT ACCOMPLISHMENTS • Chaired the Task Force that resolved the long-standing issue of representation of small state psychological associations and divisions on the APA Council of Representatives • Co-chaired the “Wildcard 2” effort that now seats all State, Provincial and Territorial Psychological Associations • Co-chaired the Commission on Education and Training Leading to Licensure • Chaired the APA and American Psychological Foundation Task Force on Promoting Resilience in Response to Terrorism.

ACADEMIC EXPERIENCE • Served on the faculties of Boston, Rutgers, and Harvard Universities. • Dean and Professor, Center for Psychological Studies, Nova Southeastern University. He has authored, co-authored, edited or co-edited 13 books and over 120 refereed journal articles and book chapters in family and gender psychology and in advancing professional psychology. Read more about Dr. Levant’s extensive experience on his website: http://www.DrRonaldLevant.com
REMEMBERING DR. ENRICO E. JONES

J. STUART ABLON, PHD

It is with great sadness that I report the psychoanalytic psychotherapy community lost one of its greatest thinkers and researchers. My graduate school mentor, colleague and friend, Dr. Enrico Edison Jones, was 55 years old when he died March 29, after a lengthy battle with cancer.

Dr. Jones was born in Munich, Germany where his father was stationed in the military. He spent his early years in Rochester, New York and later received his undergraduate degree in 1969 at Harvard University, where he was a National Merit Scholar. He came to UC Berkeley as a graduate student in psychology and earned his PhD in 1974. He then joined the UC Berkeley faculty, where he was an active researcher and teacher until his death. He completed psychoanalytic training in 1992 at the San Francisco Psychoanalytic Institute. From 1994-1997 he was director of the clinic and the clinical psychology training program at UC Berkeley. In addition, Dr. Jones maintained an active practice in psychoanalysis and psychotherapy in Berkeley and was on the attending staff at San Francisco’s Mt. Zion Hospital from 1976 to 1994. From 1982 to 1996 he was an associate clinical professor in the Department of Psychiatry at UC San Francisco and at its Langley Porter Psychiatric Institute.

Dr. Jones was an expert in minority mental health. With the publication of Minority Mental Health (Praeger Publishers, 1982), in collaboration with his UC Berkeley graduate school mentor, the late Sheldon Korchin, Dr. Jones formally assumed a major leadership role in the education and training of ethnic minority students. His efforts succeeded in broadening the diversity of the psychology department and heightening awareness of diversity’s positive effects. In 1996, Dr. Jones was awarded the American Psychological Association’s Kenneth and Mamie Clark Award for Outstanding Contributions to the Professional Development of Ethnic Minority Students.

Dr. Jones will be remembered as one of the rare psychoanalysts who was both an active clinician and a respected scientist. Early in his career, he developed one of the leading and most comprehensive empirical measures of psychotherapy process, the Psychotherapy Process Q-sort. His programmatic studies using this measure established him as the leading American researcher of the therapeutic process. While most researchers pursued the question of whether therapy works, Dr. Jones realized long ago that a more intriguing question was how therapy works. Indeed, he was one of the first researchers to have an empirical method that could be replicated to quantify the nature of human interaction in therapy. To this day, the Psychotherapy Process Q-sort represents state of the art process measurement among a wide range of psychotherapies.

Dr. Jones’s work studying the process of psychotherapy culminated in the publication of his recent book, Therapeutic Action: A Guide to Psychoanalytic Theory (Jason Aronson, 2001). His Q-sort method is described in detail in this work, and so is his most recent conceptualization of therapeutic action. He coined the term “repetitive interaction structures” to describe the recurrent, mutually influencing patterns of interaction between patient and therapist that are unique to each dyad. Dr. Jones used his empirical findings to guide his explanation that the experience, recognition, and comprehension of the meaning of such repetitive interactions appear to be fundamental components of therapeutic action. This bi-pedal model attempts to bridge those theories of therapeutic action that focus on insight and self-understanding to those that emphasize the patient’s experience of the therapist.

To all who are interested in human thought, affect, behavior and motivation, Dr. Jones and his work will be sorely missed. He was highly respected and beloved by the many communities in which he lived, taught, practiced, and studied. Those who knew Dr. Jones may find some solace in the realization that his work lives on—both in the many current studies using the measure he created, as well as in the continued efforts of the Research Committee of the International Psychoanalytical Association and the Berkeley Psychotherapy Project. The breadth and depth of his students’ ongoing work is a testament to his achievements and his dedication to teaching and mentoring. His students remember him as a mentor who always made time for them, and who blended a unique sense of warmth and toughness that helped those around him feel supported and inspired. For those interested, donations in Dr. Jones’s memory may be made to the Multiple Myeloma Research Foundation, 3 Forest St., New Canaan, CT 06840.

DEADLINE: NOVEMBER 1, 2003

HELEN BLOCK LEWIS MEMORIAL AWARD FOR PSYCHIATRISTS

The endowment for the Advancement of Psychotherapy at Massachusetts General Hospital and Division 39 will award a $300 prize for the best unpublished work in the general area of psychodynamic psychotherapy. This may take the form of a paper, a write up of a clinical case highlighting dynamic issues in the treatment, or any form that demonstrates efforts to show mastery of psychodynamic concepts. In addition, the award recipient will be invited to attend the Annual Meeting of Division 39, Division 39 and the Endowment for the Advancement of Psychotherapy will support all meeting-related expenses. All current doctoral psychology graduates not in formal analytic training are encouraged to submit applications and papers. The paper should be of publishable length (i.e., no more than 40 pages, excluding bibliography). Applications will be reviewed by a joint committee composed of Division 39 members and members of the Endowment for the Advancement of Psychotherapy. Applicants will be notified of results no later than February 1, 2004. Further information and specific details/criteria can be found online at www.advancepsychotherapy.org or contact Anne Alonso, PhD, Director, Endowment for the Advancement of Psychotherapy, Mass. General Hospital, ACC-812, Boston, MA 02114, telephone: 617-724-0808, email: annelope@alcom.com.

DEADLINE: DECEMBER 15, 2003

SECTION VIII, COUPLE AND FAMILY THERAPY AND PSYCHOANALYSIS

Section VIII is pleased to announce that one $400 grant is to be awarded for the best proposal by a graduate student who is doing dissertation research in the area of psychoanalysis and family and couple therapy. Doctoral candidates who are members of Division 39 are welcome to apply. The deadline for applying is January 10, 2004. For further information, write to the Chair of the Research Committee, Leo Weisbender, PhD, at leofw@aol.com.

DEADLINE: JANUARY 10, 2004

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, 2004
Emmanuel Ghent: A Remembrance

Barbara and Stuart Pizer

I can be said of Emmanuel Ghent that this man was “one of a kind.” He was an embodiment of paradox and gratitude; he was modest and unassuming. Yet, to encounter him was to experience inexplicably the presence of an extraordinary humanity. A keen listener, earnest and immediate in expressing his appreciation of the gifts of others, Mannie would certainly not suffer fools lightly. He was a man of unusual integrity, while at the same time he would be the first to tell you—with that twinkle in his eye—that he loved gossip.

We last saw him during bitterly cold January days in Toronto, at a weekend conference sponsored by the Toronto Institute for Psychoanalytic Psychotherapy. His lecture focused on character transformation and the psychoanalytic relationship. Other events sponsored by SEFAPP included a presentation by Lucanian analyst Donna Bentolila, entitled Woman or Mother: The Enigma of Feminine Sexuality. Psychiatrist Michael J. Morejon spoke on the medical dimension of psychoanalytic psychotherapy. Marilyn Charles addressed the line between creativity and madness, through a psychoanalytic interpretation of the film A Beautiful Mind. And Bernard Chodorkoff explored the relationship among plastic representation, dreams, symptoms, and early and contemporary psychoanalytic concepts through his interpretation of the silent film Secrets of the Soul: An Early Psychoanalytic Film Venture. SEFAPP also continues to publish its quarterly newsletter Psychoanalytic Psychotherapy (SEFIPP). Although independent, SEFAPP and SEFIPP partner together to support and promote the missions of both organizations.

The most recent example of this synergy was the annual fundraiser Freud Amongst the Arts, which was held to benefit both SEFAPP and SEFIPP. This year’s format changed. Journal of the American Psychoanalytic Association 49: 11-25.

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References


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Emmanuel Ghent, 1925-2003

I can be said of Emmanuel Ghent that this man was “one of a kind.” He was an embodiment of paradox and gratitude; he was modest and unassuming. Yet, to encounter him was to experience inexplicably the presence of an extraordinary humanity. A keen listener, earnest and immediate in expressing his appreciation of the gifts of others, Mannie would certainly not suffer fools lightly. He was a man of unusual integrity, while at the same time he would be the first to tell you—with that twinkle in his eye—that he loved gossip.

We last saw him during bitterly cold January days in Toronto, at a weekend conference sponsored by the Toronto Institute for Contemporory Psychoanalytic Psychotherapy and the International Association for Relational Psychoanlysis and Psychotherapy. This was the second large meeting of the association created to bring Steve Mitchell’s dream into being—the association Mannie helped to found and to nurture, and which, thanks to Mannie’s sheer grit, financial know-how and devotion, has really begun to thrive.

We are sure that Mannie’s ideas, his sensibilities, his efforts, his intellectual friendships, and his spirit infused the very origins of Relational Psychoanalysis. His appreciation of paradox, his Winnicottian recognition of the fundamental human need to be contacted, and to make contact, while preserving personal integrity, his “two person” analytic credo, and his articulation of the essential process and state of “surrender,” all have found their place at the heart of the relational literature. His personal and intellectual influence stood behind, and stands within, the writings of many of us in Division 39.

On Monday, March 31, at 2:55 PM, Lewis Azon wrote: “Dear IARPP Board and Advisors: It is with profound sadness that I write to inform you that I received a call this morning with the news that Mannie Ghent died last night. He died quietly without suffering, in his home.” And

Lew went on: “As you all know Mannie was the backbone of our association. He just about single-handedly worked to save us from our financial crisis last year—and he succeeded brilliantly in getting us back on our feet.”

Barbara replied: “...indeed, Mannie was ‘the backbone of our association’...” But what made him so unique was (I want to say IS) that he came to embody both the backbone and the SPIRIT... the breath of IARPP. His quiet, centered being in Toronto at the conference brought such a sense of unity and presence to our venturing...”

Mannie, as he was, embodied his ideas. He gave himself to his teaching, his friends, and his commitments. He surrendered egoism, yet he probed for authenticity in others. He was private, without urgency to impose his speech, yet he spoke with comfortable and confident candor; he was plainspoken, direct, succinct, and ungamished, yet deft in his wry wit. Creative in many fields, curious about life and aliveness, Mannie was inventive with music, theatrical lighting, technology, complexity theory, and psychoanalysis. One of our favorite memories of Mannie is actually embedded in the image of our grandson, Ben, at age 3, dancing with delight to the CD of Mannie’s songs written (music and lyrics) for children and sung by Mannie’s daughter, Val. These songs are not only joyful and playful and sad, they are meant to teach. For example, in order to help children “to exercise their imagination to the fullest...” to help them master the challenge of 5/4 time, Mannie suggests evocative modes of clapping or stepping as a way of “setting” the perception of asymmetrical rhythm. And, mind you, Mannie’s lessons are multi-modal and meant to be experienced on many levels. “If you wish to start listening like this, all you need is an extra ear on your body. Then it will be very easy...”

When Stuart invited Mannie to join a Men’s Group
of psychoanalysts to meet annually at the Division 39 Spring Meeting, Mannie hesitated. “I’m afraid,” he said, “that, given my age and my health, I’d impose a loss on the group.” But I want to do it. “I’ll let you know.” A few days later, Mannie did. Enthusiasm and curiosity won out over his qualms. He said yes. Although unable to travel to Santa Fe for the first meeting, (his cardiologist vetoed Santa Fe because of its altitude), Mannie joined the group in New York. But he was not a newcomer. He became the center of presence and focus for the meeting, getting things going by the questions he asked about the rest of the guys. His genuine and uncomplicated interest was right there.

In Toronto, in January, Stuart sat with Mannie during the Sunday morning program centered on Barbara’s paper presentation and its several discussants. After the applause, as Mannie stood up for the coffee break, he said to Stuart, in his straight and summary style, “Stuart, you are a lucky man.”

One of our last and lasting images of Mannie is from the previous evening, as we were leaving the conference’s Saturday night reception at the Toronto Art Museum. While all of the assembled analysts had walked past the docent assigned to welcome us to the special Chinese art exhibit hall, passing up her offer of an introduction to the treasures there in favor of shmoozing and “politicking” among the drinks and canapes laid out in the Chinese Tomb, we witnessed Mannie, alone with the docent, absorbed in learning and fascination. Mannie, a Buddhist meditator, student and teacher of past and present, endlessly curious, was taking his own tour of art. These last images conjure for us Mannie’s music, his yearning for surrender... as he set it in the minor key of his children’s song: “I’m calling, I’m calling. Where are you? I’m calling. Where are you? Come home!”

Mannie has invariably been described as gentle, strong, innovative, tenacious, warm, determined, brilliant, embracing, modest, unsung, gracious, exuberant, witty, mischievous, multi-talented, and deeply spiritual—a true shining light who demurred whenever he was faced with the spotlight he so richly deserved.

Many of these qualities were vividly captured for me in my last sighting of him at the combined conference of the Kansas City Association For Contemporary Psychoanalysis and the International Association for Relational Psychoanalysis and Psychotherapy, in Toronto this past January. Mannie, in his ever-determined efforts to support the IARP (the brainchild of Stephen Mitchell, the man he cared for so dearly), graced us with his presence. He came not as the honored speaker he usually was but as a registrant eager to participate at that level. As he sat in the audience, quietly and enthusiastically appreciative of all the wonderful ideas being discussed (many of which hailed from his own important work in the field), his place at the center—as the heart and soul of the relational movement—sprang clearly to the fore.

In what, for me, was an unprecedented experience, many of the presenters went beyond citing and referring to Mannie from the podium. They also deferred to him, engaging him and each other in an interactive way that further ignited the conference and provided an indisputable sense of a community that had evolved and thrived under Mannie’s tutelage, inspiration and care. There sat Mannie in his modest and unassuming way, describing what was happening and his light shone so very brightly. This experience of Mannie’s effect and influence on so many of the well-admired senior analysts and theoreticians in our field impacted many of us very profoundly and has remained a point of discussion and reference since. He was a wonderful wise man with an irresistible twinkle in his eye, who could generate so much love and respect and do so with so little ado.

It was through my experience on the Board of the International Association for Relational Psychoanalysis and Psychotherapy that I got to know Mannie better. I envy all those who knew and loved him for so much longer. The brief period I was graced with between filled me with powerful and unforgettable feelings of warmth, admiration and abiding joy; and I feel deeply privileged to have had even this amount of time within his orbit. Tirelessly and superbly efficient, Mannie worked on any and every task and obstacle that this fledgling organization was confronted with. He shepherded us through many a struggle and, through his supreme efforts, took us to the point of comfortable viability... just prior to his passing.

Many a time Mannie and I were on the telephone way past the witching hours to organize, clarify or thrash out some new detail pertaining to some or other IARP issue that Mannie wanted resolved. He appeared never to sleep. Yet he remained razor sharp and on top of every thing. What a privilege to have been associated with him and to have worked with him, even in a small way.

I understand that Mannie applied enormous energy, fortitude and skill to every project he believed in. Many organizations and institutions are richer for this. Psychoanalysis itself is far richer for his presence and contributions personally and unsung, and he was a “swiss army knife” and “surrender” is classic and continues to serve as a springboard for much of contemporary psychoanalytic thinking. The force he brought to bear on the IARP in the wake of Steve
For their diligent and creative efforts over the last twelve months, many thanks are due to our executive officers—Hazel Ipp, Jadi Korbick, Nira Koles, Clarissa Barton, Gary Rodin, Ron Benegdom, and Carl White. Our informative website, www.tcp.on.ca is coordinated by Clarissa Barton, Michelle Flax and Fadi Abou-Rihan and provides an important service to the community and to our candidates by operating our referral service. In sum, the past year has witnessed a number of meaningful and exciting developments in the evolution of our chapter and institute. Our board, committee, faculty, graduates, candidates, and others have given generously of their time, energy, and thoughtfulness to make all this happen. Their efforts are greatly appreciated.

Florida Organization of Relational Studies

Florida Organization of Relational Studies (FORS) has been quite prolific. Over the past couple of years we have had many terrific programs. The programs have been intellectually and clinically very rich, providing a lot of stimulation, nourishment, support and guidance. For instance, last year FORS had three programs (seen through an intersubjective/relational lens) devoted to the clinical issues of a therapist’s romantic and sexual feelings toward a patient, and on the use of touch in therapy. Bill Player and Tom Haselwood presented “Activation and Regulation of Erotic Feelings in the Therapeutic Relationship,” James Foshage discussed “Reassessing Touch in the Therapeutic Setting,” and Estelle Shane presented “Love, Desire and Boundary Dilemmas in the Therapeutic Setting.” This year our organization had some interest in the timely topics of dissociation and the idea of multiplicity of the self. So we planned a “Dissociation and Multiple Identity: An Experiential Workshop.” Other programs FORS sponsored this year were Warren Wilner’s presentation “Contemporary Interpersonal Analysis” and Marian Tolpin’s presentation “Working with the Total Transference: Accenting Remobilization of Healthy Self-Strivings.” Coming later this year is a presentation by Rachel Newcombe and Bill Player entitled “Exploring Our Therapeutic Stances: Letting Experience Have Its Say.”

For upcoming events, FORS has decided to shift its philosophy of striving to invite presenters with theoretically cutting edge papers to a more “back to basics” approach, where the focus is more on what we say to a patient or couple in certain situations. Also, there will be a greater effort to invite more speakers on the treatment of couples.

Among these presentations, two well-known authors talked with us about their special projects. Sheila Sharpe author of The Ways We Love: A Developmental Approach to Treating Couples, presented “You’re No Good—Dealing with Couples Relationships.” Lou Breger, author of Darkness in the Midst of Vision, presented “Freud on the Couch,” in which he discussed the place of Freud in contemporary psychoanalytic thinking. With these cutting edge presentations, the San Diego Society for Psychoanalytic Psychology, a local chapter of Section IV, continues to be the San Diego center for the study and application of contemporary psychoanalytic thinking.

A Man For All Seasons

The following remarks were delivered by Dr. Dimen on the occasion of a conference honoring Dr. Ghent in May 2000. Editor.

I am Muriel Dimen. I’d like to welcome you to this conference, which we have been working on, and looking forward to for two years. We have a brief program tonight and then a rather full day tomorrow. Before I say a few words about our honoree, Mannie Ghent, I want to thank the committee with whom I planned the conference. It’s cliché to say they did all the work, but in this case, it’s true. Neil Altman, one of our committee members, says that this conference was my idea. I think, however, that it was his. In any event, it was his idea that I chair it and I agreed only because those who volunteered for the committee were the most wonderful people to work with. There’s no time to say what everyone did, so I’ll just tell you who they are: Neil Altman, Velleda Ceccoli, Carolyn Clement, Adrienne Harris, Stephanie Noland, Bruce Reis, Seth Warren, and Zina Steinberg. You’ll see them in one capacity or another on the program. I’d also like to thank Riverside Church for this beautiful space.

Now, as Dr. Emmanuel Ghent, as the conference proceeds, you’ll find out about this remarkable person, revered teacher, colleague, analyst, mentor and friend, this man who, when I talked to the NYU publicity director, I called “the shrink who expands consciousness.” You’ll hear about his ideas, his musical creations and inventions, his gifts as a therapist, his humor, his seriousness, his spiritual- ity, his psychoanalytic vision and leadership. A true Renaissance man, a jack-of-all-trades and master of MOST, a man for all seasons, which was one of the titles we’d inevitably thought of for the conference.

First, I’d like to mention the fact that Mannie was going to have his 75th birthday at the time of this conference, however, a rhythm came inescapably to me: “Mannie Who Will Be 75 in the Year 2000!” Alain Tanner’s touching film’s poignancy, its fusion of melancholy and hope, fits him too. As it ends, the protagonist, Matthieu, calling himself “labor,” names his erstwhile companions—“the lover, the hermit, the philosopher, the former prophet, the fool, the thief—a range of possibilities that I like to think Mannie would not be displeased to find in himself: wise and foolish, male and female, good and bad, visionary and blind, exploiter and exploited, teacher and student, winner and loser, and, yes, erect, phallus. Go ahead. Think castration and penis envy, think transference and countertransference. Quite right. But just remember that all Mannie Ghent said was, “Praise the Lord and pass the ammunition!”
**Psychoanalytic Profiles: Frank Summers**

Sera Morelli

Psychoanalytic Profiles is a new series in the newsletter in which graduate students write about and interview Division 39 members who have been influential in their intellectual development and have spurred their enthusiasm for psychoanalytic work. A unique aspect of this section is a personal interview in which the featured member is asked to reflect on his or her psychoanalytic “journey” and to speak about relevant issues such as the role of research and the future of psychoanalytic practice. The purpose of this series is twofold: for readers to become acquainted with the contributions of notable Division 39 members, from a variety of psychoanalytic perspectives, and for graduate students to directly engage psychoanalytic scholars who have been important to their own professional and personal development. Graduate students who are interested in contributing can contact the editor of this series, David Kemmerer, at kemmerer@uak.edu.

Many readers may know that Dr. Frank Summers is a board-certified clinical psychologist and psychoanalyst who practices in Chicago, Illinois. He is the author of two books, Object Relations Theory and Psychotherapy: A Comprehensive Overview and Family Therapy: An Object Relations Model of Psychotherapy, as well as numerous papers and articles. In addition to his clinical work, he is a training and supervising analyst at The Chicago Institute for Psychoanalysis and holds teaching appointments in the Division of Psychiatry at the University of Chicago Medical School, Chicago Center for Psychoanalysis, Minnesota Institute for Contemporary Psychoanalytic Studies, Wisconsin Psychoanalytic Institute, and the Minnesota Institute for Psychoanalysis.

What many readers may not know is how he came to define himself as an object relations psychoanalyst and a “neo-Winnicottian.” After completing his doctorate and master’s degrees at The University of Chicago, Dr. Summers worked as a researcher and tenured professor at Northwestern University and the University of Chicago, where he ran a comprehensive program for chronically mentally ill patients, before getting his analytic training and going into full-time private practice. He was first introduced to the Winnicottian perspective in a professional seminar series that he participated in from 1976-1981. This series was lead by Gene Borowitz, Alf Flarsheim, and Peter Giovacchini, all of whom knew Winnicott personally. The seminar alternated in focus from Freudian theory in Talmudic style, to developmental theory from a variety of perspectives. Although he considers his theoretical perspectives to have some respects from their “brand of Winnicottian theory,” he is certain that this was the origin of his theoretical orientation.

Dr. Summers’s ideas have had a lasting impact on my professional development and theoretical identity. I have been fortunate to have a number of psychoanalytically-oriented mentors throughout undergraduate and graduate school. Most of my mentors have come from either the ego psychological or relational schools of thought. As I have become more involved in my own clinical work, I have struggled to locate my identity somewhere in between these models. In his work, and in particular in Transcending the Self, Dr. Summers has navigated a path that draws from both of these models. His ideas, as well as his ability to ground these ideas in practical clinical applications, have been extremely useful to me. His model allows me to integrate the teachings of my mentors while I continue to shape my own approach to psychoanalytic psychotherapy.

**Interview**

SM: How do you understand your “double identity” as a psychoanalyst and psychoanalyst? Is there a tension or conflict that you have had to reconcile?

FS: I really do not experience it on a day-to-day level. I consider psychoanalysis to be a part of my identity; it is really the only part that I have any genuine interest in. The problem is more of an external imposition, having to go through and get the PhD, doing research of a particular type that never interested me that much but was what I had to do. So in graduate school I definitely experienced a huge tension, but my efforts were always a tension for those whose interests are clinical, but go into academic departments, but then I think what tends to happen is that most people who go into clinical work resolve it after obtaining their degrees because there never really was a strong identity as a research psychologist in the objectivist tradition. The idea that a psychoanalyst is a researcher in the objectivist model is a conception I have never understood. It is a view of the psychologist that is absolutely examined among academicians, but it is only one concept of psychology, not the view that I as a psychologist have always had. It has not been the reality for a long time. Most psychologists these days are not researchers in the objectivist tradition. If you look at it that way there really isn’t a conflict. The conflict is created when you are in a structure that has the power to codify a narrow definition of a psychoanalytic, as is done in academic departments of psychology.

SM: How do you view, understand and value the role and practice of psychological research as part of your work and training?

FS: It depends on what you mean by “research.” If by “research” you mean experimentation in the objectivist

**Ontario Society for Contemporary Psychoanalysis**

Brent Willock, PhD

During the past fifteen years, energy from our chapter, Ontario Society for Contemporary Psychoanalysis (OSCP), has been channeled considerably into developing our closely affiliated Toronto Institute for Contemporary Psychoanalysis (TICP). Our Institute and chapter cosponsor numerous events, making a rich variety of learning opportunities available to our membership. The past year has been productive and rewarding for all.

Our monthly scientific meetings were thoughtfully coordinated by Gary Rodin, with assistance from Hazel Ipp and Brent Willock. The series began in September with Gllan Gabbard’s illustrated lecture on The Psychology of the Superegos: Love, Death and Betrayal in America’s Favourite Gangster Family. In October, Marsha Hewitt presented her paper, “To Never Wholly Die, to Never Fully Live: Terror and Longing in the Process of Psychoanalytic Change.” Sam Izenberg provided a thoughtful discussion. In December, Jon Mills presented “Borderline Organization, Trauma and Attachment.” The evening was based on a chapter from a book he is writing on the treatment of attachment pathology. In March, Judith Levene’s paper on “The Integration of a Mind-Body Split: The Recovery of Dissociated Shock, Loss and Suicide” was discussed by George Awd. Talks by Andrew Morrison and Judith Teicholz had to be postponed. Four intellectually rewarding weekend workshops were held. In September, Malcolm Slavin presented on Love, Conflict and Self-Interest in Parenting and Analysis. The keynote speaker was Janice Stein of the University of Toronto. Dr. Summers gave an annual Stephen Mitchell Memorial Lecture, entitled “Outbursts and Theoretical Breakthroughs—A Unifying Theme in the Work of Stephen Mitchell.” In May, Howard Bacal conducted a workshop on Specificity Theory and Therapeutic Efficacy. He commented insightfully on a case of Gail White’s. In June, Dr. Jonathan Slavin discussed Agency and Sexuality. These weekend events were made possible by Hazel Ipp and Jon Mills.

In October, we cosponsored (with the Psychoanalytic Society of Upstate New York, the Toronto Psychoanalytic Society, the Toronto Institute for the Advancement of Self Psychology, and SUNY Buffalo’s Department of Psychiatry) a symposium in Buffalo with Joseph Lichtenberg on Attachment Theory and Love. The conference was organized by Hazel Ipp (OSCP/TICP/IARP) and Syros Orfano (IARP) with assistance from members of their groups (particularly Clarissa Barton). Speakers at this symposium included Jody Messler Davies, Irwin Hoffman, Terrie Babiak, Stuart & Barbara Pizer, Jessica Benjamin, Malcolm Slavin, Adrienne Harris, Sam Izenberg, Philip Ringstrom, Virginia Goldner, Syros Orfano, and Donnel Stern. Panels were skillfully chaired by Gary Rodin, Margaret Black and Clarissa Barton. Closing remarks were beautifully crafted by Hazel Ipp. The conference was a remarkable success, affording people from Toronto and afar the opportunity to immerse themselves in the relational perspective and sensibility.

We have continued to develop a special relationship with the Massachusetts Institute of Psychoanalysis based upon our shared commitment to comparative psychoanalysis. Last year, a group of us went to Boston to participate in their annual symposium and to attend classes. The IARP conference affords us the opportunity to make a real connection with the MIP’s hospitality with a rich weekend of professional and social events. In August, Toronto will host the Annual Convention of the American Psychological Association. We have the honor of coordinating Division 39’s contribution to the meeting. Particular thanks are due to Judi Kobrick, Hazel Ipp and Jon Mills for their hard work in pulling together an outstanding program.

This fall, exciting study groups will begin on the following topics: Relational Psychoanalysis (Hazel Ipp); Loewensteinian, Eriksonian, Grand, and Gabbardian perspectives; Peer Supervision (Michelle Flax); Klein & Bion (Rafael Lopez-Corvo); Winnicott (Art Caspar); Religion & Spirituality (Dan Merkur and Keith Haartman).

An extremely successful conference at Trinity College, Dublin, plans are well underway for our Third Joint International Conference with the psychoanalytic societies of the William Alanson White Institute, New York University’s Postdoctoral Program in Psychoanalysis and Psychotherapy, and Adelphi University’s Postdoctoral Program in Psychoanalysis and Psychotherapy. This conference will be hosted by psychoanalytic colleagues in Capetown, South Africa in the summer of 2005.

**Ontario Society for Contemporary Psychoanalysis**

Brent Willock, PhD

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SM: Where do you think psychoanalysis and psychoanalytic psychotherapy is heading? 

FS: There has been over the last couple of decades a blurring of the distinction between psychoanalysis and psychoanalytic psychotherapy to the point that the line between them even now is difficult for some of us to see. The future, as I imagine it, will consist of psychoanalytic therapy of a variety of types, with a variety of degrees of intensity, in different settings and with different theoretical approaches. I think some people will be in analytic therapy once or twice a week, other people five or six times a week, some on the couch, and others in other settings. I also think the field is quickly moving toward a hermeneutic model, understood as a science of human understanding based on certain principles of understanding the other, on difference and relativism. Such an epistemological basis would provide the foundation psychoanalysis needs, and I hope the field will embrace it.

SM: What are you working on now? 

FS: I am working on a third book, tentatively titled Creativeing the Self. It is an extension of my second book. It tries to elaborate my theory of therapeutic action and gives me an opportunity to address more deeply questions of therapeutic change. They are addressed in my second book too, but the new book will extend that a little further. I use the concept of potential space as a basis for how the therapeutic process helps people create themselves. I begin with the presumption of what happens after understanding occurs. Throughout my professional life I have been preoccupied with the question of why doctors understand work as well as they do. I address that in the second book, but in the new work I go more deeply into how the process leads to the opening up of new possibilities eventuating in self creation. In the second book I addressed the problem of self creation in particular life problems, such as depression, psychosomatic disorders, and relationship problems. It will probably come out the winter of 2004-2005, certainly by the spring of 2005 at the latest.
will go there. If it does not, I see big trouble ahead. I would like to see it become a way of understanding that is widely applicable to a wide variety of different groups—ethnic, socioeconomic—flexible enough to apply to a variety of different people.

The only thing we can say for sure is that psychoanalytic therapy is going to be out of the medical arena and it is becoming increasingly female. Whether it is going to expand or contract, I don’t know. That depends, in my view, on how the field addresses and manages the epistemological crisis it is facing. There is, and always will be, large numbers of people who want to understand themselves and lead more fulfilling lives. In my opinion, if psychoanalytic therapy has the courage to found itself on principles of understanding the other, and not some imported standard from other disciplines, I believe it will flourish.

**SM:** What thinker/theoretician has been the greatest influence on you and why?

**FS:** Winnicott. First, because he addressed the issues of disorganized and dysfunctional patients and recognized the applicability of psychoanalytic therapy to those states. I have always dealt with a lot of character disordered patients in intensive analytic therapy, and all of us do that owe our heritage to Winnicott. Second, he was one of those who believe that Winnicott’s concept of potential space allows to a different model of therapeutic action, for all patients, not just characterologically disturbed individuals. I consider the latter to contain a more radical approach to the analytic process because I am among those who believe that what Freud meant by therapeutic action is different from what it is in the classical model. The concept of potential space changes the very fabric of the analytic process in ways I try to demonstrate in Transcending the Self, and in my new book.

**SM:** Other than managed care problems, what do you feel is the greatest obstacle to successful treatment?

**FS:** I have never regarded managed care as being the primary enemy. It is not that it isn’t an obstacle, but I think that it is also being used defensively by psychoanalysts who would prefer to see the enemy as outside. That is much easier than looking within. In my view, a great deal of the enemy lies within because I think that a lot of the problems in psychoanalysis are due to the epistemological crisis I mentioned before. I think the major obstacle is the objectivists who believe that psychoanalysis has objective knowledge. This view has been very damaging because psychoanalysis cannot fit that model and never will. So, if you use that as a standard you are in danger of destroying the field. But I think equally blameworthy are the relativists who cannot give a basis for psychoanalytic knowledge. I don’t think they see that to say psychoanalytic opinion is relative is to say the analyst knows no more than the street cleaner because all opinions are equal. Of course, the relativists do not want to say that, but in their opposition to that conclusion they contradict their relativism. There is no better example of this than Owen Renzi’s plenary address in which he debunked any claim to psychoanalytic knowledge and then promoted “high standards,” which cannot exist in his model. So the enemy is more within than it is without. Again, I am back to the epistemological crisis; if psychoanalysis does not come to grips with it, there is big trouble ahead, but if the field has the courage to resolve it, we will have defeated the enemy within.

**SM:** What advice do you have for graduate students who are just beginning their careers?

**FS:** Do not get intimidated by managed care. Focus on developing yourself and in your new book.

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**FS:** I have never regarded managed care as being the primary enemy. It is not that it isn’t an obstacle, but I think that it is also being used defensively by psychoanalysts who would prefer to see the enemy as outside. That is much easier than looking within. In my view, a great deal of the enemy lies within because I think that a lot of the problems in psychoanalysis are due to the epistemological crisis I mentioned before. I think the major obstacle is the objectivists who believe that psychoanalysis has objective knowledge. This view has been very damaging because psychoanalysis cannot fit that model and never will. So, if you use that as a standard you are in danger of destroying the field. But I think equally blameworthy are the relativists who cannot give a basis for psychoanalytic knowledge. I don’t think they see that to say psychoanalytic opinion is relative is to say the analyst knows no more than the street cleaner because all opinions are equal. Of course, the relativists do not want to say that, but in their opposition to that conclusion they contradict their relativism. There is no better example of this than Owen Renzi’s plenary address in which he debunked any claim to psychoanalytic knowledge and then promoted “high standards,” which cannot exist in his model. So the enemy is more within than it is without. Again, I am back to the epistemological crisis; if psychoanalysis does not come to grips with it, there is big trouble ahead, but if the field has the courage to resolve it, we will have defeated the enemy within.

**SM:** What advice do you have for graduate students who are just beginning their careers?

**FS:** Do not get intimidated by managed care. Focus on becoming as good a clinician as you can possibly be. If you become a good clinician the people who come to you will see that you have useful and they will be willing to pay you. In the context of that, I would say that one of the things that I found least useful in my training was the emphasis on diagnostics. My advice is that when people come to you ask them one question, “What brings you here?” — and then take everything from there. I have no set series of questions. Sometimes it is hard to follow your agenda, not theirs. So you might get all of this information that is not useful to them and then wonder why the patient doesn’t come back. I believe we should be engaged in a process right from the beginning. I ask lots of questions but they are based on what they tell me so they are always applicable, and patients tend to find them helpful.

**SM:** What experience, discipline or interest outside of psychology has influenced the way that you think about and work with patients?

**FS:** Philosophy. I think that one of the real pitfalls of psychoanalytic training is that people do not understand the philosophical foundations of what they are doing. And I think that is what has led to what I call the epistemological crisis. There are many fine analytic clinicians and theorists espouse epistemological ideas without the requisite background in epistemology. If you do not have grounding in philosophy it is hard to know where you stand as an analyst and to believe in what exactly it is you are doing. I am thankful for my philosophical background for providing me a basis for my analytic stance.

Sera Morelli is a graduate student beginning her fourth year of the doctoral program at the Illinois School of Professional Psychology in Chicago.
SECTION III - WOMEN, GENDER AND PSYCHOANALYSIS

Judith Logue, PhD

Section III now numbers 159 paid members. We have been on a successful campaign this year to regain our vote in the Division. Enthusiasm and support from our board and members in other sections and throughout Division 39 have made this possible. An unexpected benefit has been that many of us have gotten to know and meet new people from around the country. We have also been joined by younger members who bring new ideas with them. We continue our dissertation award program which offers a scholarship to a PhD candidate doing research in the area of women and gender. We hope that Division members will refer their students whenever they investigate women and gender issues from a psychoanalytic perspective.

Our panel on April 5th, 2003 in Minneapolis was on Women and Power. It was well attended with active participation from an interested and articulate audience. Karen Maroda presented her paper, “Love, Loss and Fear: A Relational Perspective on Women and Power.” She reviewed recent studies of competitive orientation, and she presented her own observations on the way intelligent, experienced, and accomplished women approach issues of power. Nancy McWilliams shared “Some Observed Psychodynamics of Female Power,” which provided a context for lively conversation. Nancy addressed the following three psychodynamic obstacles that may be impediments to female empowerment: (1) unconscious assumptions that power is inherently masculine; (2) unconscious fears of primal, engulfing female power; and (3) the effects of male desires for male environments. Jane Tillman, in an empowered and confident way, agreed and disagreed with specific positions taken by the two presenters, providing a catalyst for many questions and comments from our engaged audience. In response to our panel, we received many inquiries about joining Section III.

Our next President, Maurine Kelly, is taking the helm in January and is currently planning our Miami panel and conversation. We have a number of ideas “on the table,” consistent with the theme of “psychoanalysis at the edge.” We now have an all-group listserv and new and more efficient methods of welcoming new members, thanks to the competent and organized work of our Membership Chair, Susan Varady Carpenter, and to continuing coordination with our Treasurer, Connie Halligan. All members of our Board have worked tirelessly to direct our section into a positive new period of expansion and growth.

Finally, “strategic” alliances are being explored with our counterparts in APsaa’s Psychotherapist Associates and NMCOP’s social work committees. I have met with Jane Warren, Chair, and talked with Constance Kaplan, Women’s Issues Chair, of the Psychotherapy Associates. Judy Kaplan, President of the National Membership Committee on Psychoanalysis (NMCOP), and I are also discussing possible ways to join in areas of mutual benefit.

SECTION VI - PSYCHOANALYTIC RESEARCH SOCIETY

E. Lisa Pomeroy, PhD

The Psychoanalytic Research Society began a membership drive in April 2003. The Section VI membership was quite low. We are pleased to announce that the membership for Section VI is now 166 members! The newly elected Board has done an outstanding job. In addition, the Psychoanalytic Research Society News was recently mailed out to Division 39 members, with articles written by Gwen Gerber and Grace Jackson.

A second edition of this newly initiated Section VI newsletter will be mailed to members within six weeks. Section VI would like to place in the newsletter any recent research that may be of interest to psychoanalytic therapists. If any Division 39 member/associate would like to write a summary for the newsletter, please contact E. Lisa Pomeroy at 310-445-9691. We are also accepting applications for the 2004 psychoanalytic research grant.

The Psychoanalytic Research Society believes that psychoanalytic research is basic to the future of psychoanalysis. We hope members of Division 39 will join forces with Section VI in initiating, planning, financially supporting, and publicizing the need for, and efficacy of, psychoanalytic treatment as demonstrated by research.

The officers of the Psychoanalytic Research Society include the following: President, E. Lisa Pomeroy; Past President, Stephen Portuges; Representative to the Division 39 Board, Gwendolyn Gerber; Secretary/Treasurer, Pamela Foelsch; Members-At-Large, Jill Model Barth, Robert Bornstein, Fonya Helin, Maurine Kelly, Richard Lettieri, and Johanna Krout Tabin; Advisor Board, Joseph Coache, Antonia Halton, William MacGillivray, Morton Schlinger, and Gerald Stechler; Student Representative, Winnie Keugn.
Since our last report, our membership has continued to grow and we now have over 220 members. The results of our recent election are as follows: Secretary: Susan Abel-son, Members-at-Large: Carolynn Maltas, Justin Newmark and Phyllis Cohen. They will assume their positions as of January 1, 2004. Also, Gerald Stichler, President-Elect, will assume the Presidency of the Section at that time.

Our Invited Panel for the Division 39 Meetings at APA in Toronto will take place on Sunday, August 10th, from 11 a.m. to 12:50 p.m. The panel is entitled: The We and the I: The Pitfalls and Possibilities of Focusing on Individual Issues within Couple Therapy. Each of the presenters (Justin Newmark, who is also chairing the meeting, Joyce Lowenstein, and Mary-Joan Gerson) will address both theoretical and technical issues around this question from the perspective of psychoanalytic practice. We hope to see many of you there.

Our events at the Division 39 Spring meeting in Minneapolis were very successful. The Section VIII Invited Panel entitled Infidelity and Couples: Enactment, Understanding and Hope, drew a large and enthusiastic audience.

Bert Karon was the recipient of the Distinguished Scientific Award for 2003 and the following is a summary of the address he gave to mark this occasion. Editor.

Of the techniques of scientific investigation, the psychoanalytic situation has yielded the most information about what it means to be human. But other techniques can be useful, and the results from clinical observations and from systematic empirical work are consistent unless one or the other, or both, are done stupidly. My introduction to psychoanalysis was the treatment of my uncle by my brother, a breach of the rules that led to dramatic improvement—relief from functional heart attacks which incapacitated him, replaced by a stomach ulcer, replaced by asthma, replaced by migraine headaches—all within six months. Since this last symptom only meant he had to leave work early about once a month, as opposed to being incapacitated, housebound, and unable to work, it was clear that psychoanalytic ideas were powerful.

My dissertation, later published as Black Scars, involved using the Tomkins-Horn Picture Arrangement Test to study the effects of segregation among a nationwide Gallup sample and high school samples. The findings are increased frequency of feelings of being picked on, of unconscious and conscious defenses against anger, and of decreased affect. Clearly, segregation was destructive to African-Americans. The degree of hurtfulness was proportional to the severity of the segregation. Consciously knowing when whites were being unfair, as in the North, partially warded off its destructiveness. Deep South whites showed an increased frequency of impaired achievement motivation, feeling that they could not compete as equals if they had to, an increased frequency of submissive authoritarianism, and of compulsive negativity.

Clinical experience led to papers on the number four as a symbol, the mother-child relationship in schizophrenia, the pre-Oedipal meaning of Oedipal material in schizophrenia, and the meaning of apparent homosexual impulses. Clinical practice also led to learning that psychoanalytic ideas helped, and that schizophrenics were treatable patients. Later research demonstrated (with the TAT) that pathogenesis (unconsciously based hurtful parenting) differentiates parents of schizophrenics from other parents. The Michigan State Psychotherapy Research Project (Psychotherapy of Schizophrenia) demonstrated that masked judgments of emotional health from the Rorschach, the TAT, and from a clinical status interview were valid—correlating from .50 to .70 with days in the hospital over the next 6 months. Moreover, this was replicated. It was also shown that “pathogenesis” of therapists (from their TAT’s) predicted worse outcome. The most important finding was that 70 sessions of psychoanalytic therapy without medication, or with initial medication that was withdrawn, was far more helpful than medication, with respect to the thought disorder, hospitalization, and living a more human life. Psychotherapy with continuing medication improved behavior quickly, but resulted in less underlying change than psychotherapy without medication.

Subsequent clinical papers described overcoming the difficulties in treating lower socio-economic patients; patients who do not eat; the four bases of delusions; the necessity for a therapist to be kind, tolerant, stubborn and confused; that analyzability is the wrong question (how to make this patient analyzable is the right question); and that abstractions are the analyst’s escape from analysis. Finally, although Frieda Fromm-Reichmann eloquently identified the “tragedy of schizophrenia without psychotherapy,” any helpable misery without psychoanalytic treatment is a tragedy.

Bert Karon
SECTION I - EXISTENTIAL PSYCHOANALYSIS REEVALUATED

In an attempt to evaluate the contributions of existential thinkers to contemporary psychoanalytic thought, Joseph Reppen presented the paper entitled “Ludwig Binswanger and Sigmund Freud: Portrait of a Friendship,” describing the friendship between Ludwig Binswanger, the noted Swiss psychiatrist and exponent of existential analysis, and Sigmund Freud. Their relationship endured seemingly unambivalently and without interruption from Binswanger’s first meeting with Freud in 1907 until Freud’s death in 1939. This span of 32 years marks the longest and warmest of Freud’s relationships to colleagues, with the exception of Freud’s friendship with the Swiss pastor Oskar Pfister. Drawing heavily on the recently published correspondence between Freud and Binswanger, Dr. Reppen told the story of an enduring relationship in which there were warm exchanges through letters and visits, in spite of different theoretical vantage points.

Ludwig Binswanger came from a family of noted Swiss psychiatrists and operated the Bellevue Sanatorium, in Kreuzlingen, Switzerland. Although he came under the influences of both Freud and Jung, Binswanger’s greater influences were those of Edmund Husserl, Martin Heidegger, and Martin Buber. Much of what Binswanger wrote has not been translated, but what has, particularly the case of Ellen West, reveals Binswanger to be a sensitive, caring, and thoughtful analyst. Reppen’s paper paid tribute to a major figure in the history of psychoanalysis.

Ludwig Binswanger’s work presented a philosophical excursion on the origins of existential thinking and the crossover with psychoanalysis, emphasizing both the similarities as well as the differences. Existential thinking, one could conclude from the presentation, might serve as a foundational basis for clinical psychoanalysis and adds dimensions that the more “standard” vision of the psychoanalytic encounter overlooks.

Martin Schulman spoke about R.D. Laing and his contributions to psychoanalysis, in an attempt to demonstrate that much of what highlights contemporary psychoanalysis and postmodern thinking was already present in Laing’s early works. He also tried to show the parallels between Laing and the early Freud of the topographic model, emphasizing the art of listening as the basis of psychoanalytic exploration. Following the presentations, a lively interchange with the audience occurred where issues of philosophical import were raised.

Martin Schulman
E
each member of the panel presented a vignette from an actual session that presented a dilemma—one that was a typical conundrum for the analyst in his or her practice with children. These issues often pull us up short as we work with a child in distress, and leave us feeling confused. This is very different from the case material that one finds in the professional literature that provides the reader with an apparently seamless presentation of the child’s material, the therapist’s intervention, and the slow resolution of problems. For the panel, treatment does not seem to have the smooth interactions between analyst and child that lead to resolution of difficulties. Rather, it has the quality of confusion, misunderstanding, and eventual clarification of issues and relationships.

Neil Alman presented a case vignette in which an 8-year-old adopted boy had a severe tantrum in the office because his babysitter had asked him to share a few of his candies with his sister. Dr. Alman discussed the process by which he moved from a sense of helplessness, to being able to connect with the boy’s wish that he had never had a sister. Verbalizing this freed the boy to bear his infantile rage and to write a note to his mother saying that he wished he had no sister.

Peter Caronch presented a session with a 6-year-old adopted boy who was struggling to come to terms with the ramifications of having been adopted. When anxious, the boy alternated between highly avoidant behavior and very silly and excitement. The playroom talk, while composed of fragments of pregenital sexuality, was used more to dominate the emotional reality of the room, rather than to convey meaning of its own. Dr. Caronch used this example to discuss the handling of sexual content in play therapy sessions.

Jill Bellinson presented the case of a 5-year-old girl who tested limits relentlessly. She asked rapid-fire questions about what was allowable, escalating her requests until she reached a “No.” She then performed the forbidden action and quickly changed to a neutral activity. Dr. Bellinson discussed her struggle in choosing between controlling the child’s unacceptable behavior and comprehending it, and the difficulty of understanding dynamics while being bombarded with constant limit-testing.

Sophie Lovinger presented the case of a 4-year-old girl where sexual abuse was suspected. The behavioral changes from session to session were noted but not explored. The child’s gradual exposure of the differing ego states culminated in a direct expression of two alter states. Mother had known about these differing selves but did not discuss them, as she thought they were just imaginary companions. The perplexity of a flat expressionless child in comparison to a highly animated one was discussed.

For the panel, the meaning of the child’s play and communication was often clarified as notes on the session were written. As child analysts, we are quite lucky that children are willing to repeat what is necessary and give us time to understand their communications. There was a lively discussion among the panel members and between the panel members and the audience.

MEMBERSHIP COMMITTEE

The following individuals joined the division between March 1, 2003 and May 31, 2003. Please take the time to review the list and be sure to welcome to the division anyone whose name you recognize.

Phoebe Adam, MSW
Laurie L. Lambert, MSW
Kyle Arnold, MD
Ron Aviram, PhD
Gloria Avrech, MD
Kim Cargill, PhD
Komal Choksi, MPH
John Christopher, PhD
Charles Cucchiara, MSW
Douglas M. DeVille, PsyD
Winnie Eng, MA
Emily Eris-Hokin, PhD
Randi Finger, PhD
Robert Friedrich, BA
Elissa Ganz, PhD
Claire Haiman, PsyM
Lynn Hugger, PhD
Vicki Johannson, BS
Mary Jane Keller, MA
Alan M. Kessler, PhD
Suzanne La Placette, PhD

The following individuals left the division during March 1, 2003 and May 31, 2003.

Juanita Ainsley, PsyD
Laurie L. Lambert, MSW
Kyle Arnold, MD
Ron Aviram, PhD
Gloria Avrech, MD
Kim Cargill, PhD
Komal Choksi, MPH
John Christopher, PhD
Charles Cucchiara, MSW
Douglas M. DeVille, PsyD
Winnie Eng, MA
Emily Eris-Hokin, PhD
Randi Finger, PhD
Robert Friedrich, BA
Elissa Ganz, PhD
Claire Haiman, PsyM
Lynn Hugger, PhD
Vicki Johannson, BS
Mary Jane Keller, MA
Alan M. Kessler, PhD
Suzanne La Placette, PhD

Sophie Lovinger

Sophie Lovinger, PhD
Neil Altman, PhD
Jill Bellinson, PhD
Peter Carnochan, PhD

DADDY AND PAPA: DOCUMENTARY ON GAY MALE PARENTING

Chair: Diane Ehrensaft, PhD
Discussants: Johnny Symons, MA
Dennis Debiak, PhD
Diane Ehrensaft, PhD

This panel offered Division 39 members the opportunity to view Daddy and Papa, a documentary film about gay parenting, and then dialogue with Johnny Symons, the director of the film, along with panel discussants Diane Ehrensaft and Dennis Debiak. Fitting with the metaphor that a picture speaks a thousand words, no academic paper could have spoken as poignantly as did the visual imagery and stories of the mothers, fathers, foster parents, grandparents and children who participate in family building in the gay community. Exemplary of transformative psychological experience was Johnny Symons’s account of setting out to study a phenomenon of others’ lives leading to his own quest, along with his partner, William Rogers, to become a father and adopt one, and then two children through the foster care system. As the therapist is deeply affected by the relationship with his or her patients, so, too was the filmmaker impacted by his interactions with his film subjects.

Following the showing of the film, the audience engaged in a lively discussion with panel members. Issues explored were the “parental longings” among gay men; the complex psychological experiences of negotiating the culture as “two men and a baby”; the demonstration of not just good-enough, but excellent parenting by gay men; the social construction of our psychoanalytic theories about family structure, gender, and child development that need to be examined in light of new family forms—two father families, two mother families, two fathers and a mother (as illustrated in one of the families followed in the film), and so forth. The film also brought to our attention the complicated interweaving of race, culture, and parenthood in the growing phenomenon of gay men adopting, through the foster care system, translates to white gay men adopting African American boys.

Diane Ehrensaft
the child who is moving through the foster-care system, A Home Within has made active efforts to facilitate discus-

sion of race, gender and class differences, in addition to more traditional issues of child care and parenting. In response to our outreach initiative, there have already been inquiries about starting new programs.

INDIVIDUAL INITIATIVES: THE HOMELESS

A decade ago, Deborah Luipnitz met a homeless woman who expressed an interest in intensive treatment. Intrigued, Luipnitz became connected with a local homeless shelter, just to help out. Soon, she was trying to increase the assis-
tance being obtained by those seeking help, and started off-
ering some treatment. She realized that high turnover had limited staff effectiveness. Many workers volunteer or are poorly paid, and often have been homeless themselves. With-

out psychological training, few have the skills to manage the emotional storms inherent in their contacts with their clients. Deborah used her analytic expertise for staff training and support groups, curtiling burnout and helping the workers feel more satisfied and become more productive.

RACISM AND MURDER

Members of Section I have read of the extraordinary proj-
taken on by Ricardo Ainslie. Varied interests led him to some small towns in Texas, where he became involved in community issues, eventually befriending a young man on death row, who had participated in a brutal and sense-

less racial murder. Using documentary filming, interviews, historical research and personal involvement, Ainslie is defining new ways of intervening in areas of community conflict. This represents a singular achievement, obtain-
ing material rich in potential academic/professional inter-
est, while remaining attuned to applying what is learned directly back into the community.

CAPITALIZING ON PERSONAL INTERESTS

Several individuals sent in examples of using their prior involvement in other fields as an avenue for applying psy-

choanalytic skills. Mary-Joan Gerson was part of a play-

writing project with kids who had lost a parent, using the abstraction of theater to gain access to deeply private expe-

rience. Steven Reisner works with a group of actors who interview victims of political torture. Helping the victims to voice their memories provides powerfully dramatic mate-

rial for the actors to shape into narrative. Actors and former victims both find catharsis and validation in recounting the horrors of past experience.

Andrea Corn, motivated by an interest in sports, devised ways of using kids’ enthusiasm for athletics to introduce them to therapeutic ideas. She hosted a radio show that encouraged youngsters to work through disap-


pointment, frustration, and other developmental difficulties, ingeniously drawing on sports metaphors and identifica-

tion with sports heroes. She has also written a newspaper

SELF PSYCHOLOGY: THE RESTORATION OF HOPE AND THE EXPANSION OF THE POSSIBLE

Chair: Christine C. Kieffer, PhD

Presenters: Mark Smaller, PhD Paula Fuqua, MD Brenda Clor fiance, MD

This panel highlighted some of the contributions made by self psychology for treating patients who present clinicians with challenges to their capacity for understanding and helping them—patients who often struggle with a pervasive sense of hopelessness and despair, and who may impart similar feelings to us in the course of the analytic encounter.

The first paper, “Helplessness, Hopelessness and Sur-
vival,” was presented by Mark Smaller, a faculty member at the Chicago Institute for Psychoanalysis. Dr. Smaller examined the experience of narcissistic rage in two patients, one an adult and one a child, whose symptoms represented an attempt to cope with traumatic loss and humiliation. These two poignant clini-
cal vignettes both revealed his clinical expertise and illustrated key points of self-psychological technique. Dr. Smaller then linked the experience of these two patients to the struggle in the Middle East, in which chronic narcissistic rage has led to hor-

rific acts of destruction.

Kohut, the founder of self psychology, while acknowl-
edging that both libidinal and aggressive drives are biologi-
cally present, viewed the lack of regulation of these drives as leading to a breakdown of the cohesive self. He later posited that narcissistic rage was the result of empathic failure within the selfobject milieu of the individual. That is, repeated, chronic, empathic failure produced a sense of helplessness resulting in narcissistic rage, which in turn led to a progressive breakdown of a cohesive self. In some cases this chronicity can lead to violent aggression either by an individual or by individuals responding as part of a group-self in the international arena. A propensity for aggression or narcissistic rage may develop and is later enacted within the analytic relationship, as empathic failures within that relationship come to symbolize, through transference, earlier selfobject failures. The acknowledgment and the repair of those failures, through a cycle of disruption and restoration, are at the heart of the analytic encounter, as viewed by self psychologists.

"Entitlement and Victimization," presented by Paula Fuqua, also a faculty member at the Chicago Institute for Psy-

choanalysis, focused upon the not uncommon scenario of the patient who is relentlessly demanding and entitled. Dr. Fuqua significantly adds to our understanding of this type of patient by positing that the patient’s positive selfobject needs may become functionally structured around a conviction of entitled victim-

hood that develops into an organizing feature of the personality. She further maintains that it may be necessary to interpret this particular relationship either by an individual or by a transcendent state and permit further growth. That is, entitled victimhood may be conceptualized as a faulty structuralization of healthy selfobject needs, and it is the challenge of the analyst to find useful, non-judgmental words with which to empathize and interpret. Dr. Fuqua goes on to suggest that the presence of entitled victimhood may be disavowed by the patient (as well as by the analyst who may well experience such a patient as overpoweringly tyranni-
cal) because the concept of entitlement connotes a position of privilege and strength, while the patient consciously experiences himself as weak. She adds that shame concerning one’s helplessness, with respect to unmet selfobject needs, is often a stimulus for such disavowal. Dr. Fuqua has made a significant contribu-
tion to the expansion of the self-psychological model.

The third paper of the panel, “In the Treatment of Narcissistic Behavior Disorders,” was presented by Brenda Solomon—a training and supervising analyst at the Chicago Institute for Psychoanalysis. Dr. Solomon included a vignette from a chapter in the book Errant Selves: A Casebook of Misbe-
havior, co-written with Arnold Goldberg. This book developed out of a study-group led by Goldberg in which participants stud-
ied patients with narcissistic behavior disorders. Arnold Gold-
berg, one of Kohut’s disciples, has expanded the domain of self

psychology by examining the development and treatment of the “vertical split”—a notion originally formulated by his mentor. The vertical split is a crucial idea in understanding the function-
ing of a patient who presents with a narcissistic behavior dis-
order. These individuals are differentiated from the individual with a narcissistic personality disorder, who uses fantasy to express early empathic derailments. The person with a narcissis-
tic behavior disorder utilizes a “misbehavior” (these phenomena have also been more judgmentally referred to as “perversion”) both to enact a scenario that symbolizes selfobject failure and to make an attempt at reparation. This behavior is “split-off” and disavowed from a more reality-based sector of the personal-
ity—hence, the term “vertical split.”

For Goldberg and his associates, including Dr. Solo-

mon, a key element in understanding the dynamics of the split is to understand how the split is enacted in the analytic encoun-
ter. The purpose of this paper is to help analysts understand and make use of their countertransference enactments in ways that will optimally enhance work with these challenging patients.

Christine C. Kieffer
Hope for the Future: Young Clinicians’ Encounters with the Therapeutic Process

Chair: Marilyn Charles, PhD
Presenters:
Benjamin Addelson, MA
Anat Barlev, MA
Devon Charles, BA

Planning this panel we hoped to provide a forum in which younger clinicians would be invited to more fully value their own experiences, and to allow them to share their experiences with those clinicians who were several steps removed from their own training experiences how important it is to continue to provide young clinicians with opportunities to find themselves within the depth and the richness of the psychoanalytic tradition. We sought to invite a dialogue between clinicians of varying degrees of experience, whereby each could benefit in the encounter. We hoped that the high quality of the presentations would affirm for younger clinicians in the audience that they have explored/embodied the challenges of the psychoanalytic dialogue: that in this extraordinarily complex field, we can all benefit from learning from one another’s experiences.

The panel was chaired by Marilyn Charles, adjunct professor at Michigan State University, where she supervises students in clinical training. She noted that psychoanalytic training offers us a rich opportunity to “learn from [our] experience,” which Bian posits as the aim of any real understanding. Kestenberg has noted that the hope for the future of our field lies in facilitating the development of those in training, and yet, as we look at the values we endorse (or fail to) by our attention or inattention to the training process, we can find a gathering of commitment, even in graduate programs that have traditionally been psychoanalytic in focus.

By way of countering current societal tendencies to trivialize and reduce the importance of the field, this panel brought together three doctoral students whose work clearly demonstrated the facilitative effects of psychoanalytic training. Each offered a case presentation in which they illustrated, through very rich clinical presentations, how their engagement with psychoanalytic theory and principles has enriched their work. For each of these clinicians, their willingness to be themselves and to use their own unique gifts and experiences in their work resulted in very dynamic and rich process. The panel was organized developmentally, beginning with a child case, then moving into adolescence, and ending with adulthood. Each paper was followed by lively discussions between the audience and the presenter, followed at the end by a more general discussion of the three papers and of issues that had been raised by them individually and collectively.

The first presenter was Anat Barlev, an advanced doctoral candidate from Michigan State University. Barlev’s paper was titled “Embracing Chaos.” In it, Barlev detailed some of the complexities she had encountered in working with a young girl who had been adopted by an American couple from a Russian orphanage. Barlev, who was also born in Russia, discussed some of the identifications she had experienced in working with this young girl who had suffered so many traumas in her young life. An important theme in their work together had been a tension between the child’s needs for closeness—which at times felt like a symbiotic enmeshment—and her needs for autonomy and separateness. Barlev noted that the chaos and instability of this child’s early environment for her led into the playroom, leading Barlev to often feel lost and inadequate, in striking counterpoint to the child’s own feelings. Over time, trust was built and, with it, the capacity to play. Barlev’s candid discussion of clinical challenges in making this process invited a very lively exchange with the audience.

The second presenter was Devon Charles, an advanced doctoral candidate at Chicago’s Northwestern University Medical School Graduate Program in Clinical Psychology. Charles’s paper was titled: “From Behind the Magic Curtain: The Importance of Being a Person in Psychodynamic Psychotherapy.” Using some very rich case material from her work with an extremely difficult adolescent patient, Charles explored/embodied the challenges she has faced in becoming a therapist. These included the need to be adaptable and creative in providing sufficient containment so that her patient could build his own internal structure, without pre-empting his growing needs for autonomy. One of the tensions Charles had faced was in trying to redeploy some of this young man’s issues from the severely pathological frame that had in many ways entrapped him, into a more developmental frame from which he was able to envision new possibilities. Audience discussion included an exchange around the dynamics associated with negotiating tensions between safeguarding the patient and the sometimes conflicting demands entailed in being part of a larger treatment team.

The third and final presenter was Benjamin Addelson, an advanced doctoral candidate from Michigan State University. Addelson’s paper was titled “About Our Patients and Ourselves: Creativity and Fear in Analytic Work.” He used material from an adult case as a way of exploring some of the effects of a fear of creativity on analytic work. Addelson used conceptualizations from Klein and Winnicott to discuss how fears of “not-knowing” can interfere with creative working through for both patient and therapist. Addelson’s candor in discussing the interplay between his own fears that had assailed him while attempting to write this paper, and his patient’s fears that inhibited her creativity, encouraged a very engaging discussion by the audience. Addelson noted that both he and Barlev had independently chosen the same quote from Winnicott regarding the use of an object and the importance of being able to play. This comment invited the audience into a further discussion of the theories that had been put forward in the presentations.

The panel was well attended by senior clinicians and by students at various points in their training. We had hoped to provide a forum that projects that have already been developed by Division members, and to create opportunities to foster new activities. Working together with the Public Information Committee, it is hoped that the wider community will become more aware of this work, and recognize the profound utility of psychoanalytic thought.

Using the listserv to request information from the membership, and thanks to some prodding from Section leaders, we have received over 100 descriptions of current projects. The data collection phase is close to completion, although additional information is most welcome. While all responses were written by individual members of the Division, about half represent work within groups. It is gratifying to observe many analytically oriented practitioners. The smallest group includes only a few professionals while the largest utilizes over three hundred, and several others include hundreds of practitioners. The other half of responses are from individuals who work outside the psychoanalytic circle that demonstrate how effectively psychoanalytic concepts and methods can be applied across a wide spectrum of problems.

Organizational Responses

catastrophe is unfortunately a powerful motivator. Disclosures of abuse and trauma, and events such as the Nebraska massacre and September 11, have engaged the minds, hearts, and energies of hundreds of practitioners. In recent months the world was fractured by the Iraq war and its aftermath, and even more professionals have been mobilized to use their expertise in pursuit of socio-political goals. But long before these tragic events transformed our society, myriad mental health problems engendered analytically informed treatment programs.

Training Centers
Many responses have come from psychoanalytic institutes that offer affordable therapy to people of every age and category. These programs provide help for many people, including those effected by HIV; eating disorders and substance abuse; problems affecting performing and creative artists; immigrants, political refugees, and displaced families; victims of sexual abuse; bereaved children, parents, spouses and families; people suffering from life-threatening disease; victims of torture and political mistreatment; foster children; families affected by natural catastrophe or airline disasters; those oppressed by social issues of racism and poverty; and groups struggling with issues of violence. These organizations operate traditional clinics or consultation services, and also send professionals into schools and firehouses, into jails and hospitals. There are institute-based programs designed to work with corporations and business executives, and those that apply analytic concepts to organizational life, as well as the newly burgeoning area of architectural and environmental space.

Practitioners in such programs are generally paid, although at a level that is not as high as that in other specialties. Specialized training and supervision often are available to enhance traditional analytic skills. Housed as they are at analytic centers, these programs offer some of the most visible examples of contemporary extensions of psychoanalysis. Interestingly, outreach efforts are found at “orthodox” Freudian institutes and at non-traditional centers, at some that were founded decades ago and some of recent vintage. It seems clear that contemporary analysts, of all stripes, are dedicated to demonstrating that their craft has genuine relevance to current social problems.

Specialized Organizations

We have received information from about 20 such groups. While some of these projects involve paid practitioners, a substantial number include interns and volunteers. For example, Section IX supports Doctors of the World, a group that interviews persons seeking political asylum and currently involves 35 medical personnel and about 75 mental health practitioners, all of whom contribute their services.

A Home Within offers psychodynamically informed treatment to foster children, perhaps one of the most underserved populations in this country. This project has grown from its roots in San Francisco to having nine additional chapters across the country. In expanding its scope, the group has begun to offer consultation services to foster parents and families, including gay couples. Recognizing the powerful effect of socio-political forces on...
behavior and the belief that it is a powerful treatment modality). Attacks on psychoanalysis continue unabated, mostly in the popular press and other media, and are likely to continue. Moreover, new efforts to marginalize psy-
choanalysis will occur as health policy officials increase their calls for empirically validated treatments to be the treatments of choice. If training for competence in treating psychiatric disorders is a goal, we may have narrowly missed one of those situations where diversity can breed divisiveness.

The important general point is that in American psychoanalysis this divisiveness has been going on for decades. Ever since psychoanalysis started to establish itself as the specific system there has been squabbling off, and developing their own meetings, institutes, training programs, and journals. Early examples can be found in the history of psychoanalysis in New York City. This inevitably leads to competition for the hearts and minds of psychoana-
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**IL POSTINO: HOPE IN FILM, LIFE AND PSYCHOANALYSIS**

**Chair:** Gemma Ainslie, PhD

**Panel:** Marilyn Jacobs, PhD, Christine Fischetti, PhD

**Ricardo Ainslie, PhD**

**Gemma Ainslie** introduced this 3-hour evening panel by sug-
gest that attending that rather than consider what psy-
choanalysis offers the psychoanalyst instead consider what the film might have to say about psychoanalysis. Manifestly Il Postino is the story of the relationship between Mario Ruoppolo, a postman, and the poet Pablo Neruda, who in the film has been exiled to Mario’s tiny Italian fishing village. In the course of their daily meetings, Mario asks questions of Neruda, begins to read his poetry, and tries to enlist his help in wooing his beloved-from-aban-
Beatrice. Neruda helps Mario to seduce Beatrice by implying that Mario’s desire for Beatrice can be the means to revitalize the political and economic conditions of the "new world." Months later, Mario makes Neruda an audi-tor of all the things Mario has now come to appreciate about his life. Years later Neruda returns and learns that Mario was killed at a communist party rally just as he was about to read a poem he had written.

Gemma Ainslie’s presentation viewed the film as a portrayal of a psychosynthetic process. To begin, she clarified the use of the film as a fictional space in which to reflect on what we do in psychosynthetic treatment. The central section of the presentation began with a brief summary “reading” of the film as an allegory, "a metaphor in moving pictures" for the story of an analysis. She briefly reviewed the life of Neruda, closely
viewing interactions between the postman and the poet as if they were analytic hours, and invoking
Il Postino as “an aetheorietical, unselfconscious rendering of a relationship in which metaphor and ana-
lysis intersect” and therefore is an opportunity to learn about “hope in the space made and used by two people in the imprisoned and idiogenic pattern of an analysis.” The pivotal word in the film—*metaphor* (i.e., metaphor)—further
bridged the manifest film content to a story about psychoanalysis. Metaphors both drive and chronicle the movement in the film, thereby paralleling the mutative centality of metaphor in treat-
ment. Highlighting the ebb and flow of hope in each of the two central characters, Dr. Ainslie traced the development of their relationship. In the beginning, she postulated, the analysts come with hopes for specifics—for ends, results, while the analyst enters with hope in a process. So the initial interplay between Mario and Neruda concerned the negotiation of an agreement to work “with and in metaphor.” Mario sought out Neruda hoping to learn to woo women, viewing Neruda as “the poet of love.” Neruda frustrated Mario’s fantasies of magical “care by association,” and thereby fueled Mario’s interest in the power of metaphor. This developing hope in a process was intensifed by Mario’s meeting Beatrice and feeling lovesick. Turning to his analyst/poet with greater urgency, Mario made unreason-
able demands on Neruda who then experienced his own crisis of hope about the possibility of change. The possible collapse of the
metaphorical is averted via the poet, suggesting to Mario a path of regressive undermining gratifi-
stion and paralyzing frustration. In the termination and working through of this crisis, Neruda witnesses Mario’s greater freedom in both his joyful and its terrifying consequences; and Mario grieves and internal-
izes Neruda’s poetic/psychoanalytic process. In conclusion, Dr. Ainslie appealed to us to find new ways of portraying analytic process: “Psychoanalysis has significantly limited itself by an atrophied list of potential metaphors...Because metaphors tickle the fancy, whet the appetite...and therefore stimulate not only pleasure but also greater curiosity...if we can allow ourselves to find metaphors or allegories for our process...we can be freed from much of the inhibitions imposed on us by theoretical ortho-
doxies, our ‘professional destructions’...”

Marilyn Jacobs focused her comments on the political themes related to hope in the film. “The interactions between the postman the poet and Communist Pablo Neruda unfold within a context of competing political systems in post-
War World Spain and Italy. The political landscape in Spain is less ascendant in this small village is a continued background tension as the characters interact with one another.” Tracing interactions between the two main characters and contrasts between the “soft and loving” Neruda and a corrupt, “aggressive and harsh” local politician, Dr. Cosimo, Jacobs considered how, “for Mario, political choice was both confusing and seductive.” Finally, she noted that Mario’s death in a communist rally does not resolve questions of political commitment and truths.

Centerring her discussion on language as the space that poetry and psychoanalysis share (“The deliberate invocation of affectively charged language is the shared task of...the centrality of speech and literacy in Mario’s life before, during and after his relationship with Neruda.” “The

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Finally, she touched on the theme of “borrowed language,” linking Mario’s wish to have and use Neruda’s poems to analytic discourse.

In his remarks, Ricardo Ainslie brought to bear historical and cultural perspectives from beyond the purview of the
American Psychoanalytic Association and the International Association for Relational Psychoanalysis & Psychotherapy came into con-
lected over meeting dates for the two organizations in 2004. While the discussions about this conflict were difficult, it seems, and it is hoped, that a mutual professional respect was achieved. The fact that we may have narrowly missed one of those situations where diversity can breed divisiveness.

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Continued on page 86
losses with irreconcilable differences in stepmother/child bonds by sharing the narratives of a few stepmothers she had interviewed for her book. Theresa Reid, who with her husband adopted two daughters from Eastern Europe, was passionate in her claim that being an adopting mother is no less all-consuming than becoming a mother through birth. In fact, Dr. Reid maintained that while she and her husband had no grief about infertility (an abstraction—a little grief for a little grief is given birth to their specific daughter, once the attachment with her was in place. Dr. Reid was openly moved by the intense reciprocity and mutuality required to co-create an attachment with a child, and avidly deplored the notion of adoption as a “second best” option as compared to biological mothering.

Finally, Diane Ehrensaft, who is currently writing her third book about parenting, Alternatives to the Stork: Children of Given Eggs, Sperm and Womb, closed the presentation portion of the panel by discussing what she called "hybrid" families—those where there is a combination of biological and non-biological parent. Noting that there are strange bedfellows among sperm donor, egg donor and surrogate families—people who have tried very hard to have children but whose bodies don’t work, as well as another group who are excited to find they have the option to have babies without a partner (singles) or with a same-sex partner. Dr. Ehrensaft proposed that these parents have the common experience of having to deal with a “birth other,” whose genetic link to their children creates certain unconscious dilemmas. Dr. Ehrensaft emphasized two fears on the part of such parents raising children that can lead to anxiety which might trump their more conscious left unconscious: (1) “You can take the reproduction out of sex, but you cannot so easily take the sex out of reproduction” or fears of the “erotic interloper;” and (2) Baby snatching fears and fantasies a.k.a., “the conniving kidnapper.” Subsequently, the floor was opened to a dialogue with the audience. In order to facilitate this portion of the round-table discussion the following questions, jointly proposed by the panelists, were submitted for the audience’s consideration: (1) What’s love got to do with it? (2) What do bodies have to do with it? (3) What does gender and sexual orientation have to do with it? (4) Is there inevitable loss in the phenomenon of nonbiological parenthood? (5) What is the ego in the bonds? What stresses the ego? (6) How does non-biological parenthood “push the envelope” in making us rethink our psychoanalytic theories of pregnancy, birth, motherhood, fatherhood, parent-child bonds, Oedipal configurations, and so on? And (7) Who are we for and in our own attachment experiences or repair previous parental misattunements—which is often overlooked or taken for granted by both the stepmothers and other members of the family. Dr. Waterman concluded by illustrating her ideas about the confounding of unannounced
Robert Grossmark presented the following patient’s story and an overview of the treatment so far, plus process from one session. Donnel Stern and James Fosshage offered their different perspectives on the case. The following discussion addressed the similarities and differences in their approaches.

The case was of a 27-year-old man who had come into treatment after a psychiatric hospitalization following a slump into despair and “foul emotions.” He was unregulated in all areas of functioning, with erratic sleeping and eating, frequent heavy drinking, uncontrollable masturbation, and many fears that he could be hurt. Dr. Grossmark’s acknowledgement that he must have fears about treatment engagement involved in an integrative relationship between the patient and analyst—a relationship that was the base upon which traumatic memories of sexual over-stimulation were relived. Consequently, the patient began experiencing self and others as threatening, and as objects to be used for stimulation and self-regulation. The patient and Dr. Grossmark shared their interest in particular authors.

The session presented the patient’s realization that he could be himself and not be impinged on, in the space of the therapeutic relationship, and with the woman he is now interested in. He described his new ability to not sabotage when thinking of this woman as a real person. Dr. Grossmark addressed the fear and uncertainty involved in relating as a person, and not having control and certainty. There was much mirth around Dr. Grossmark’s suggestion that while waiting through the several weeks that remained before he could see this woman, he painted. Painting helped him feel composed and contained. (“What should I do?” the patient asked plaintively, and Dr. Grossmark answered with gusto: “Paint!”) The connection among painting, therapy, and relating to this new woman constituted a new experience of himself as a human being who has integrity and may not be impinged upon and destroyed by closeness to another. Donnel Stern’s commentary began with his noting how remarkable it was that the patient was as healthy as he is, and able to utilize the relationship with Dr. Grossmark. The patient and Dr. Grossmark were able to play together and use their humor. Dr. Grossmark was reliable in his presence and in his careful tracking of the patient and the developmental nature of the patient’s immediate affective response, “Paint!” when the patient worries about the empty time, rather than a distanced intellectualized response, illustrated the patient’s connection between the two, and came.

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Robert Grossmark
more extensive leaks may produce psychoneurotic symp-
toms, personality disorders, somatization reactions and other effects” (p. 12). He illustrated this principle by ... led to “an abreaction of memories” (p. 14) as a curative factor, rather than by interpretation. To be sure, the author de-

The application of a phenomenological analysis to ... a new pattern requires a qualitatively different mode of re-

The analyst’s role is to allow concealed meanings to be revealed by the natural flow of the patient’s unconscious. It is critical that the analyst not interfere with this process. If the analyst is able to do this, then eventually “get there” via the elaboration of the primary creativity of the patient’s unconscious. New and deep meanings lay in the undercurrent of the patient’s associational process if the material is allowed to develop. Though many appearances, what seemed irrelevant may turn out to be the most important material for understanding the unconscious meaning of the patient’s behavior. New possibilities emerge as the unconscious reveals its hidden meanings.

The second paper, “Psychoanalysis as the Art of the Possible,” by Dr. Summers, addressed the issue of what is needed in addition to interpretation to effect psychic change. Frequently, the analyst is able to decode the patient’s meaning, but finds it increasingly difficult to elicit a response. This response can be understood by the insight from object relations theory that the child internalizes an object rela-

The application of the concept of the analytic process was illustrated with the case of Shannon, a young woman who demanded unlimited availability and responsiveness to her desires. The analytic process included some degree of autonomy for the patient and the analyst. The analyst, however, the inevitable boundaries of the analytic process included the limitations of a verbal approach, time bound-

At the center of this process is the analyst’s belief in the potential for unconscious material to be recovered. In this case, the analyst believed that the patient had experienced a traumatic event in her past, and that this experience was influencing her present behavior. Through a series of sessions, the analyst and patient worked together to uncover the unconscious material and address its effects on the patient’s current functioning.

The patient’s response to this process was one of increased disclosure and a willingness to explore themes that were previously avoided. The analyst observed a shift in the patient’s demeanor, from one of defenses and resistance to one of openness and vulnerability. This change in the patient’s behavior was indicative of the effectiveness of the analytic process and the patient’s readiness to engage in deeper explorations of her unconscious.

In conclusion, the use of a phenomenological analysis in psychoanalysis allows for a deeper understanding of the patient’s experience and the uncovering of unconscious material. This process requires the analyst to allow for the patient’s autonomous exploration of their experiences without interference. The patient’s response to this process is critical in understanding the effectiveness of the analytic approach. As the patient begins to engage in deeper explorations of their unconscious, the analyst is able to provide a supportive and non-judgmental environment for the patient to work through their experiences. This process is essential in the treatment of patients with complex and unconscious struggles, enabling the patient to develop a deeper understanding of themselves and their experiences.
Two young men and was sentenced to death by firing squad. Many of his friends and relatives appealed his sentence. But to everyone's surprise, he opposed their efforts and ... that our need for revenge insists on the screaming criminal being dragged to the site of his execution. Watkins writes:

Many people validate their own existence through suicide...because of the realization that the elimination of the badness within one's self can be accomplished only by a sense of achievement. For in so doing, we become more confident in the dignity, the integrity of life...

Another interesting section of the book is the chapter on the unconscious mind. Dr. Watson was hired to evaluate Walden, a 14-year-old boy who killed his mother. The author highlights the importance of being in touch with the positive affective aspect of being alive, without losing perspective and openness to the possibility of redemption for all humans, good or bad (pp. 192-193).

The panel explored neglected affects in psychoanalysis and the implications for psychotherapy and psychoanalysis. Based on his personal and professional experiences, Dr. Rich offered poignant vignettes to illustrate his thesis that hope may be found even under the most trying circumstances. He talked about his work in post-civil-war Angola where he met individuals who seemed to flourish despite the odds. Regarding analytic treatment, he assumed a critical position about a common restraint in our field from interpreting issues concerning hope. He believes that analysts tend to be afraid to interpret hope, instead being more prone to consider them defenses against despair.

In his discussion, Dr. Brok reported on the significance of being in touch with the positive affective aspect of being alive, without losing perspective and openness to life's problems, insults, worries and tragedies. He added that what makes us special humans, joyful as individuals, and grateful for our existence is the sense of the aesthetic within us. For Dr. Rich that sense is located in the "interval"—in the recognition of being cherished, and in the celebratory experience. For Dr. Tylim, it emerges at the "intersection of presence and absence," which is to say, Winnicott’s play space. Joy, said Dr. Brok, occurs within a system; it occurs within a set of boundaries that gives sufficient security and orientation, in a context in which to play and experience. He suggested that joy has its momentary quality (joy) and also its extended quality (joie de vivre). Equally, there can be small as well as big. Dr. Brok further discussed Dr. Tylim’s assertion that “joy and the body are good old partners.” He alluded to the re-somatization of joy, considering somatic sources as precur- sors of joy. Also Dr. Brok delved into the non-pathological as opposed to regressive aspects of joy, stating that joy is rather a function of our ability to commute between different developmental levels.

In the opinion of the reviewer, one of the best, most original parts of the book concerns Dr. Watkins’s views on a certain type of suicide. He speaks of Gary Gilmore, who was convicted in Utah in 1976 for the senseless murder of two young men and was sentenced to death by firing squad. Many of his friends and relatives appealed his sentence. But to everyone’s surprise, he opposed their efforts and demanded to be executed as sentenced. According to Dr. Watkins, some of the relatives and friends that Gilmore wanted to take the time of his death into his own hands, and that our need for revenge insists on the screaming criminal being dragged to the site of his execution. Watkins writes:

Many people validate their own existence through suicide...because of the realization that the elimination of the badness within one’s self can be accomplished only by a termination of one’s entire being...When a person has come to recognize that his behavior is so loaded with badness that he is only a menace to his fellow men, and that his continued existence lacks any meaning, then let us permit him to dignify his exit and validate his membership in the human race...For in so doing, we once more affirm our belief in the dignity, the integrity of life and the possibility of redemption for all humans, good or bad (pp. 192-193).

Another interesting section of the book is the chapter on the unconscious mind. Dr. Watson was hired to evaluate Walden, a 14-year-old boy who killed his mother. The author believes that the mother’s murder wasn’t provoked by violent rage, but was a good deed the boy picked up from the unconscious wishes that postulated by his father who suffered terrible pain from cancer. “I suffer, I want to die please help me” – this is what she begged of him. The father, on the other hand, undoubtedly hated his wife, and communicated to his son, “I want her dead. Kill her!” (p. 38). By doing away with his mother, the boy became the instrument for carrying out his mother’s suicidal wishes and his father’s death wishes. In short, he was “committing an act of mercy” for both parents. Unfortunately, the judge did not agree with Dr. Watkins’s philosophy. Walden was convicted of murder and sentenced to prison, while the parents were exonerated of any responsibility or guilt.

While Dr. Watkins is an expert “cracker barrel” psychologist, his psychology is better than his writing. His poetry, which is more like doggerel, is particularly bad. For example, he writes: “Now Mother said your homework

CONTINUED ON PAGE 73
To many men, the question of what it means to be a man today is one of the most persistent unresolved issues in their lives. Raised to be like their fathers, they were mandated to become the good provider for their families, and to be strong and silent. They were discouraged from expressing vulnerable and tender emotions, and required to put a sharp edge around their masculinity by avoiding anything that hinted of the feminine. Unlike their sisters, they received little (if any) training in nurturing others, and in being sensitive to their needs and empathic with their voice. On the other hand, they received lots of training in problem-solving, logical thinking, risk-taking, staying calm in the face of danger, and assertion and aggression. Finally, they were required at an early age to renounce their dependence on their mothers and accept the pale substitute of their psychologically, if not physically, absent fathers. Many adult men have had the experience of attempting to fulfill the requirements of the masculine mandate in the midst of rising criticism. Men feel that they are being told that what they have been trying to accomplish is irrelevant to the world of today. Since women now work and can earn their own living, there is no longer as much need for the “Good Provider.” Furthermore, society no longer seems to value, or even recognize, the traditional male way of demonstrating care, which is to say through taking care of his family and friends, by looking out for them, solving their problems, and being one who can be counted on to be there when needed. In its place, men are being asked to take on roles and show care in ways that violate the traditional male code and require skills that they do not have, such as nurturing children, revealing weakness, and expressing their most intimate feelings. The net result of this for many men is a loss of self-esteem and an unerring sense of uncertainty about what it means to be a man. We are thus in the midst of a crisis of masculinity. More and more men are entering therapy, a process that was originally developed to treat women. Hence, it is not surprising that therapy is often complicated by such common male traits as difficulties in identifying and speaking about emotional states, admitting vulnerability, and being comfortable with emotional intimacy.

Ronald F. Levant

THERAPISTS bring to their clinical work various hopes for the client—for decreased symptomatology, increased effectiveness or authenticity, and so on. But we also bring hopes for ourselves—for mirroring, validation, or to avoid suffering. Conscious or not, clients respond to the hopes, or defenses against hope, implied by the contours of our interventions. They may work to support our hopes, sensing others’ limited capacity to bear their pain. Less benignly, they may violently attack our hopes when these conflict with their own, or revive the threat of unbearable disappointment. Between these extremes we often find clients challenging (with greater or lesser skill) particular hopes of the therapist’s, leading to a negotiation over which hopes will reign, and which must be modified or let go.

A substantial body of psychoanalytic literature recognizes that clients try to heal their analysis so the analysts will be able to heal them. Moreover, postmodern challenges to the therapist’s “objectivity” have emphasized the power issues at stake in claims to authoritative description. However, we seldom (outside of session) hear the therapeutic process described by clients, although all analysts have engaged in both roles, and our theories are as much informed by our work as clients, as by our work with them.

In my paper, I describe a therapy in which I was the client, and which I eventually terminated. I detail my evolving sense of the therapist’s hopes, and my efforts, at first, to supplant these with my own, and later, to create a space in which our clashing hopes could co-exist. My purpose is to invite empathic reflection on what our clients attempt to do for us, even when they cannot articulate it in our preferred terms. I reframe client behaviors traditionally labeled “resistant” as efforts to preserve authenticity-in-relatedness, rather than merely capitulating to the therapist’s vision. The client, as well as the therapist, faces the difficult task of challenging the other’s hopes without losing the relationship. I conclude with reflections on the clients’ need, not only to help co-create a realm of shared meaning, but also to invent and validate within herself a parallel analytic space to which the therapist is not invited—a space in which the client permits herself to hold unauthorized, uncommunicated views about the therapist, and by doing so, discovers the essential privacy of everyone. As this space grows more secure, intimacy becomes voluntary and deliberate, not a compulsive prop to a damaged sense of self.

Joan Vonore

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Symposia Conferences Seminars Accredited Library Papers
Muriel Dimen spoke of Emmanuel Ghent, who died several days before, as being a gentle man whose death was a terrible loss for psychoanalysis. In discussing both of the panelists’ work, Burch argued that the motif of letting go, insofar as the Symposium gets at the negotiation of various gendered capacities, the author offered an in-depth dissection of the relation between Socrates, on the one hand, and contemporary psychoanalysts. In her commentary, Muriel Dimen agreed that the motif of letting go could be treated as a valuable heuristic device for thinking through many of the complex processes of psychoanalysis, and emphasized the importance of...
When he turns to the question of whether or not Tony is treatable, Gabbard writes:

Someone with as many antisocial traits as Tony is not realistically going to show dramatic changes in the first year of therapy. Much of the therapist’s task is to help the patient reexamine behavior that are embedded in his character and that he thus takes for granted. These traits, which are so much a part of the person that they do not create distress, must be transformed so that they begin to make him uncomfortable. The therapist needs time to convince the patient that his habitual behavior is going to land him in some kind of emotional trouble. Hence in ordinary therapy we would not expect Tony to show great improvement in his insight or behavior, even though his panic attacks may have improved considerably with a combination of medication and psychotherapy. (p. 75-76)

This is a very nice explanation of symptom improvement versus character change! Gabbard goes on to state, “The ultimate value of psychoanalytic therapy is not to eradicate the symptoms, but to confront the patient with his anxiety and help him face the reality of his situation.”

Steve Cooper’s idea of patients’ conscious and unconscious survival schemas, many of which revolve around revenge, retaliation and self-destructive behavior. These schemas provide patients with a perverse form of hope and represent the most viable way of feeling alive. During psychotherapy, patients begin to feel vividly their attachment to perverse hope and their anxiety about dismantling their schemas. Following the submission of a treatment plan, Dr. Kelly writes:

Tony Soprano has the good fortune to be referred to a psychoanalytically trained psychiatrist, who knows that the symptomatic tip of the iceberg may herald the presence of deeper layers of conflict and suffering that are not immediately apparent. Dr. Melfi recognizes that the anxiety Tony reports is a signal of profound distress. She also knows that the origins of that distress are largely outside Tony’s conscious awareness. A psychoanalytic therapist would assume that her patient’s defenses were failing for some reason and that the anxiety was a flare up sent from his unconscious. (pp. 25-26)

Thus, we see how Gabbard gently introduces basic psychoanalytic ideas in an experience–near way and in a style that lay readers can relate to. Other basic psychoanalytic concepts are introduced in this chapter as Gabbard discusses the nature of Tony’s personality. He also presents a thoughtful discussion of whether Tony suffers from an antisocial personality disorder or is a psychopath.

In the next two chapters Gabbard presents Tony’s therapy and addresses the question of whether he is treatable. In so doing Gabbard introduces the psychoanalytic model and many of its major concepts using the material of the TV series. He says:

Combined with Tony’s medication is twice-weekly psychoanalytic psychotherapy. The principles of this form of therapy are straightforward. The patient’s childhood experiences are crucial to the understanding of his adult concerns. The therapist encourages the patient to view his behavior as having complex meanings that are largely unconscious and therefore require time to understand. Emotional problems have multiple determinants rather than a single cause. (p. 46-47)
Oedipal conflicts, vertical splits, dreams, and free association. He does so in a matter of fact manner, using plain language to help the reader see how such concepts are not archaic Freudian ideas, but alive and well in our lives and in psychoanalysis. For example, regarding interpretation, Gabbard recounts Tony and Dr. Melfi (Jennifer) talking and Tony, "...recalls his hallucination of the baby suckling at the voluptuous mother's breast. Jennifer points out that the baby was Tony, and Dr. Melfi nurses by a loving mother. This interpretation brings Tony to tears." (p. 69).

Is the TV show a realistic portrayal of therapy? There has been some significant debate about how realistic it is. The series creator, David Chase says that the therapy sessions portrayed in the series "reflect his own experience with the woman therapist he saw." (p. 8). While Gabbard notes "To say that the therapy represented in The Sopranos is the most accurate and complex to ever appear on television or film is not the same as saying that it is identical to what transpires in the office of the typical female psychologist conducting psychoanalytic therapy with a Mafia don." (p. 8).

Gabbard is a member of the popular online Slate discussion group along with analysts Margaret Crasnotop, Philip Ringstrom and Joel Whitebook. They have an online discussion of their reaction to the show and the difference of opinion among them and among other commentators on the series. Much of the controversy surrounds questions of technique, in addition to the accuracy of therapy portrayal. The role of the sacred and the spiritual in the clinical setting is acknowledged as a provocative arena of investigation. Working definitions of the terms "religious" and "spiritual" are offered and the relationship between the analyst's personal and professional stance and the patient's stance on religious matters is considered. Attention is given to the personal and countertransference dynamics. Constance Goldberg's understanding of religion as often having a privileged place in the clinical setting is explored, as well as her understanding of spiritual experience as an intense affect state.

The paper concludes with a clinical vignette in which a patient reports a fantasy of playing with the Holy Trinity on the beach. The nascent shift in god-image and its relation to the expression of hope in the patient and for the analyst is noted. To the extent that belief and participation in religion and/or spirituality enlivens and stimulates the patient's hope for the future and for the analyst is noted. To the extent that belief and participation in religion and/or spirituality enlivens and stimulates the imagination for a patient and for an analyst, or provides a subjective sense of possibility for change, then hope remains alive. At times, it may be only this capacity to create a substitute, phantasy selfobject in sacred or human form that allows psychic survival. In either case, self psychology provides a mechanism for the expression of the potential for psychical development, therapeutic action, and empathy, and selfobject need.
Nevertheless, the fact of the analyst’s personal involvement, however attenuated, combined with the patient’s agency in choosing the way to say it, encourages consideration of the quality of the patient’s contribution, not only to the exploratory analytic work, but also to meeting the challenge of building a multifaceted relationship that has the potential for co-construction of the patient’s growth. The patient may contribute in a positive way both through self-expression that is daring, even the kind that creates “enactments,” and through self-expression that reflects restraint. Restraint and expressiveness are not mutually exclusive, of course. Quoting from the paper, “The aim of the [analytic] arrangement ... to being loved and being loving.” The aim, in the end, is to overcome the dichotomizing of freedom and responsibility and to embed in responsiveness, and the individual’s responsiveness embedded in the exercise of his or her autonomous will.

Irwin Z. Hoffman

The combination of the first and second forms of denial leads to the third: the denial of the patient’s share of responsibility for the quality of the analytic relationship. If the patient is not an agent and the analyst is not really a person, there is no call for the patient to assume any responsibility for his or her impact on the analyst. Conversely, there is never any call for the analyst to be either critical or appreciative of anything that happens to the analyst’s feelings and on the overall climate of the interaction. The denial of the patient’s responsibility, in this regard, is shown to be no less a part of the relational perspective than of other parts of point of view. In the alternative model that I am proposing, a certain degree of responsibility does fall to the patient for the quality of the analytic relationship that develops. The necessary asymmetry remains in place. Protected by the analytic role, the analyst is less personally exposed than is the patient and is less likely to be overwhelmed by the overall situation. Consequently the patient is, indeed, freer to speak in ways that might not be appropriate in everyday social life.

Irwin Z. Hoffman

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her acting-out; hope that she wanted to live her life and wanted to love; and hope that she wanted to live in the world of reality. The patient began to hum, sing, and then speak to Dr. ... within the transference. The Healing House is based on the work of Winnicott and Tustin, as well as Thomas Ogden who defined a state of “nonexperience” which protects an infant from overwhelming pain. This infantile suffering is similar to the “agony” of those patients with the potential to have a meaningful “self” and to grow in a holding and healing environment.

Fonya Lord Helm

In this book I take a hard, but lighthearted, look at those dilemmas [the dilemmas of love, death, desire and betrayal] as they reveal themselves in the psyches of America’s favorite Mob family—and our own. I explore what the Sopranos teaches us about psychoanalysis and love. In this book, and I offer my thoughts about why we are drawn to a series about the misadventures of a middle-aged thug. (p. xii)

Gabbard skillfully and deftly makes the case for a psychoanalytic approach to emotional problems. He tells us:

In this wonderful little book, Glen Gabbard presents a psychoanalytic perspective on the wildly successful HBO Series, The Sopranos. It is estimated that 11 million viewers tune into this story about a mob family. The center point of the series is the absurd, yet believable premise that a mob boss, suffering from panic attacks, is in psychoanalytic psychotherapy with an attractive Italian female psychiatrist. The book was not written to be a psychoanalytic text. Yet, I believe it deserves attention from psychoanalysts. It is a book that some of our patients will read. Some of our patients are Sopranos fans and, thus, will have ideas about therapy derived from the program, and these will be expressed one way or another in their treatment. For example, Tony talks to his psychoanalyst about his dreams and their meaning. Hopefully this will encourage our patients to attend to their dreams and bring them into therapy. Talking about dreams will be seen as appropriate in one’s therapy sessions!

Gabbard is well known to the psychoanalytic community. He is a most distinguished analyst, writer, editor and lecturer. He currently is Professor of Psychiatry at Baylor College of Medicine in Houston, Texas. He also is a Training and Supervising Analyst at the Houston/Galveston Psychoanalytic Institute. He has received numerous awards, but most notable and recent was the Sigourney Award for Outstanding Contributions to Psychoanalysis. Before moving to Galveston, Gabbard was Besie Natcher Callaway Distinguished Professor of Psychoanalysis and Education in the Karl Menninger School of Psychiatry.

He has authored 17 books and published over 200 papers and chapters. Many of his books and papers are classics in the contemporary psychoanalytic literature. He is a popular international lecturer. He is recognized for his ability, demonstrated in his writing and lecturing, to present important ideas and clinical material in a most straightforward and clear manner. His theoretical position is inclusive and non-exclusive. It is important to note Gabbard’s interest in TV, film, and theatre. He has written about how psychiatry is portrayed in film in his book Psychiatry and the Cinema (with Krin Gabbard, second edition,) and in Psychoanalysis and Film. Only a person with Gabbard’s credentials plus his interest in psychoanalysis, literature, drama and the media could have written such a scholarly and sensitive book on The Sopranos.

Who might read this book and why? Certainly the millions of devoted fans of the TV series. Viewers who want deeper insight into the psychology of America’s favorite mob family will enjoy the psychoanalytic perspective. However, the series also touches on some main themes of life that affect all of us, as Gabbard notes in the title “Love, Death, Desire, and Betrayal.” He says “Death is the great leveller. Everyone glued to the television set on Sunday evenings knows that death is the ultimate certainty. We all want to make an impact, leave a trace of some kind.
ceptions. Referencing Connolly (1991), Fairfield suggests an agnostic respect toward each other. In the final analysis, whether or not one believes that self is separate from culture, or that all of self is shot through with culture, should not deter one from reading the rich work found in this volume. This book does indeed illustrate the play found within psychoanalysis and culture in a nihilistic age, and if that piques your curiosity, then this book is worth a read.

References


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may dip into an earlier arrest, and an alternative listening perspective may then be most useful.

References


Stephen Johnson was a Professor of Psychology at the University of Oregon for eighteen years and subsequently, for four years, at Pacific Graduate School of Psychology. He is author of four books on character and psychotherapy: Characterological Transformation, Humanizing the Narcissistic Style, The Symbiotic Character, and Character Styles. Currently, he is in private practice of psychotherapy and therapist education based in San Francisco and Menlo Park, California.
They note that American cultural myths of individualism and inclusion lead to an enforced psychic anemia—such as knowledge that Chinese-Americans have been in this country longer than many immigrant groups. The nihilist concerned with transmutation looks to unearthy history in order to show circuit cultural anemia and discrete gender categories, and with the hope of creating something new and richer.

Psychoanalysis is no stranger to cultural issues. It was 1975, however, that Jacoby argued that a psychoanalysis that allows one to hold the social, economic, and political origins of psychic phenomena simultaneously with the psychological has been lost by a failure to fully appreciate the critical theory of the Frankfurt School. Jacoby traces this loss in part to the 1955 split between Fromm and Marcuse, in which Fromm dubbed Marcuse a nihilist diagnosed as being alienated in theory when compared to Fromm’s humanism. Marcuse responded by stating that nihilism is the indictment of inhuman conditions. The debate is not new, yet, with the advance of poststructuralism, the understanding of the issues has shifted.

Wallace Stevens

Ipresentation addressed a relatively new source of gloom for psychoanalytic practitioners—the postmodern awareness that there is no single true way of telling the human tale, and the concern that, as psychoanalysts, we deal not in scientific truth but, it is said, “only and merely” in metaphor. The presentation addressed the clinical implications of postmodern uncertainty but argued that in relying on metaphor, that is, on language to grasp reality, there is also hope. The hope lies in the very act of and capacity for metaphor making—in the ongoing and never final possibility of finding other, better, ways of telling our experience, and bringing order and clarity to it, however provisional that order and clarity is. The presentation examined an analogus struggle in the work of the Great American poet Wallace Stevens—in his lifelong preoccupation with an issue which was at once personal and metaphysical: the nature of the relationship between “reality” and what we see or think or say it to be. Stevens both celebrated and was profoundly saddened by this uncertainty, by the impossibility of knowing things in a final sense—“as they are” (to use a favorite phrase of his). Few poets have achieved quite so liberating a sense of triumph in the dignity and beauty of the struggle to know unknowable experience. Individual treatment of Stevens’s poems were read and examined for the way in which language is used both to point accurately at experience and to go beyond immediate experience in evoking (heretofore nonconscious) resonances and associations. It was suggested that psychoanalysis offers personal transformation through a process similar to the one in which Stevens (and poets generally), finds (and makes) beauty. This is the way through the psychoanalyst use language—through a collaborative interpretative process which points to, clarifies, opens up and organizes experience without expecting, or needing, to pin it down in any final sense.

Henry Seiden

In this paper, Dr. Phillips drew upon her on-going individual and group work with 9/11 widows to consider that in the face of such catastrophic loss, a grief process informed by an understanding of trauma as well as psychoanalytic perspective not only facilitates the transformation and internalization of the lost loved one, but also the character transformation of the bereaved. Resonating with the work of Kohut, Hagman, Boulanger, Rando, and Ullman and Brothers, the author maintained that the unanticipated violent loss of a partner ruptures the selfobject bond and attendant selfobject functions, assaults the integrity and cohesiveness of the bereaved’s core self, disconnects her from internal and external supports, and dismantles central organizing fantasies—while demanding that she grieve.

In conceptualizing intervention, Dr. Phillips considered the bereaveement group from a self-psychology perspective in providing mirroring, twinning and idealizing selfobject experiences which served to reduce PTSD cluster symptoms, reconstruct and transform the relationship with the lost partner and redeline self. She offered clinical examples to demonstrate the regulation of affect, the identification with an idealized group entity, the acquisition of new coping skills and the re-experience of self in the light of the group’s mirroring selfobjects. Central to the paper was Dr. Phillips’s discussion of one of the cases seen concurrently in individual and group treatment. The case of H underscores the recognition that whereas there is a leveling in the immediate aftermath of trauma as reflected in symptoms of grief among all widows, she was disoriented by emerging memories of childbirth assault and, whereas most wanted to dream of the lost spouse, she was haunted by recurring dream-like experiences of her. Unfolding the collaborative use of dream material, the re-construction of a common terrain of the trance/sense-coutertransference dynamics as H moved from depression to self-assertion, Dr. Phillips demonstrated the value of a psychoanalytic perspective and a process that recognizes the dynamic relationship of the conscious and unconscious in addressing trauma and facilitating transformation. Dr. Phillips ended with reference to H’s last stage of recovery from trauma—that of reintegration. Based on her work with these brave young widows, Dr. Phillips maintains that central to the journey from devastation to transformation is acceptance and re-connection with a self that can never be the same—a self assaulted and expanded by the intimate knowing of unimaginable loss.

Suzanne B. Phillips
Eviscerated Hope and Unending Desire in Women with Traumatic Father-Daughter Internalizations

Presenters: Susan Kavaler-Adler, PhD Albert Brok, PhD
Discussant: Gladys Foxe, CSW, PhD

Susan Kavaler-Adler’s paper, “Passionate Attachments: From Benign Mirror to Demon Lover,” focused on the psychoanalytic examination of the internal father in the motivational system of the daughter, with particular attention to its influence on her impulse to undertake, and her subsequent inhibition from completing, creative work. She presented two cases in which real-life trauma interacted with defensively displaced/disguised incest desires to illustrate the terrifying power of the father in the female psyche. Both cases reveal the father’s monumental impact on a daughter’s potential to realize love in intimate relationships, as well as on her ability to actualize her creativity, and on her capacity to nurture and sustain herself.

Adrian, at nine years old, was the unwilling agent of a severe narcissistic injury to her father that he turned against her. He dependably admiring mirroring transformed into traumatizing withdrawal, engendering the shame and anxiety that paralyzed her when it came to love and work—thus throwing her into despair. Like Kavaler-Adler’s outlined a clinical repetition illustrating the disruption wrought by a father who molested her as a girl and seduced her as a young woman. Her behavior perverted her natural Oedipal desires, deprived her motivational system, and reconfigured her self-development.

The relationship between the personal and the political analysis is found within psychoanalysis. Psychoanalysis, like Foucault and Freud, are respective icons of intellectual frameworks, and as such, they are the primary references for this paper. In treating Foucault and Freud as respective icons of intellectual frameworks, Schwartz asserts in his paper that the term nihilist is one that often troubles. If paired with the term clinician, the severity of such trouble could be said to increase exponentially. Consider overhearing a colleague saying of another, “He practices like a nihilist.” Without conducting a formal inquiry into the matter, my thought is that most would interpret such a statement as a negative assessment. Yet, such a conclusion may be a hasty judgment made by uncrirical acceptance of manifest content. In regard to manifest content per se, psychoanalysis has long been partial to assessments in which multiple meanings and paradoxes are grist for the mill. What is negative might serve a positive function, and conversely, what appears positive may be, in fact, negative. It is with such difference that this review is concerned, and with the meaning of nihilism and its relation to clinical practice.

In addition to thoughts on nihilism, the work under review has led me to think on another term—plague. Specifi-cally, I’ve attempted to consider the following question: What does it mean to label the contents of one’s offering as the plague? To say outright that one delivers the affliction of disease is I think, quite provocative. This is exactly what Fairfield, Layton, and Stack have in their edited volume. Interestingly, they appear to be followers in this respect. In their introduction, the reader is informed of an anecdotal tale that is something of a story, and the story is that in 1969, on their way to Clark University, Freud critiques Jung’s enthusiasm regarding arrival in America by stating that with psychoanalysis they are bringing the plague. The editors interpret this as Freud’s understanding that psychoanalysis would change the culture. The cur-rent volume, with an emphasis on social construction and relational psychoanalysis, is presented as a second plague occurring within the culture of psychoanalysis.

The reader is informed by the subtitle that this second plague is one of postmodernism. According to the editors, the term postmodern is used in the subtitle because of its familiarity, and that what the work is really concerned with is the poststructuralist idea that challenging the objec-tive fixed meaning of underlying structure is possible. Furthermore, the reader is informed that not all two person or relational models place all social variables (and thereby one’s own position and assumptions) into a field of ques-tion. Thus, with the turn toward post-structuralism, a socio-political analysis is found within psychoanalysis. Psychoanalysis, Fairfield, Layton, and Stack note that their choice to appropriate the term “plague” is due to the hostile responses within psy-chanalysis toward a post-structuralist stance. Such hostil-ity appears to be due to the questioning of the validity of positivism by post-structuralism. On the one hand, hostility has come from the point of view that the field is becom-ing politicized by feminists and by those who identify with queer theory, and that the discipline itself should be sepa-rate from culture. The editors also note that hostility has come from critics who argue that the dismantling of objec-tivist truth is nihilistic.

The term nihilistic conjures Foucault, as he labeled himself a nihilist (Martin, Gutman, Hutton, 1988). Such an act needs to be taken seriously here. Within the volume, Foucault figures prominently in several papers. In treat-ing Foucault and Freud as respective icons of intellectual frameworks, Schwartz asserts in his paper that Foucault took Freud’s idea of an unconscious process that challenges the privilege of rationality to a new depth. Stern concurs and adds that Foucault’s critique of power and knowledge is a necessary part of contemporary psychoanalysis. Goldner fur-ther adds that when one notes that the analytic conversation takes place in a sociocultural matrix, that is a Foucauldian step. So, the dichotomy dating is that—on the one hand, may be helpful to address his use of the term in working towards a review of this second plague. In keeping with Foucault’s (1977) thought that the twentiy century might one day be known as Deleuzian, Deleuze’s (1962) analysis of Nietzsche (the character whom Mitchell in this volume labels the grandfather of postmodernism) will be approached in order to understand Foucault’s use of nihilism and its implications for a so-called postmodern clinical stance.

Foucault’s within Nietzsche’s work, nihilism has three mean-ings. First, a belief in fixed values leads to a negation of life. This is captured by the concept of negative nihilism. Objectivist thinking that posits a fixed essence is clearly within the domain of this term. Nietzsche also conceived of a second sense of nihilism, a reactive nihilism. Reac-tive nihilism is simply a reaction against the fixed values posited in negative nihilism. Such a reaction attempts to strip the world of meaning and purpose. It is the position of reactive nihilism that has been associated with postmod-
of a significant difference between Dr. Cole and his patient—namely, that apparently Dr. Cole had hope and his patient did not. Cole’s patient looked to him for a model of how to hope for a future that could include intimacy and pleasure, instead of the solitary illness and death that he envisioned.

The turning point in the work came when the patient recovered an unconscious fantasy, involving being buried alive and then resurrected. He longed for “pre-AIDS” days, when sex was unburdened by anxiety of infection. Yet his descriptions of sex seemed mechan-ical, and he recalled sometimes feeling that he and his partners were somehow not real after sexual activity. Later in the work, after Cole’s patient revealed that he and a new partner were bare-backing, it was finally possible to explore the paradoxical meanings of sex in the patient’s psychic life. This included a deeper exploration of the erotic transference. Dr. Cole was able to see her bare-back sex expressed both hope and despair. Dr. Cole felt that linking the theme of hope versus despair as it played out in treatment as well as with his sexual partners, led his patient to be able to more adequately mourn, and, in turn, experience more sustaining hope.

In The Bonds of Hate, Mary Sonntag illustrated how patients with a history of severe childhood trauma often develop aversive and malignant modes of attachment and of relating. She noted the importance of “demonstrative hating” as the only secure sense of connection with others these patients are able to maintain. She believes that in their abusive behavior, both in and out of treatment, there are hopeful strivings to be known, to be understood, and most importantly, to be vulnerable in the presence of a safe other. Sonntag described how, as her practice began to be filled predominantly with eating disordered and sexually abused patients, she experienced a new range and intensity of aversive and uncomfortable emotions. She was aware of an uneasiness in her own experience of these patients, and they hesitated little to display their contempt for her. Hate, though rarely spoken about directly, permeated the room. To survive, Sonntag either withdrew in a schizoid fashion or responded (both verbally and behaviorally) with retaliation. At the end of the day, she described often feeling lonely, full of guilt, shame, and intolerable badness. However, she also described days in which she felt invigorated, alive, and victori-ous. During these epochs, the AHD or the IHD was at work, and was an unacknowledged link about hatred and how it is conceptualized in analytic theory.

For life in general, and particularly in psychotherapy, these con-flicts are usually brought from the past (i.e., they are genetic). The transference manifestations are then con-sidered or identified from those experiences. For the other three perspectives. The patient is not arrested in needing fulfillment of unmet needs—for connection, merger, or self-object resonance. And, the therapeutic task is not to restore the developmental flow to the next point of maturation. Rather, the task is to step into and smoothen out the emotional con-flict and in a dysfunctional, neurotic solution to it. From the classical point of view, the therapist’s job is done when all this is brought to consciousness.

Once again, Hedges is helpful to the practitioner in providing a review of the necessary therapeutic stance for this situation. That stance is essentially Freudian and oriented to (1) understanding the patient and bringing to ever-greater consciousness the conflict and the functions of the neurotic solution and (2) achieving this through the analysis of resistance and transference. In this process, the therapist’s role is to “limit his/her influence as much as possible” (p. 41). Since the problem is viewed as internal to the patient, the therapist is not to bring in activity that will only interfere with that essential process.

Hedges is very faithful to Freud in this review, outlining all of this in the context of the Oedipal conflict from which this model was derived. But, both implicitly and explicitly, he suggests the broader therapeutic application of the conflict model.

Cases: In the Introduction to this current edition, Hedges writes:

Intersubjectively viewed, the four different relational frames or self and other perspective Persecutory, to a process in which different modes, styles, or patterns of internalized self and other possibilities are active at different moments in the ongoing therapeutic relationship—or perhaps predominate during different phases of the therapeutic work.

Put another way, even though an individual may be best understood, in general, using the organizing, merger, or self-object perspective, she may, at any moment, be better understood using another, including the conflict model. Simply put, the “Narcissist,” the “Borderline,” the “Schizoid” can also be “neurotic.” And, maybe, the more differentiated and developmentally mature she gets, the more “neurotic” she will become. As self and other, as different formulations of the same phenomenon, the more relevant will be internal emotional conflict. Or, someone best understood as “neurotic” most of the time

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organizing capacities. This includes the therapist’s abilities to form a “therapeutic symbiosis” as well as his or her empathy (based on similarity) for a disorganized early self-system. Included, too, is an appreciation for the value of useful constructs that help us to think, understand, listen, empathize, or act. Using the organizing perspective, we are urged to remember the organizing qualities and possible arrests of everything—whatever other strengths or vulnerabilities they may present. Hedges mentions the likely presence of organizing issues in the deeper analysis of Narcissistic and Borderline disorders. I believe they are common in every serious personality disorder. But, the most important point here is that many perspectives can serve. They are constructs that structure, not realities that constrain. They are tools that usefully simplify a much more complex reality for our relatively simple thinking minds.

The earliest organizing of human connection and sensory experience leads to the establishment of symbiosis. The failure to establish a good enough symbiosis produces arrest in the organizing process. However, however, there is contamination of that symbiosis or when there is a failure in subsequent differentiation from it, one sees arrests in symbiosis. Hedges uses the label Borderline Personality Organization to characterize these difficulties and emphasizes the many ways in which it can be observed, how it expresses itself, and how it affects the patient. He employs the constructs of a number of well-known analysts to exemplify the basic road map for symbiosis (particularly Mahler) and the varieties of potential arrests they can experience (primarily Kernberg, Masters, and Kleinknecht, and Kluver). He introduces concepts of splitting, incorporation, projection, identification, false self, replication transference or “scenarios,” self and other representation and affective linking, dysregulation, and differentiation are used to build this listening perspective.

The resulting model is broad and complex but, as with the Organizing Personality, he offers a guiding unifying principle, which is particularly helpful to the practitioner. This is the emphasis on the patient’s need for the replication of one or more idiosyncratic symbiotic scenarios from which differentiation has not yet been accomplished. The emergence of these scenarios in therapy, and the often-incessant demands for their contemporary replication, is both diagnostic and prescriptive. In this book, as well as in a subsequent one on this structure (Hedges, 1992), there is exquisite attention to the need for the therapist to participate or co-create this replication. Therapists in supervision are often encouraged to “confuse” the extent to which they have accomplished this essential step because what is usually required is totally antithetical to neutrality and abstinence. A newer model of development, relational understanding, and treatment is necessary to comprehend the need for this sometimes unusual therapeutic stance. Hedges is very reassuring about this, yet not neglectful of the corresponding need for boundaries and sanity. Still, one who takes on a patient with this personality organization must be willing to bend—sometimes a lot! Knowing that this is necessary and knowing why it is necessary makes it far easier to do with appropriate limits.

And then incrementally, thankfully, the perspective changes to emphasize the latter phases of symbiosis—separation/individuation. Here, the patient needs to move on and the therapist needs to support, and sometimes nudge. Premature nudging is still the most common therapeutic error but fostering dependency is not unheard of. This is the relational map—but the map is still a map. Hedges comments on the utility of behavior modification and social tools but training for the Borderline patient. Similarly, he emphasizes the unique symbiotic preferences which we all have and the universal appeal of “Mummy and I are one.” In any therapy, or in any relationship, this listening perspective may be called for, and, at any time. Here is the difficulty of the complexity. Hedges work makes us ready to shift, to understand, and to act—now in “organizing,” now in “merger” or now...

In the third listening perspective, we orient to the next developmental achievement: a cohesive self and a smoothly regulated self. Hedges recalls a patient he worked with named Heinz Kohut to explicate this process. Kohut’s view is supremely developmental-relational, relying on the key role of the self-object to empathetically mirror the individual’s emerging real self. Also required is self-object repair of the reits and self-object repair of the individual’s emerging self. This is the end of therapy when the core problem has been resolved. Hedges very perceptively notes, “One sees narcissistic pathology:...

...self pathology is characterized by a flaw in the regulation of self-esteem which results from a poorly developed self. The chief complaints are usually vague and the person feeling unable to derive joy from the pursuit of his ambitions or goals as well as a failure to develop talents satisfactorily (p. 57).

One often sees the other common narcissistic qualities: Section VIII: Infidelity and Couples - Enactment, Understanding and Hope

Chair: Susan M. Shimmenril, PhD
Presenters: Gerald Stechler, PhD
Phyllis Cohen, PhD
Discussant: Barbara Pitzer, EdD, ABPP

S ection VIII, Couple and Family Therapy and Psychoanalysis, sponsored a panel on the frequently encountered challenge of infidelity. Stechler emphasized those factors that lead up to the affair and those that follow. The central dynamic leading to the affair is the desire to restore a lost prior idealized state of excitement and connection. Sexual excitement and gratification is a welcome addition, but not the primary motive behind the affair. The disruption caused by the infidelity often leads to a breakup of the marriage, but, knowing the destructive impact on the lives of the children, Stechler expressed his bias that great effort should be expended to build a viable marriage.

If the therapy can focus on the understanding of the shared losses that precede the infidelity and are amplified by the act, it will be much more stabilizing for the couple than trying to apportion the responsibility. His experience is that while responsibility does not carry the destructive implication of blame, it nevertheless divides the partners. If both partners can sense and mourn those losses, the marriage can continue and possibly enter a new realm in which the strong affects of loss and betrayal can lead to reflection and change rather than enact.

Cohen said that “the affair” usually involves secrecy and the telling of lies, and this betrayal can be traumatic not only for the injured partner, but it can be destructive to the couple itself. On the other hand, after the uncovering of an affair the couple may become motivated to make a commitment to try to work things out together to stay, and when the affair is renounced as a wake-up call for the marriage, it can serve as a catalyst for change.

In a psychodynamically informed couple therapy, the treatment helps the couple become aware of the multiple levels of conscious and unconscious meaning that the affair had for the couple and how it served the conflicting needs of the individuals. Consideration must be given to such issues as how the affair can be reframed, the projections involved, and how the triangulation of the affair may have served to maintain the couple. When each partner acknowledges how he or she contributed to the climate of the relationship, then forgiveness is possible and the couple can begin to re-build the relationship while learning new problem-solving and communication skills.

In her discussion, Pitzer noted that both presenters agree that infidelity is far more complex than a bedroom matter. They invoke systemic and psychoanalytic thinking, but Stechler takes us on a helicopter ride showing the overall terrain as well as the deep crevasses below, while Cohen has us ride beside her in the front seat of a jeep that keeps us in close contact with each unfolding detail on the bumpy jour-
SECTION VII - HOPE, ILLUSION, FANTASY AND REALITY IN ANALYTIC GROUP THERAPY

Chair: Christine Kieffer, PhD
Presenters: Albert J. Brok, PhD
Andrew Eig, PhD
Discussant: Isaac Tylim, PsyD

Section VII presented an exciting and stimulating panel at our Annual Meeting. One of the key points dealt with the process of hope, its relation to envy and illusion and its contextual position within “reality” in the analytic group therapy. Dr. Brok noted, “Hope reminds us that we can be pulled by the future as well as in the present, and that our present is a reconciliation and choice point within this perspective.”

Dr. Brok suggested that hope might “spring eternal” in the poet’s mind, but that its roots are internal and external. They are internal in the sense that many of希望自己的决定 about his group members dealt with the process of hope, its relation to envy and illusion and its contextual position within “reality” in the analytic group therapy. Dr. Brok noted, “Hope reminds us that we can be pulled by the future as well as in the present, and that our present is a reconciliation and choice point within this perspective.”

Dr. Eig gave an evocative description of how members of his group processed the knowledge that he was to be married and how he as a group leader dealt with the issue by bringing the matter up in the group. He described how some group members dealt with envy of his relationship, and how the group moved from a paranoid-schizoid state to a more depressive position. Moreover, he described how he strengthened the group transition from a basic assumption group to a work group, by monitoring his own countertransference or, as Dr. Eig put it, “his ‘internal reverie’.”

Finally, he suggested that little is known about how the impact of a group leader’s marriage impacts the analytic group process. Dr. Tylim, in a masterful discussion, highlighted what he felt was significant. Alluding to Dr. Eig’s presentation, he stressed the importance of boundary protection and noted that bringing up an issue of exposure in the group, as opposed to waiting for members to allude to it in their own time, could induce a challenge to the survival of hope by bringing the group to a regressed state. Dr. Eig cited a personal example of how he dealt with such an exposure by waiting for it to come up in the group rather than alluding to it himself. The therapist’s capacity to tolerate the “absence of hope” is an important route to rekindling a feeling of hope.

In his discussion, Dr. Brok’s presentation, Dr. Tylim alluded to the recent Polanski film The Pianist as well as to the experience of Primo Levi in Auschwitz. He noted that Levi maintained his hope by the necessary isolation of the value of work (methodical oriented work), as did the protagonist in The Pianist who, during years of running from shelter to shelter, kept the fantasy of playing the piano alive; he said, “This fantasy seems to have kept the musician alive.” Dr. Tylim related this to the atmosphere in Dr. Brok’s group and the distinction between hopes and wishes.

Dr. Tylim noted that we can look at the future as not only an illusion but as possibility, and do our best to distinguish these different sentiments. The group has a great capacity to kindle hope. In sum, Dr. Tylim agreed with Dr. Brok’s notion that “for the wounded person, hope re-emerges from the external group’s capacity to reactivate fragile internal hope about the future is indeed crucial,” and commented that “this re-emergence is made possible by the analyst who knows how to wait, not like Waiting for Godot but rather like waiting for the rain to stop.”

WHY LISTENING PERSPECTIVES...IS A CLASSIC

Stephen M. Johnson, PhD

This brief essay is in response to an invitation from the editor to contribute the 20-year anniversary publication of Listening Perspectives in Psychotherapy, by Lawrence E. Hedges. In my book, this book is a classic in psychotherapy and psychoanalysis. It deserves to be kept alive for a long, long time.

First, and most obviously, Listening Perspectives is a tour de force of scholarship and integration. It is a unifying review of the most important contributions of psychoanalysis, beginning with Freud and extending to our time. Hedges brings together these diverse and often complex ideas with two organizing themes which are intimately related. The first is developmental—a catalogue of the requirements, achievements, and possible arrests in develop-ment that help define personality and psychic structure. This developmental focus is presented in a relational frame such that the successes and failures of relational development are brought into bold relief. This developmental-rela-tional perspective then leads directly to the understandings and interventions of the psychotherapy.

Hedges’s third organizing theme is his most innova-tive. That theme is given in the most unusual title: “List-ening Perspectives.” When truly understood, this view of things produces a profound shift in consciousness. It leads us to construct, construe; and to understand, not just the knowledge of a reality far more complex than the knowledge, constructs or theories themselves. It tells us that “the real” truth and opens the way to learning the most useful perspectives. It leads to flexibility in listening and respond-ing. It shifts the focus from the knowledge to the person of the person and the perspective that proves most useful for understanding and action can shift at any time. This orientation to perspective allows us to integrate or juxtapose or incorporate perspectives as they serve the larger purposes of understanding and action. The recogni-tion of the mind’s unfortunate tendency to reify constructs opens greater potential for not making that fatal error—to keep the map and not confuse them with the territory. This orientation to knowledge and its function is related to a number of interacting trends in science and culture—among these are theories of chaos and complexity, construction-ism, and post-modernity.

In what follows, I intend to review the four basic listen-ing perspectives proposed by Hedges and amplify on their developmental, relational, and post-modern aspects. For each developmental perspective, Hedges provides a broad review but relies on a key group of theorists and writers.

The first developmental perspective labeled “organiz-ing” emphasizes the infant’s achievement of organizing sensory experience, contact, connection, and mutuality. In explicating this perspective Hedges relies mainly on Klein, Searles, Giovacchini and Freud’s early ideas on the mirror

one need only read a little of Kafka’s The Trial or The Castle to experience the frightening and numbing disorga-nization of one urgently trying to make sense of worlds that make no sense. A great deal of data on secure vs. insecure attachment supports the assertion that the earliest period of human life centers on “making sense” of human experi-ence and requires an attentive, empathic, attuned caretaker capable of sensitive resonance and mutual cueing (e.g., see Siegel, 1999 for a review of this attachment research).

When this mutual organizing process has more or less failed, you see, hear, and feel some of the following:

1. (More mechanical-like functioning in affect, language, behavior, posture, images, personal relations, self and other perceptions, etc.) (2) Anxiety about and withdrawal from social contact, with an underlying longing for that perfectly soothing resonance and nurturance that was absent when most needed. (3) Guilt for being alive and having needs, which are perceived as wrong, and shame and guilt for not being able to repair these caregivers so that they might be more human and give what a human infant needs. (4) A lack of organization in the early self-system can produce “striking behavior patterns of self-mutilation, hallucinatory experiences, and the typical complaints and exaggerated affect states” (p. 229).

The relational requirements of the “good enough” therapist derive from this developmental perspective:

The therapist, like the parent, must patiently wait until the person is momentarily oriented for contact. Contact is usually fleeting and, in essence non-verbal (though words and sounds may consti-tute the medium of contact). Then comes the smile, laugh or warm squeeze, which forces attention on (and reinforces?) the person of the client and the person of the therapist. The knowledge is not lost; it is reformed as a perspective from which to understand and act. And the perspective that proves most useful for understanding and action can shift at any time. This orientation to perspective allows us to integrate or juxtapose or incorporate perspectives as they serve the larger purposes of understanding and action. The recogni-tion of the mind’s unfortunate tendency to reify constructs opens greater potential for not making that fatal error—to keep the map and not confuse them with the territory. This orientation to knowledge and its function is related to a number of interacting trends in science and culture—among these are theories of chaos and complexity, construction-ism, and post-modernity.

In what follows, I intend to review the four basic listen-ing perspectives proposed by Hedges and amplify on their developmental, relational, and post-modern aspects. For each developmental perspective, Hedges provides a broad review but relies on a key group of theorists and writers.
The risk with a discrepant model of identity definition is that rigid or arbitrary lines are drawn, barring a productive exchange of ideas. This is certainly a common theme in the history of psychoanalysis and is probably what has given rise to the multi-theoretical and comparative trend that pervades psychoanalysis today. It may also be a rationale for framing this book on Freudian identity in terms and on topics that are common among all analysts these days.

In the last chapter of this book, Bergman notes a conflict with which scholars of Freud must reckon: “Freud wished to bequeath us an idealized version of psychoanalysis… but what have we inherited?” (p. 293-4). It is an ambitious undertaking for the authors of this book to attempt to trace their own unique internalizations of Freudian theory and technique. Their effort to relate their work to the technical themes pressing on contemporary psychoanalysis at this time is an invitation for others to internalize more of Freud. While the book’s roots in Freud are at times constricted, it provides fertile soil for cross-theoretical thought.

In “Hopeful Collusion: Psychoanalysis’ Partiality for Hopeliness,” Cheuvront also discussed a number of examples from the history of psychoanalysis. While the book’s roots in Freud are at times constricted, it provides fertile soil for cross-theoretical thought.

Biases such as these, he argued, have been difficult to identify and exceedingly hard to retract, owing to the fact that these ideas are woven into the fabric of both analytic theory and culture. Because we never observe these ideas free of their organizing influences, our analyses and understandings of such social traditions are bound to be partial. Among these traditions, he suggests, are another example of this sort of bias.

McGoldrick stated that transference co-occurs with a real relationship. The analyst must strive to maintain an analytic stance while acknowledging the reality of the “face-to-face” relationship. The analyst must strive to maintain an analytic stance while acknowledging the reality of the “face-to-face” relationship. The analyst must strive to maintain an analytic stance while acknowledging the reality of the “face-to-face” relationship. The analyst must strive to maintain an analytic stance while acknowledging the reality of the “face-to-face” relationship.

The chapters that more rigorously address the boundaries of Freudian theory and technique, within a discrepant model, provide refreshingly clear grounding in the midst of the more integrative chapters. Chapter Four, “Psychoanalytic and Symbolization: Legacy or Heresy?” declares that symbolization is the “centerpiece for understanding a quality of mind crucial to analytic outcome and process” (Freedman, p. 80). The author, Norbert Freedman, describes the shift in thinking about symbolization, as the concept has been extended, and explains the change in technique that came with it, in which there is attention both to linking (symbolizing) and to uncoupling, or unraveling a symbol’s dynamic significance. But along with noting the evolution of this construct, Freedman contends that a focus on symbolization is essential to Freudian psychoanalysis and holds that “at its best, psychoanalytic treatment is a dialogue between two symbolizers” (p. 87). He also plainly rejects the theoretical lines of Lacan and the relational analysts, who have taken symbolization in very different directions.

“A Contemporary View of the Current Conceptual Scene,” Chapter Eight, provides another useful anchor with which to distinguish Freudian theory from other interpersonal conceptions of the therapeutic relationship. Irving Steingart addresses intersubjectivity and countertransference in their ever-changing, ever-plastic, ever-changeable scene that contains many confusing and haphazard conceptualizations (p. 161). He accepts that the analyst’s subjectivity plays a role in promoting the blossoming of the repetition compulsion in the transference, but he rejects the perspective that transference is created by the “intersubjective flux of transference-countertransference” (p. 171). He recognizes that the analyst’s countertransference informs her understanding of the patient, yet he rejects the notion of disclosing countertransference experiences to patients, which he feels dilutes the analysis’ and the analyst’s internal life. Finally, he states that from a Freudian perspective, the contemporary focus on transference is overshadowing the importance of fantasy in analytic process.

REFERENCES


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The individuals with these symptoms can be incredibly difficult to help, and may even require a team approach.

In this book, we find comfort in the shared clinical vignettes and we learn from the therapeutic illuminations. These are the patients who seem to drive us the most crazy—the eating-disordered, drug-addicted, alcoholic, passionately locked-in souls. These are people who live highly dramatic lives, and it is the nature of good drama to pull the audience in, to make you pay attention. This collection of essays emphasizes the living experience. These cases because of the active and dramatic nature of these symptoms, the strong pull for the clinician, and the final recognition that the tools best used for this work are the very same ones employed for all of our psychotherapeutic work—only more so.

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HOPED-FOR RELATIONSHIPS: INFUENCES OF THEORY ON PRACTICE

Moderator: J. P. Cheuvront, PsyD
Presidents: Ruth Burtman, PhD
J. P. Cheuvront, PsyD
Discussant: Jacqueline J. Gotthold, PhD

In the panel, two papers looked at how ideas about hope found in psychoanalytic theory influence how we think and feel about our patients’ difficulties. These ideas can help sustain hopefulness, stave off feelings of stagnation, and provide direction in treatment. But just as these ideas define specific paths, goals, or behaviors, they may also hinder exploration or obscure progress. This panel addressed ways in which theoretical concepts that foster hope can help or hinder the analytic process.

In “The Resurrection of Hope through Implicit Knowing in an Analysis,” Ruth Burtman discussed a case of a patient who had not hoped during her treatment but hoped after she realized her experience of life could change. She discussed how relational theories of psychoanalysis have made us increasingly aware that these hopeless feelings often center on experiences of disappointment in their relationships with people in their lives. In such cases analytic treatment is charged with both the establishment of a trusting and hopeful analytic relationship and the resurrection of hope for the patient’s life.

Specifically, Dr. Burtman focused on Stephen Mitchell’s concept of hopelessness. From the resolution of the patient’s dread that the analytic situation will repeat prior disappointing experiences in relationships. Mitchell seems to feel that in such cases, hope is not a primary state, but emerges from the resolution of these dreaded relationship expectations. As such, hopeful cohesion develops through analysis of the patient’s dread. However, in the case presented, Burtman questioned whether this developmental line is sufficient to account for the complex dynamics active in the resurrection of hope in analysis. Through the use of clinical material, she showed how hope can be conceptualized as embedded within the patient’s repertoire of implicit relational knowing (a term developed by to Louise E. Gottlieb, M.D., & Richard P. Grossman, M.D.). Implicit relational knowing emerges in early infancy long before language and continues to develop and operate implicitly throughout life, according to Lyons-Roth. We unwittingly carry these expectations for hope or dread into all of our relationships.

Rather than privilege a developmental line where dread must be uncovered in order to regain hope, Burtman suggested that both hope and dread are expectations organized jointly through early dyadic experiences. It is only when one dominates over the other as a result of relevant earlier experiences and interactions that issues regarding hope and anxiety appear in treatment. She showed in her clinical case how the balance between hope and dread can be shifted in analysis in a manner that does not necessarily follow Mitchell’s conceptualization of such a shift, and that presumptions in Mitchell’s theory could prevent analytic attention to important aspects of the blossoming, helpful, hope-infusing clinical relationship.

In “Hopeful Collusion: Psychoanalysis’ Partiality for Coupled Relationships,” J. P. Cheuvront, discussed how the idea of a sustained, partnered, love relationship as the likeliest guarantee of human happiness has been woven into the theoretical fabric of psychoanalysis. Dr. Cheuvront showed how, despite other important theoretical changes, this idea continues to be pervasive in our approaches to practice. As an example of how these changes include theoretical ideas about gender development and roles and the abandonment of homosexuality as pathology. Biases such as these, he argued, have been difficult to identify and exceedingly hard to retract, owing to the fact that these ideas are woven into the fabric of both analytic theory and culture. Because we never observe these ideas free of their organizing influences, our analyses and understandings of such social traditions are bound to be partial. Among these traditions, he suggests, are another example of this sort of bias.

Burtman pointed out that many people live significant portions of their lives happily unmarried or in relationships that do not reflect the cultural norm, and that some of these people, in seeking to understand the discrepancy between the unfolding of their life and social expectation, will come to the treatment. He noted that cultural hopes and ideas about normal behavior not be equated within psychoanalytic theory as emotional health.

Dr. Burtman’s and Dr. Cheuvront’s papers were discussed by Jacqueline J. Gotthold, who noted that both papers emphasized the embeddedness of hope in the treatment process. She noted the multiple, contextual meanings and functions of hope, and asked what is really meant by hope. She noticed that where Dr. Burtman’s paper discussed hope as facilitating expansion of experience, Dr. Cheuvront’s paper was concerned with hope as a foreclosure of experience. Dr. Gotthold suggested that in the psychoanalytic realm, hope, however conceived, is a dimension of experience to be questioned, examined, and ultimately understood.

J.P.Cheuvront
COMMITTEE ON SEXUAL IDENTITY AND LESBIAN, GAY, BISEXUAL AND TRANSGENDERED ISSUES (SILGBTI): SEXUAL OBJECT CHOICES - AN ONGOING DISCUSSION

Discussants: Dennis Debak, PsyD (and Moderator)  
Muriel Dimen, PhD  
Victor Bonfilio, JD, PhD  
Scott Pytluk, PhD

This was the second in a series of ongoing discussion groups on sexual object choice, sponsored by SILGBTI. Broadly, the goal of this series of discussions is to open up a space to reflect on ways in which we conceptualize sexual object choice within a psychoanalytic framework. Last year’s discussion, which was slightly more formal, included a presentation by Elisabeth Young-Bruehl on bisexual object choice. In this year’s discussion the four facilitators, Dennis Debak, Muriel Dimen, Victor Bonfilio, and Scott Pytluk, offered brief opening comments and opened the floor to discussion much more quickly. What ensued was a lively discussion, which occurred at the intersection of theoretical, clinical and political concerns. What follows is an attempt to capture the content and the mood of the discussion in its progression.

The discussion began with the question: “Why talk about choice?” The presenters acknowledged at the outset the dangers involved in interrogating the word “choice.” Given a sociohistorical context that romanticizes homosexuality, and given the importance of an identity politics for GLBT individu-als, any discussion of choice has the potential to be taken up in ways that are largely unhelpful. That is, putting choice on the table is dangerous, insofar as it could provide fuel for anti-gay clinicians and laypersons who believe that sexuality is a choice, individuals should be able to exercise agency in choosing different sexual identities. Even GLBT clinicians who are sympathetic to the rights of sexual minorities are wary of invoking the discussion of the word “choice.”

But, of course, a psychoanalytic discussion of the term choice does not necessarily (or even at all) imply a conscious agency, prompting Muriel’s questions, “What, as psychoana-lysts, do we mean by the term choice? How does it fit into an analytic situation, and not the theoretical? How do we frame the discussion?”

These questions set the stage for a problematization of terms and concepts that are often taken for granted. All of the presenters ascribed to a belief in the importance of an analytical discussion about concepts and categories that have been reified within both mainstream and psychoanalytic literature. In addition, all of the presenters seemed to believe in the importance of raising difficult, and even potentially dangerous, questions without foreclosing them with answers.

In many ways, of course, it would be much easier to stick with our familiar categories and identities, to still the flux, to reduce the project of psychoanalysis not to be consonant with our aims as psychoanalysts. Although it would be simpler to be reductive (and in moments we actually are), analytic thinkers do not buy into the idea that a reductive sim-plicity is adequate or accurate. As Muriel noted, “The idea is to complicate things.” Ultimately, of course, we believe that it is more fruitful to complicate things, to raise questions that we might not be able to answer, to think analytically about object choices, to problematize gender identities, and to allow for a discussion of their fluidity. Rather than seeking comfort in familiar and discrete categories, the opportunity for political advancement will be, as Scott noted, “dependent on a willingness to think analytically.”

In addition to their commonalities, each of the pre-senters brought a different lens to the discussion. Victor raised the idea of a discussion of sexuality that acknowledged the sex-ually neutral nature of human beings as non-differenti-cally sexual, such as friendships and clinical relationships. He also highlighted the importance of keeping the discussion at a personal level and in retaining a focus on the role of excitement and anxiety. Scott discussed the history of anti-gay literature in psychoanalysis, and he as well discussed the role of self-disclosure for LGBT clinicians. Muriel raised questions about the constraining nature of categories and the importance of “queering,” that is, of problematizing and breaking monolithic categories.

Dennis summarized the discussion and talked about the clinical implications of our sexual object choices, raising questions about how much our sexual attraction figures into our choices of clients. He also noted the change in affect in the room as the discussion progressed.

Indeed, the quality of the affect in the room shifted in the course of the discussion. Whereas at the beginning of the discussion the mood was lively and the presenters were called upon to moderate in order to give everyone a chance to speak, the mood took a melancholic turn as the discussion neared its close. With about 15 minutes remaining, the room fell into a silence, which was so noted by the presenters and audience members. As we delved deeper into our analytic situation, the affective shifts felt palpable and the process became more interesting than the content. Such a shift perhaps highlights the personal quality of discussions about sexualities. In the end, the discussion came back to where we began and the question, “What does choice exactly mean?” was raised again.

It appears as though this year’s SILGBTI panel on sexual object choices was successful in that it touched upon a number of important, clinical and theoretical concerns and provided a space for an engaging discussion about sexualities. Although the presenters provided invaluable direction, much of the energy of the discussion came from audience participation. SILGBTI members hope to imitate this format in future panels and will sponsor another discussion at next year’s meeting.

Bethany Riddle

THE MODERN FREUDIANS, EDITED BY CAROLYN ELLMAN, STANLEY GRAND, MARK SILVAN, AND STEVEN ELLMAN. NORTHVALE, NJ: JASON ARONSON, 2000, 336 PAGES, $40.00

Sarah Ackerman, PhD

The Modern Freudians: Contemporary Psychoanalytic Technique, edited by Carolyn Ellman, Stanley Grand, Mark Silvan, and Steven Ellman, grew out of a 1996 conference in which the Freudian faculty of the NYU Post-doctoral Program explored their identity—technically, and clinically—as Freudians and took up questions about the evolution of psychoanalysis in the past cen-tury. The book aims to answer “why [they] are Freudians and what distinguishes contemporary Freudian technique at NYU?” (p. xxvi). This focus on identity is designed with a particular bent. Rather than organizing the book around the topics deemed central to Freudian theory and practice, the book is weighted toward a dialogue with other theoreti-cal camps. As a result, two of the five parts of the book emphasize the therapeutic relationship, maximizing the opportunities to take up contemporary “hot topics.” Most of the individual chapters of this book seem to be driven by this cross-theoretical, as well. They employ an arboreal model of identity development, in which, authors identify “points of conjunction” in Freudian theory to other theoretical perspectives, past and present.

These chapters base their extensions and modifications on Freud’s assertion that “psycho-analysis is founded securely upon the observations of the facts of mental life; and in its method and theoretical superstructure is, for the most part, in perfect sub-ject to constant alteration” ([1926], p. 266)” (p. 64). In other words, it is inherently Freudian to be open to modification of Freudian theory.

It is for this reason that for authors in this book to employ a discrepant model of identity definition, in which an author stakes a claim about what is essential to Freud-ian psychoanalysis and what it cannot abide. Freud’s own discrepant definition of psychoanalysis is quoted twice in this book; he stated that anyone who sees himself as a psychoanalyst must endorse three beliefs: the existence of unconscious mental processes, the reality of resistance and repression, and the importance of sexuality and the Oedipus complex (Freud, 1923). The authors of this book, however, seem less inclined to stake claims of this sort, to delineate the boundaries of a Freudian perspective. As someone who developed her own identity as a clinician and analyst-in-training during the past fifteen years—a time of multi-theoretical perspectives, comparative approaches, and a repudiation of meta-psychology—I am biased toward a discrepant identity definition, which clarifies the placement of Freudians relative to other theoretical perspectives. I have tried to manage this “countertransference burden” in my reading of this book.

The book is divided into five parts. Part I, “The Evolu-tion of Freudian Thought,” provides a historical backdrop for contemporary, American, Freudian thought. In Part II, “The Enduring Legacies,” Freud is liberated from the rigid orthodoxo, which is often ascribed to him. We are reminded of enduring concepts that originated with Freud. “Changing Perspectives on the Therapeutic Relationship,” Part III, brings Freudian analysts to bear on the pressing questions of contem-porary analytic technique, from the authority of the analyst and self-disclosure, to broad questions like what is muta-tive—the relationship or interpretation. In Part IV, “The Difficult Patient,” themes from Part III are expanded in view of the treatment of patients who were historically deemed una-nalyzable. Part V, “What is Unique About Freudian Technique? Summary and Conclusions,” reunites the themes in this book and summates Freud’s enduring impact.

Many of the arboreal chapters provide an excellent means of extending Freudian thinking. Chapter Five, “On the Place of Self-reflections in the Psychoanalytic Process,” for example, draws on competing theories to build on Freud-ian technique. Grand argues that self-reflection, and not the internalization of a new object or object relations theory, provides the capacity for self-reflection as stemming directly from the quality of the therapeutic relationship. What is essential about psychoanalytic technique, for Grand, is “the capacity to bring in new experiences under the ego’s watchful, self-reflective eye” (p. 118).

Another useful application of the arboreal model can be found in the two historical chapters of the book. These chapters review the two foremost evolutionary lines of ana-lytic theories in the US—Freudians relative to other theoretical perspectives. They articulate central themes, concepts, and theo-rists and flexibly consider constructs from these perspectives that are employed by a contemporary Freudian model. They do not articulate differences, discrepancies, or competing hypotheses in the other schools of thought.

The risk with the arboreal model is that the focus on Freudian identity can get lost in the extension of the theory. An example of this is Chapter Seven, “The Therapeutic Action in the Real, Transferral, and Therapeutic Object Relationship,” in which the central argument is that the muta-
halt therapeutic progress: “It becomes very easy to grow to hate the patient’s eating disorder, and then without recognize-
ing it, to hate that part of yourself that is trying but failing to cure it. The therapist begins to feel victimized by its own desire, and then feels the patient’s pathology as adversal...” A transpersonal reality has to be constructed in which trust in human relatedness begins to become possible, and this can happen only through the therapist’s surrender to his own dissociated self-sufferer, Brombergthankfully adds, is “Not so simple!” (p. 77.)

Section Three is entitled “On Being Stuck: Enact-
ments, Mutuality and Self-Regulation with Eating-Dis-
ordered Patients,” but I found very little to discriminate in content between the writings of this section and that of the previous one. Here, in a chapter entitled “The Dysta-
bilizing Dyad: Psychoanalytic Affective Engagement and Growth,” Emily Kuriloff makes the point that “Analysts are not trained to engage their bodies.” Rather, we’re trained to talk and symbolize, and words become vehicles for detach-
ment. She describes how her patient got worse as analysis progressed (confirming Bromberg’s point in the previous section). Poetically, she writes, “Conceivably our formulations, like dried up, dead leaves fallen from supple trees, were merely repetitions of their deadened, isolated affects” (p. 128). In her clinical example, at first she noted that the analyst, disclosed the fact that she had broken a tooth in the middle of the previous session that the work with one very difficult patient began to progress. She was able to identify with the patient’s rage, recognize her own frustration with the patient, and also connect with the patient’s mother, “the heretofore villain in the story.” Kuriloff concludes, “Finally, when I became the angry, controlling mother, the one who wished to ‘kill’ her daughter, I see myself not just in but also through Penny’s eyes (Goldman, 1999). I under-
stand her more fully in her defense.” This is also a perfect example of “act in vivo into passive,” which Weiss and Sampson describe so well (Weiss & Sampson, 1986).

Section IV is called “To Eat or Not to Eat: The Psy-
ic Meanings of the Decision,” and the papers in this section expand upon an essay that appeared in earlier papers. I found Stefanie Solow Glennen’s paper “The Armored Self: The Symbolic Significance of Obesity” to be particularly clear and insightful. Here she notes the necessity of distin-
guishing between two separate eating disorders: the need to be fat (or not thin) versus the need to eat (without neces-
sarily the need to be fat). As for all symptoms looked at psychoanalytically, it is important to understand the specific meaning of the fatness.

The next sections are “Creativity and Addic-
tion” and “Desires and Addictions.” No longer confined to eating disorders, the material sweeps into brief explorations of addiction as a defense against depression, addiction as

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MEET THE AUTHORS


This forum explored the gender history of psychotropic medications, in conjunction with the release of my new book, Prozac on the Couch: Prescribing Gender in the Era of Wonder Drugs (Duke, 2003). Participants learned about the cultural half-lives of Miltown, Valium, and Prozac, the three best-selling psychotropic wonder drugs of the latter half of the twentieth century. The forum traced the notion of “pills for every day worries” through psychiatric and medical journals, popular magazine articles, pharmaceutical advertisements, and published first-person accounts of mental illness, from 1950 to 2003. The purpose was to explore the development of brand-named psychotropic medications both as forms of treatment and also as symbols of cultural inequitie, made to listen and talk back in response to the perception of social change.

In the process, the forum looked closely at the mother’s little helpers, valleys of the dolls, the Prozac nation, and other gender-inflicted stereotypes of psychopharmaceuticals in Amer-

ican culture. In exploring the popular and medical discourses through which psychotropic drugs are researched, marketed, employed, and dispersed into the American imagination, the forum ultimately showed how gender roles shape many of the ways in which “emotional” problems are understood, identified, and indeed treated at different points in time. At the session’s end, each paper was asked (1) to think about the ways in which medications function symbolically as well as chemically; (2) consider the relevance of gender and culture to the history of psychotropic medications; and (3) reflect on their own, cultur-

ally based assumptions about psychotropic medications.

THE NORMAL ONE: LIFE WITH A DIFFICULT OR DAMAGED SIBLING, by JEANNE SAFER (NEW YORK: FREE PRESS 2002).

Dr. Safer discussed and read from her new book, The Normal One: Life with a Difficult or Damaged Sibling, which was published by Free Press and will be released as a Bantam Dell paperback in September, 2003. In his introduc-
tion, Dr. Karon noted that every advance in our field—Freud’s Oedipus complex, Adler’s inferiority complex, Sullivan’s schizoid personality—derives from a clinician’s battle with “personal monsters,” and that Safer’s struggle to come to terms with her own emotionally damaged brother to illuminate the experience of other normal siblings, continued that tradition. Safer noted the dearth of psychoanalytically informed

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Dr. Hedges’s book is about primitive terror as it arises in the transference-countertransference relationship. Psycho-
therapy and how deep relational fears can be worked through safely. Hedges suggested that in psychotherapy and psycho-
analysis we invite people to remember and relate, and we expect an array of developmentally-based fears to arise in the course of the intimate therapeutic relationship. The psychological theory of transference predicts that deeply traum-
atic experiences will be recalled through relational trauma. The psychotherapeutic relationship thus moves inexorably toward the re-experiencing of life’s most primitive fears within the context of the relationship. According to Hedges, whether or not relational terror is allowed to develop over time is a function of the client’s willingness and ability to relive the terrifying experiences in the context of a current intimate rela-
tionship, and of the therapist’s ability to welcome and interpret material on the sibling experience in general, and the virtual absence of attention to healthy siblings of the physically or mentally ill—of which Freud was one. She explains the rea-
sons for this neglect in a chapter entitled “Where have all the siblings gone?” Her own work includes the following: a

person account of life with her brother and its hidden impact, which she deleted from her psyche despite years of personal analysis and professional work in the field; a literary analysis of the Caliban/Miranda/Prospero relationship in Shakespeare’s The Tempest; and research based on sixty interviews with other “normal” ones, including interpretations of their dreams. Dr. Safer’s work emphasizes a personality constella-
tion she names The Caliban Syndrome (after the half-human brute in Shakespeare’s The Tempest) to be most useful and well thought out. In clear language and with the use of clinical material, Safer describes how for a patient, what may seem like a masochistic kind of addiction to a very poor object choice is really a life-line, to be understood as such and as a vehicle to escape from a much greater inner need: that of feeling as though she (the patient) did not exist. Safer noted that the analytic relationship became such a substitute for therapy, that the therapist also could be a substitute addictive object, rather than a work-

ing collaborator. The subtleties of these insights make for extremely valuable reading.

The final section of the book, “Winnicott and Masud Khan: A Study of Addiction and Self-Destruction,” relates less directly to the previous work. Somehow this section appears disconnected from the rest of the book, perhaps because it seemed to be more of an attempt at formulating ideas about the issues than an attempt to think about the ways in which medications function symbolically as well as chemically; (2) consider the relevance of gender and culture to the history of psychotropic medications; and (3) reflect on their own, cultur-

ally based assumptions about psychotropic medications.

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The resistance to re-experiencing the terror in the therapeutic relationship. Vignettes illustrating transference-countertransference terror were briefly presented. This book was nominated for the 2001 Gradiva Award from the National Association for the Advancement of Psychoanalysis as Best Psychoanalytic Book of the Year.


How do psychoanalysts understand dreams? How should we revise our theory of dream formation? What can our dreams tell us about the human brain? These were some of the questions addressed in *The Dream Frontier*. Blechner said that dreams have been recorded and analyzed by his own for over 40 years. He believes that we can learn from all the great psychoanalytic traditions of dream interpretation, including Freudian, Jungian, object relations, and Gestalt, (each of these are summarized and compared in his book). Clinicians should learn all the approaches and decide which fit their work best.

Dreams represent the mind producing meaning without the need for communicability. In this way they resemble what Vygotsky called “inner speech,” which contains predicates without subjects. Therefore, instead of trying to interpret dreams element by element, Blechner prefers to contextualize them, by finding the question for which the dream is the answer. Even meanings of single words can change based on context.

Blechner described his original way of working with dreams as compatible with other psychoanalytic approaches. He called the manifest dream the “dreamtext.” He also argued that good dream interpretation starts by considering the most concrete meaning of the dreamtext first, before exploring metaphorical and symbolic meanings. He said he often likes to ask a patient, “Did what happened in the dream ever happen to you or something like it?” The answer is “yes” surprisingly often, as many clinicians have confirmed. He asserted that many patients prefer metaphorical and symbolic interpretations, because they are much further from core anxieties than the simple dreamtext.

Because dreams are so rich with condensed information, the psychoanalytic method can choose which dimensions of the dream to analyze. Blechner called these dimensions “vectors of interpretation,” which include the well-known factors of the dreamer’s personality, conflicts, defenses, and transference, as well as lesser-known vectors, like the dream-as-commentary on the analyst’s countertransference. He discussed how a patient’s dream function can be supervision for the analyst.

The chapter in Blechner’s *The Dream Frontier* identifies patterns of dream thought that may help us understand the brain. In particular, Blechner discussed how certain kinds of “normal bizarreness” in dreams are very much related to the mentation of people with brain damage. For example, “I knew it was my mother, even though it didn’t look like her,” which we all have heard in dreams, is very much related to Frigoli’s syndrome (in which people think they recognize someone who is actually a stranger to them) and prosopagnosia (in which a man may not recognize the face of his wife of 40 years)—both of which show that simple feature perception and facial identification may be processed in different parts of the brain. Blechner noted that we psychoanalysts have data, especially about dreams, that neuroscientists need to know about. By carefully analyzing the structure of dreams collected in clinical sessions, Blechner says psychoanalysts can contribute enormously to the understanding of how the mind/brain works.


Explaining the title of this collection of papers by prominent psychoanalysts and cultural critics, Lynne Layton related the anecdote in which Freud tells Jung, as they crossed the Atlantic to America for Freud’s Clark Lectures, “Little do they know that we’re bringing them the plague.” Postmodern ideas are staked on dismantling the plague, challenging traditional ideas about knowing, subjectivity, and the patient-analyst relationship and asserting the essentially political nature of all of these analytic mainstreams. The book emerged from several years of discussion in the editors’ study group on postmodern theory and clinical practice—discussions that pointed both to the compatibilities and the fissures between relational psychoanalytic clinical work and academic writings on postmodern theory. The authors felt that such a book could reveal some of the realties of clinical work to academic theorists (as Murial Dimen writes, “There is a truth people want, and it’s called healing”) and, more important, that it could show clinicians how meaningful some of the theorizing that goes on in academic circles can be for everyday practice. This makes *Bringing the Plague* unique: while there are many books that use psychoanalysis to understand cultural life, and many that use cultural theory to understand psychoanalysis, it is not entirely rare to find patients among those who have applied social theory to actual clinical cases. The book’s dialogic form, in which the authors respond to critiques that are often pointed challenges to postmodern thought, captures the spirit of bridging these domains and illustrates how some of today’s most eminent analysts are dealing with the unsettling new paradigm. The book opens with a theoretical introduction that presents the model that underlies most of the contributions: a model of the therapeutic exchange, as well as a model of the analyst’s role. The book ends with a dialogue that presents the contributions to the volume. An in-depth discussion of each paper follows, exploring the paper’s contribution to the volume and its relevance to the broader field of psychoanalysis.


The title of this book is a little misleading. Compulsions, such as in obsessive-compulsive behavior, are not addressed here. The fact is, the title grabs the reader’s interest because the word hunger immediately evokes physical and emotional resonance. A state of hunger usually requires (or compels) an action: eating. The cover of this book piques our interest because all human beings, analysts included, have known hunger. In this volume the editors have tried to tie together numerous authors’ thinking about what is really a continuum of experience, from hunger to desire to passion; from nourishment behavior to pathological symptoms.

Addictions and eating disorders are similar in that they involve ingesting (or refusing to ingest, and thereby causing the same effect) substances that alter the brain and body chemistry and result in intrapsychic, physiological and social consequences. These symptoms are highly dramatic and provocative. One cannot easily ignore, miss or minimize these behaviors. (There’s no floating around in the diagnostic muck here.) This behavior is involved in a part of the outside world, food, chemical, or human object. Fatigue and depression, of course, are highly dramatic symptoms, why because these symptoms are about actions that people take that affect them as well as others. But for the psychoanalytic therapist, the symptom is just one aspect of a person, and the contributors to this book all attempt to understand the symptom as part of the greater whole of that person. Still, the symptom is dramatic, discrete and more immediately distressing than say, a chronic depression. And, as we learn from the various writers, the treatment of an eating disorder or addiction regularly goes beyond understanding and usually includes more than the usual level of active participation from the therapist.

The Introduction tells us that the book grew out of a conference given by the William Alanson White Institute. There is indeed a conference feel in many of the chapters, where it seems as though the author is speaking, not writing, and the reader is part of an actively listening audience. This format is fascinating as the authors write about the subject of addiction in personal, specific and concrete ways. In terms of theory and practice, we get a chance to look at how eating disorders and addictions may be parallels of different theoretical persuasions. Yet, the sense is that this collection of essays is a collage of ideas, not always coherently related to one another. If you read the papers in the order presented, you initially find yourself reading almost exclusively about eating disorders. After more than half the pages are read, the material shifts, and the balance of the book contains sections devoted to other varieties of addictions.

The breadth of topics presented here is impressive. There are theoretical, clinical and personal perspectives; literary, philosophical and historical references; case presentations, analyses of enactments and countertransferences, and transformative dramatic episodes for both patients and therapists. Thus, the anthology is really a sampler of ideas. The 26 chapters are divided into seven sections. The first section, entitled “Addictive Economies,” is the briefest, comprised of only two chapters: one by Joyce McDougall, followed by a discussion of McDougall’s paper by Catherine Stuart. These two papers suggest two seemingly opposing ways of conceiving the remaining material: either an intrapsychic emphasis, or an intersubjective and interpersonal emphasis.

The second section is called “Expanding the Analytic Space: Dissociation and the Eating-Disordered Patient.” These essays go way beyond the stated section heading, with either an intrapsychic emphasis, or an intersubjective and interpersonal emphasis.

Phillip M. Bromberg further illuminates the process of dissociation, but in his chapter, “Out of Body, Out of Mind, Out of Danger: Some Reflections on Shame, Disassociation, and Eating Disorders,” he articulates the positive, adaptive regulatory function of the symptom. Bromberg further elaborates how the therapist’s dissociative process can...
to an elite class of brain experts” (p. 92). And she has much of interest to say about “how financial interests work to spin the web of ideologies” (p. 65).

Brothers’s initial research was on the neural basis of social cognition in primates. Her first book, Friday’s Footprint: How Society Shapes the Human Mind, was a review of recent work in the field of social neuroscience. In it she attempts to show that mind only exists in a social context, that there is, in effect, no Robinson Crusoe without Friday. In her present work, as her argument progresses it becomes clear that Brothers’s main objection to neuroism is not that it is a materialist account (she is a neuroscientist after all) but that it is an internalist account of the relationship of mind and brain, i.e., that it sees mind as inside individual brains. Brothers’s position is that mind is not internal to individuals but is rather constituted by our participation in a network of social acts. Mind is socially created and our brains are specifically wired to be responsive to social stimuli.

Brothers holds that social neuroscience, as opposed to cognitive neurobiology, is the appropriate field to serve as a neural basis of mind. While she recognizes that this proposal is open to some of the same arguments that she has levied against neuroism, she brushess this recognition to one side with some very strong arguments. She suggests, for example, that because social interaction is evolutionarily fundamental and because neuroscientists were not expecting to find evidence for social specialization when they did, social neuroscience has a more legitimate claim than cognitive neuroscience as the real basis of mental activity. Claiming that mind happens between brains rather than within them gives Brothers’s position the admitted advantage of not being reductionistic, of avoiding neuroistic determinism. However, this does not logically entail that mental activity is (or is not) the result of material processes. This is just assumed by Brothers, as it is assumed by the neuroists she criticizes.

While Brothers externalist position effectively dodges the mind-body problem, it leaves her with the problem of personhood. Again, she recognizes the difficulty but brushes it to the side. “In fact, externalism also does some slight violence to our ordinary ways of speaking of persons... Nevertheless, the ordinary language stance can take us in the direction we want” (p. 89). Intimacy is a part of what it means to be a person, and is not accounted for by Brothers’s point of view. How would she explain, for example, that while memory may be socially determined, individuals remember things selectively and differently, or that a common set of gestures that makes up a social interaction can be interpreted differently by different individuals?

On the other hand, there is much that is positive in Brothers’s position. It dovetails nicely with the contributions made by attachment theorists and object relations theorists to psychoanalytic theory. We have become quite comfortable with the idea of psychic life being created out of social interaction. It is decidedly nonreductionistic, and as such does not aim at replacing psychology.

Our neural machinery…doesn’t produce mind; it enables participation…Therefore it is incorrect to look for any particular part of our vocabulary of mind—attention, memory, emotion, or even some modified forms of them—in brain processes. Instead, we must study the brain to understand better how it supports our participation in elaborate social forms (p. 92).

Finally, and this benefit is one that is clearly close to Leslie Brothers’s heart, it provides an important corrective to neuroism’s tendency to “focus on neural tissue as the cause of our collective tensions and failings, instead of looking at our social organization” (ibid.) as sources of human difficulty.

**References**


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Drs. Hedges reported that psychoanalytic psychotherapy necessarily involves establishing a working relationship with the patient that extends over a period of time. But the history of such therapeutic relationships demonstrates the perils and pitfalls of this type of intimacy. The emotional, relational, and sexual histories and vulnerabilities of both client and therapist contribute significantly to the intersubjective context of psychoanalytic therapy. When developmentally earlier issues are in focus, more personal involvement on the part of the therapist is generally required. Issues of boundaries, multiple roles, personal involvements, communications, expectations, defenses, sexualities, and relationships frame and profoundly affect the therapeutic relationship. How are we to decide what transference and countertransference can be acknowledged and safely worked on as effective professional tools? It also considers negative therapeutic reactions and the sources of most false accusations against therapists and how they can be dealt with and/or prevented. The updated, 2003 edition has a chapter by Attorney Pamela Thatcher, on administrative law, a chapter by Attorney-Psychologist Stephen Frankel, on child custody evaluations, a CD-Rom with 30 forms for clinical practice, and a forward by Attorney-Psychologist Bryant Welch. This book received the 2001 Gradiva Award from the National Association for the Advancement of Psychoanalysis as Best Book of the Year in Psychoanalysis.


Susan Kavaler-Adler discussed the themes in this, her third and latest book, in it, she looked at the history of psychoanalysis from Freud through Klein and the British Object Relations theorists, discussing how each theory is either explicitly or implicitly related to mourning processes within clinical treatment. In line with such theory, the author has integrated her own view of “developmental mourning” and created her own metaphysicology, while dividing Melanie Klein’s clinical phenomenology—which so directly employs an understanding of mourning as clinical process—from Klein’s metaphysicology of the death instinct.

Dr. Kavaler-Adler discussed the theory of mourning and the evolution of objectivity within the developmental mourning process. She made references to several in-depth clinical cases in which the voice of the analyst is evocatively heard, articulating spiritual longings and communications. Dr. Kavaler-Adler also spoke of spiritual evolutions as being prominent in the transitional stage of the treatment for both male and female patients, while later stages of treatment evidenced the spiritual interests moving into the background, as introjective processes became more prominent. The emotional, relational, and sexual histories and vulnerabilities of both client and therapist contribute significantly to the intersubjective context of psychoanalytic therapy. When developmentally earlier issues are in focus, more personal involvement on the part of the therapist is generally required. Issues of boundaries, multiple roles, personal involvements, communications, expectations, defenses, sexualities, and relationships frame and profoundly affect the therapeutic relationship. How are we to decide what transference and countertransference can be acknowledged and safely worked on as effective professional tools? It also considers negative therapeutic reactions and the sources of most false accusations against therapists and how they can be dealt with and/or prevented. The updated, 2003 edition has a chapter by Attorney Pamela Thatcher, on administrative law, a chapter by Attorney-Psychologist Stephen Frankel, on child custody evaluations, a CD-Rom with 30 forms for clinical practice, and a forward by Attorney-Psychologist Bryant Welch. This book received the 2001 Gradiva Award from the National Association for the Advancement of Psychoanalysis as Best Book of the Year in Psychoanalysis.
The first of two presentations on theoretical and clinical implications of recent advances in attachment theory and neuropsychoanalysis, Paula Thomson discussed the impact of early relational trauma (abuse and/or neglect) on the creative process and on the identifiable traits of creativity. In her paper “Trauma, Creativity and Neuroneuroticism,” Sondra Goldstein and Susan Thau pointed out that although attunamental theory was originally developed by John Bowlby to describe patterns of parent–infant interaction, the model also provides a framework for adult couple relationships, and a framework for assessment and treatment of couple dyads. One of their primary attachment styles (secure, insecure avoidant, insecure ambivalent, and disorganized) may be found in individuals who enter couple therapy. A goal of the treatment is then to increase the capacity of the partnership to act as a secure base, and in this work the dynamics of couple attachment styles may be security-stabilizing or security-disrupting. Secure couple attachment involves an ability to shift freely between the dependent and dependent-on position. It allows open expression of the need for comfort and contact, as well as open reception of the contact. On the other hand, insecure couple attachment patterns show a relative lack of flexibility and mutuality, and are characterized by asymmetry and rigidity in the relationship, with each partner taking a fixed position vis-à-vis the other. Each member of an insecure couple dyad shows a relative lack of awareness of the nature of the other’s emotional experience. Goldstein and Thau suggested that these patterns of insecure couples are characterized by dysregulation in both the individual (autoregulation) and the dyad (interactive regulation). In her paper “The Developing Brain: Implications for Creative Coping” (p. 58), Thomson described that because early abuse memories are encoded in the amygdala and medial prefrontal cortex more so than the parahippocampal/hippocampal formation, they are associated with heightened emotional sensitivity, and the hypothalamic–pituitary–adrenal stress axis. These factors contribute to increased dissociation, withdrawal, and affective numbing or “psychic closing off.”

The common market interest is, of course, that of the pharmaceutical industry. Antinuroist that I am, I found myself disappointed in the actual argument Brothers makes against neuroism as logically unsound. She attempts to use Wittgensteinian ordinary language philosophy to argue that the language of mind and brain are two separate discourses, and that the neuroist must and cannot eradicate the gap between the two discourses in their account. This is an unfortunate choice of argumentation for a number of reasons. Ordinary language philosophy is problematic on its own account. Further, the argument amounts to question begging insofar as it requires neuroists to link the languages of mind and brain when they, as reducive/eliminative materialists, do not believe that there are two separate discourses. However, her analysis of the neuroist literature along this dimension is quite interesting in its own right. Brothers states that in the cognitive neuroscience literatures’ attempts to deny or undo the existence of a gap between mind and brain language take multifarious forms. Superficial similarities in psychological and neuroscientific terms are taken to be identities by ignoring the very different context from which the terms get their meanings. One example she gives is Allan Schore’s statement that “the anatomic ‘locus’ is not one, but rather a controlling structure which maintains constancy by delaying ‘press for discharge’ of aroused drives that has been described in the psychoanalytic literature” (p. 194). Brothers points out that here Schore assumes the equivalence of an anatomical locus and a neurophysiological construct, and equates neurologically identical similarity between ‘locus’ and ‘structure.’ Marc Solms (1997) is cited as one of the subtler attempts at grattamal remodeling (p. 32). Brothers accuses Solms of “asserting a link between brain and mental apparatus as studied by Freud, through the useful conceptual ambiguity of the word ‘unconscious’” (p. 32). The descriptive usage of the word unconscious, i.e., out of awareness, is confused with the notion of a structural unconscious, i.e., a postulated theory about the nature of the mental apparatus. Brothers argues that Solms uses this grammatical identification as an argument for the identification of mind and brain. Solms goes on to parallel the external perception involved in observing the physical brain, to the internal perception involved in experiencing the mental apparatus and concludes that “I am perceiving the same thing in two different ways...This distinction between body and mind is therefore an artifact of perception” (Solms and Turnbull, 2002, p. 56). This is a double-aspect monism position on the mind-body problem. Mind and body are one substance seen from different viewpoints. The problem with this position is that it dislates the nature of the one substance that we are left completely uneducated, but also that what is meant by “viewpoint” is also unclear. Solms, it seems to me, conflates “point of view” with “observational” and “observation” with “scientific.” The scientific observation of a thing justifies his whole account. Psychoanalysis as a science of mind is relegated to providing interesting and enriching data for neuroscience, as the true objective science, to explain and confirm. This paper touched on several topics: creativity, imagination, attachment, and early trauma. The application of theories drawn from philosophy, psychoanalysis, and neurobiology exponentially expands the complexity and the intrigue of these issues. This compelling confluence of ideas provides a rich terrain for further thought and study. Indeed, living as a creative artist in today’s society often replicates the conditions of our present culture in terms of the brain and then requiring an expert’s intervention to have access to ourselves, and pre-Reformation notions about the care of one’s soul. “The experts are something like the officials of the church in the Middle Ages: in their profession they have the authority to decide, but they are in effect no more than tools for the execution of the sentences of the commonwealth.”

In their presentation on the implications of recent advances in attachment theory and neuropsychoanalysis, Allan N. Schore, PhD, and Sondra Goldstein, PhD, discussed the impact of early relational trauma (abuse and/or neglect) on the creative process and on the identifiable traits of creativity. In her paper “Trauma, Creativity, and Neuroneuroticism,” Sondra Goldstein and Susan Thau pointed out that although attunamental theory was originally developed by John Bowlby to describe patterns of parent–infant interaction, the model also provides a framework for adult couple relationships, and a framework for assessment and treatment of couple dyads. One of their primary attachment styles (secure, insecure avoidant, insecure ambivalent, and disorganized) may be found in individuals who enter couple therapy. A goal of the treatment is then to increase the capacity of the partnership to act as a secure base, and in this work the dynamics of couple attachment styles may be security-stabilizing or security-disrupting. Secure couple attachment involves an ability to shift freely between the dependent and dependent-on position. It allows open expression of the need for comfort and contact, as well as open reception of the contact. On the other hand, insecure couple attachment patterns show a relative lack of flexibility and mutuality, and are characterized by asymmetry and rigidity in the relationship, with each partner taking a fixed position vis-à-vis the other. Each member of an insecure couple dyad shows a relative lack of awareness of the nature of the other’s emotional experience. Goldstein and Thau suggested that these patterns of insecure couples are characterized by dysregulation in both the individual (autoregulation) and the dyad (interactive regulation). In her paper “The Developing Brain: Implications for Creative Coping” (p. 58), Thomson described that because early abuse memories are encoded in the amygdala and medial prefrontal cortex more so than the parahippocampal/hippocampal formation, they are associated with heightened emotional sensitivity, and the hypothalamic–pituitary–adrenal stress axis. These factors contribute to increased dissociation, withdrawal, and affective numbing or “psychic closing off.”

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Mistaken Identity: The Mind-Brain Problem Reconsidered is a neuroscientist’s own critique of the goals and practices of cognitive neuroscience. This critique centers around the concerns in that the mind-body/mind-brain problem that underlies and informs the field of cognitive neuroscience. The book also attempts to propose an alternative solution to the mind-body problem, which Dr. Brothers considers the proper underpinning of the field of social neuroscience. And according to Dr. Brothers, it is social neuroscience that is necessary for any successful neurological study of mental phenomena.

By LESLIE BROTHERS. New York: SUNY Press, 2002, 128 Pages, $16.95

Margaret C. Beaudoin, PhD

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But should we, as psychiatrists, concern ourselves with a book about the mind-body/mind-brain problem? It can be fruitfully argued that as psychologists we are of necessity concerned with the mind-body problem insofar as our arena of theoretical and clinical study is the embodied mind. For Freud (1915), drives are not purely bodily or purely mental, but rather psychological representatives of somatic forces. If the enterprise of psychoanalysis can be seen to exist at the borderland of mind and body, then the relationship of mind to body can be seen to be of fundamental importance for our understanding of psychoanalysis.

In this second Decade of the Brain it is less likely that we would require a rationale for concerning ourselves with a book about neuroscience. But should we, as psychoanalysts, concern ourselves with a book about the mind-body/mind-brain problem? It can be fruitfully argued that as psychologists we are of necessity concerned with the mind-body problem insofar as our arena of theoretical and clinical study is the embodied mind. For Freud (1915), drives are not purely bodily or purely mental, but rather psychological representatives of somatic forces. If the enterprise of psychoanalysis can be seen to exist at the borderland of mind and body, then the relationship of mind to body can be seen to be of fundamental importance for our understanding of psychoanalysis.

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Trauma and Neuroscience: Bringing the Body More Deeply into Psychoanalysis

Chair/Discussant: Stephen Seligman, DMH
Presenter: Allan Schore, PhD

Based on his writings in Affect Regulation and the Repair of the Self, Allan Schore described how recent advances in neuropsychoanalysis and developmental psychoanalysis are directly relevant to a deeper understanding of the brain–mind–body deficits of early attachment pathology, and a more effective treatment of the psychobiological and characterological sequelae of early relational trauma described in the clinical psychoanalytic literature. A common element of the current paradigm shift in psychoanalysis is the (the study of the unconscious mind), and neuroscience (the study of the brain), which is an emphasis in both affect, subjectivity, and the bodily-based psychological self. The link between these disciplines is a shared interest in the right hemisphere (“the right mind”), which is dominant for a sense of the corporeal or emotional self. Schore’s work suggests that the critical experiences required for the experience-dependent maturation of the right brain are the bodily based social–emotional communications that are deeply connected to the central nervous system limbic system that rapidly processes emotional information, and is therefore dominant for spontaneous emotional communication. This anatomical specialization underlies its essential role in empathy and trust. But in addition, due to its extensive connections into the autonomic nervous system, this hemisphere is centrally involved in the analysis of direct information from the body and, with direct sensation, generates a map of the body state, processes pain and pleasure, and regulates relating responses. This right brain–mind–soma link serves as a unifying core of the mind and body.

This important link between psyche and soma can be altered by early relational trauma. Indeed, the infant brain responses to trauma, hyperarousal and dissociation, imprint into the developing right hemisphere and, therefore, into implicit memory. The cumulative relational trauma of disorganized disoriented insecure attachments is thereby re-experienced in the CNS arousal and ANS autonomic dysregulation of mind and body of developmentally disconnected patients. Early handling and misattunements are remembered physiologically and emotionally in later life as variably disconnected physiological responses, emotions, and acting out. Schore argued that any successful treatment must optimally access not “the trauma,” but the immature neuro-biological systems that inefﬁciently regulate stress, especially the right brain survival mechanism that is characterologically accessed to cope with dysregulating affective states—dissociation. This psychic-deadening defense is manifest in perceptual alterations, somatic symptoms, and distortion of

Sexuality, Intimacy, Power
Muriel Dimen

These are compelling points to Dimen’s thinking, conveyed by a witt and irony that seem deceptively light. For this is a robust and serious work, challenging and wide-ranging in its scope: a sexual discourse, intimate and powerful. Christopher Hillman, British Psychoanalytic Society

“Dimen has a rare gift for synthesizing a wide range of theoretical issues while balancing awareness of the complexity of the clinical practice and the historical context. This book is a significant, educational, and stimulating book to readers from diverse worlds while illuminating their common, profound concerns.”

Pilgrims, WNY Psychoanalytic Institute in Psychoanalysis and Psychiatry

Patterns
Building Blocks of Experience
Marilyn Chater

Not only is she a practicing psychoanalyst, she is also a gifted poet and essayist and brings all these gifts together in order to shed light on how the infant organizes and communicates his or her experiences. This is a work on emotion so much as an aesthetic work on psychoanalysis, one that adds dimension, color, and richness to it.”

James G. Seligman, MD, for the foreword

Confidentiality
Psychoanalysis, Ethics, and the Law
Charles Levin, Allanah Furking and Mary Kay O’Neill, editors

“Only seldom does a conference on confidentiality make an outstanding book. Confidentially has made this one. It shows how psychoanalytic ethics, which may be even more an ethical problem among, conflicting obligations to patients, therapists, the profession, the court system, and the data, to research and to writing. This book is not only about confidentiality but also about the development of an ethical and psychoanalytic-lymphetic endarwe. I found it would be a dry read, but it turned out to be informative, astute, and informative.”

Pamela D. Fox, MD, Baltimore Center for Psychoanalysis, Training and Research

Playing Hard at Life
A Relational Approach to Treating Multiplicated Traumatized Adolescents
Jody Cohen

“Only Cohen has shown how to use the process psychoanalytic work in the trenches with traumatized adolescents. Drawing heavily on Florence, her predecessor in using the interpersonal/clinical-theoretical concept of the relational as a core ingredient of a relational approach, Cohen weaves together her training and work with wild, real-world clinical examples to create a work that is thoughtfully and ultimately helpful in the midst of overwhelm, unilaterally, and separate human situations.”

Neil Malin, PhD, Editors, Psychoanalytic Dialogues
for a developmental progression in right brain structures involved in affect regulation. Specifically, the growth-facilitating environment of the therapeutic alliance allows for a more complex organization of the right orbitofrontal cortex, wherein traumatic experiences in a preverbal period are encoded in a somatosensory form, and thus are communicated in this same form. These spontaneous nonverbal transference-countertransference interactions that take place at preconscious-unconscious levels represent right hemisphere-to-right hemisphere communications of fast acting, automatic, dysregulated emotional states between patient and therapist. It has been suggested that transference and countertransference may be the only way infants or severely traumatized persons can communicate their stories of distress. The right hemisphere is dominant for the processing of negative affect and autobiographical memory.

Joel Beck presented the case of a seventy-year-old psychotic woman whom he has treated for nineteen years. When he first met Ms R, she appeared as a disheveled, angry, obese woman who spent most of her time screaming in her studio apartment. At first, treatment took place in a community residence. Dr. Beck argued that the structure of the residence, the daily routine of morning meeting, program and evening meal offered a predictable and nurturing environment for psychotic patients. In Winnicott’s language, the residence provided a holding environment that permitted something like regression to dependence. He described a remarkable transformation in Ms R that transpired gradually during the twelve years he directed the residence. Ms R. lost ninety pounds, and began paying attention to her grooming. She acted as “client representative” of the residence and also served as a mental health advocate at the local community board. Shortly after she left the residence, Ms R. contacted Dr. Beck because she wanted to tell her story.

When he worked with her at the residence, she refused to talk about her past. In individual psychoanalytic therapy, Ms R described being the victim of an experiment that went on for 25 years. During this period, she was blamed for World War II and the Vietnam War. Important people were permitted to “harm” her. Ms R. presented her delusions as transfigurational fantasies. That is, she did not seek affirmation from Dr. Beck that these events had happened and that she was not “crazy.” Instead, she very much wanted a witness and to have a space where she could explore the consequences of living through such a trauma. During this period, she reestablished contact with her family, her daughter and also began exchanging e-mails with friends from high school.

This case raises an interesting question about how to think about psychosis. For Lacan, psychosis refers to an existential structure. One cannot be a little bit psychotic anymore than one can be a little bit pregnant. Bion, on the other hand, argues that there is a psychotic part of the mind that hates reality because it is painful. But even in the most psychotic human being, there also exists a non-psychotic element. Both Lacan and Bion offer valuable perspectives on psychosis. But Bion provides a more clinically useful model because it directs us to the non-psychotic part which remains in touch with reality. In this case, treatment involved strengthening the non-psychotic part of the personality so that it could find a way to live with traumatic memories of persecution and abuse.

Joel Beck
**Pathological Hope in the Treatment Resistant Patient**

**Presenters:**
- M. Gerard Fromm, PhD
- Jane G. Tillman, PhD, ABPP

**Discussant:** Rita Frankiel, PhD

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On Sunday morning, speaking to a nearly empty room, Drs. Fromm and Tillman presented papers on forms of pathological hope. Dr. Fromm’s paper, “The Hope in Hopelessness” examined the treatment of a patient who stated as her chief complaint: “it’s not that I can’t hope, it’s that I don’t have the resources.” The paper concluded with some thoughts about our idealization of sexuality in relation to its inherent discomforts.

Stephen Seligman’s discussion noted that these papers broaden the intersubjective theorizing of sex and gender. He wondered whether the problem Corbett addresses is an effect of women moving into the field. He agreed with Corbett that we tend to idealize empathy; relationists need to add to ideas of growth and developmental ambivalence, hatred, grandiosity, and disgust. Noting that Corbett’s notion of narcissistic expansion recalls Erikson’s thought, Seligman described the problematics of the phallic: getting into someone else’s skin. But how far can you go, asked Seligman, with making analogies from corporeal to psychic states and without running into analytical determinism? He summarized the phallic narcissistic/phallic oedipal dimensions of Corbett’s cases: the need to have grown up, or required grown up into structure, and the moral question arises: how far are we prepared to go in our own sexual relativism? Dimen’s paper, he observed, addressed the negative affects that are part of sexuality. The Oedipal narrative, which seems right now a bit stale, provided a unpleasing, unsettling. Seligman addressed the link between primary narcissism, frustration, and sex: in classical theory, sex as an experience of getting together and being close is in relation to the absence of an earlier sense of being fairly attuned to; when you come out of this and realize that you are in a different place, loneliness, longing, and disgust ensuing. Coming into being as a person entails disgust, Freud says in his theory of anxiety; disgust relates to inside/outside, and what comes from inside is disgusting access to the hidden disgusting as from some other realm. One version of sexuality embodies the “ecce! factor,” another banishes it. The hope of sex, Seligman concluded, embodies the hope that the hidden disgustingness can be transformed.

**Mariel Dimen**

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**Is There Hope for Sex?**

Chair: Muriel Dimen, PhD
Moderator: Lou Ann Lewis, MSW
Presenters:
- Ken Corbett, PhD
- Muriel Dimen, PhD
Discussant: Stephen Seligman, DMI

Ken Corbett’s “Phallic States,” concerned the current discourse on boyhood and masculinity. As a result of the feministic and deconstructive readings of gender, masculinity is now analyzed in terms of interiority, not sexuality; of separation and recognition, not castration and phallic narcissism; gender performativity, queerness and passivity, not penis pride. In the popular literature influenced by this theorizing, “too often the boys represented … across as subjects cleansed of fantasmatic and regressive features. Too often a kind of dulled and false … sociability is substituted for passion.” Furthermore, the continued psychoanalytic focus on early maternal relatations may be mistaken as informed “by the moral principle of ready empathy, which in turn is too easily read as feminism,” invoking a “mother hen marshalling her chicks along the developmental pathwya toward the authenticity and profundity of privatized relational domestic sex.” Corbett wondered whether there is a turning away from “phallic states” in boys, a kind of “phallobphobia” that now informs psychoanalytic theoriz- ing. This unconscious abnegation of bodies, aggression and regression, “the dread and hope of the erection, phallic endur- ance, and the theater of ejaculation, … penetration,” and the pleasures thereof. He suggested we consider “the intricacies of phallic states” in the therapeutic situation, possession, sur- render, regression, activity, and passivity. Two clinical exam- ples, one of work with a child and a second with an adult, were used to illustrate these points, the two treatments being used to inform one another. Corbett noted his countertransference diffic- ulties—his backing away from his own pleasures in victory, from the indifference of jouissance to empathy with the other—and used them to suggest that we need to love our patients’ aggression, regression, and mourning but can only do that insofar we experience and value these states in ourselves.

Muriel Dimen’s paper, “Sexuality and Suffering, or the Ece! Factor,” took a look at undertheorized dimensions of sexuality. This fusion of sexual revulsion and excitement, so often the response to the fear of menstrual blood and the like, shows up clinically, as well as in ordinary life. Dr. Dimen theorized the vicissitudes of this phenomenon in relation to affect, affective contagion in countertransference, and abjection. Abjection “is death from before self and object have psychically colored,” and “it renders narcissism a condition of torment and impossibility.” The remainder of this clinical theory paper followed the “ece! factor” in its clinical travels. With one patient, it inhabits “narcissism’s unease: unstable identity, elemental uncertainty, fragility, spatial ambivalence, inability to distinguish inside from outside, pleasure from pain.” The results of this case suggest the need for analysts to “accept the permanence of pain and discomfort in sexuality” and to redefine the maternal relationship as a site of restoration as well as solace. Work with a second patient pondered the rela- tion between sexual abjoration, embarrassment, and racism in transference and countertransference. Emerging from reflec- tions on the Lacan’s accluseum, “he is no longer there.” The patient’s sadism, which ensues when sexuality, in its multiplicity, exceeds its normative place of adult intimacy and pulls one back into the polymorphousness of infancy. The final clinical case took up the links among shame, abjection, and intersubjectivity by tracking how excitement and revulsion attended “the circulat- ing affects of shame, hate, and love in transference and coun- tertransference.” The “ecce! factor,” functioning as an expres- sion of this matrix, is shown in its defensive relation to shame over sexual and gender identity. The paper concluded with some thoughts about our idealization of sexuality in relation to its inherent discomforts.

Stephen Seligman’s discussion noted that these papers broaden the intersubjective theorizing of sex and gender. He wondered whether the problem Corbett addresses is an effect of women moving into the field of psychology, the ability to move beyond monadic or dyadic relationships may be challenged in future developmental epochs. Further losses accruing through the ordinary process of development may reach a similar fate, in that they may reacti- vate a type of mourning that cannot be tolerated, because such development depends on a kind of social order that can only be sanc- tified relationships governed by laws beyond the dyad. Grandi- sony in these cases may be an attempt to undo the vulnerabil- ities and terrors of such loss and may be deployed in the psy- chotic crisis, when the patient experiences the loss of his mind, in the social order, or other role functioning. Treatment includes addressing the issue of membership in the therapeutic dyad only, and redefining the community where the nominal acceptance of external reality is construed as something to be joined (at times), rather than continually obliterated through grandiosity. In her generous discussion, Dr. Frankiel used examples from her own cases to illustrate the passionate and unromantic nature of transference wishes may present in the treatment of borderline patients. She notes that some wishes are either irrational or impossible to gratify in any responsible, any tasking, but may lead to a kind of flight or the atmosphere of the goodطن. In these cases, separation from the analyst becomes imposible in the mind of the patient who clings to the omnipotent fantasy that the analyst can, and eventually will, gratify the wish.

In her discussion of Dr. Tillman’s paper, Dr. Frankiel deepened the understanding of the dynamics at play in the two clinical cases. She observed that an intact family often plays an important role in providing a trellis on which development can proceed. Dr. Frankiel noted that to emerge from infants narciss- ism requires something more specific than the presence of a paternal figure. Internal capacities to bear hate, recover from the terrors of abandonment, and fears of being crushed by projected external greed and sadism, as well as other vicissitudes of the inner life, must be factored into the persistence of pathologi- cal grandiosity. Bringing her considerable expertise in child analysis, Dr. Frankiel questioned the capacity for mourning to take place in these patients who lost parents around the age of 3-3, noting that to mourn a loss the child must have had a relation- ship with the lost one at a level of post-ambivalent object relationality, which does not occur before age of 3-4 years.

Without the opportunity to arrive at post-ambivalent object relatedness, hatred cannot find a metabolizing container and grandiosity emerges as a defense against the terrors of punitive
A rt informs us about the current state of society and also opens new possibilities. In this panel, the presenters each explored some of the tensions between extant “truth” and the creative act. For women, in particular, art has served a transformative function enabling the artist to illuminate contradictions and simultaneously move beyond them.

In the first presentation, “Hannah Wilke: The Naked Truth,” Danielle Knafo invited the audience into the art world of Hannah Wilke, a feminist conceptual artist, who used her body as a means for expressing her views and vision. She noted that Wilke once said: “Exploring the truth is like nudity.” Indeed, Wilke was an artist who broke new ground in the 1970’s in the realm of female body art and pioneered the use of nudity and vaginal forms. In a presentation vividly enriched by the use of slides that illustrated and illuminated the themes explored, Knafo used psychoanalytic tools and concepts as ways of better understanding Wilke’s treatment of issues pertaining to female beauty, sexuality, narcissism, aging and illness. Knafo also explored the complex relationship between gender and creativity. Interweaving portrayals of Wilke’s work with a narrative of her life, Knafo showed how Wilke’s relations are mirrored to both her mother and the men in her life—informing her work and lent it profound and moving psychological significance.

Knafo noted that the transparent aspect of Wilke’s nudity is key to the way her art became a political act, charged by the public spectacle of a woman dictating the terms on which her body would be viewed. Wilke made a powerful statement about the ways women, especially attractive women, are victimized and treated as objects. Wilke turned her art into a mirror in that allowed for consistent play with the fuzzy line dividing narcis-ssim, exhibitionism, and healthy self-esteem. One of her aims was to help free women from their enslavement to standards of beauty and to encourage a greater self-confidence with regard to matters of appearance and sexuality.

In an uncanny twist of fate, Wilke succumbed to lymphoma in her mid-forties, only 10 years following the death of her mother. In retrospect, this made her work eerily similar to Knafo’s own mother at the time Wilke began her presentation with two versions of the classical tale of Medea: Von Triers 1988 film is stark and timeless, and easily enables us to envision the character of Medea in a remote setting. Deborah Warner’s recent staging of In the Bedroom, however, sets Medea in the present day. In modern times we have little way of understanding Medea’s complexities, aside from the alternating frames of psychopathy or madness. In contrast to these two portrayals, we can see how we offer our- selves the “myth of the myth” as a way of remaining remote from uncomfortable realities.

Charles then contrasted two types of films: current characterizations (e.g., Alicia in A Beautiful Mind and Ruth in In the Bedroom), in which the character serves a function in the drama rather than emerging as a person in her own right, versus two films that allowed one to recognize the impact of gender and culture are explicitly deconstructed. In both Orlando and Conceiving Ada, fantasy serves as a means for the decon-struction that illuminates the basic themes. Charles noted, however, that the fantasy itself can pose a problem, in that it allows us to escape from the reality of our needs and the intra-psychic fantasies inherent in these phenomena. The process of mourning loss related to cultural identifications was seen as a nec-cisary component of creating and holding hope in the therapeutic relationship. This mourning involves a parallel process in which the therapist reflects upon his/her own cultural identifications and loss.

Usha Tummala-Narra’s paper “How Similar and How Different are We? Making Sense of Ethnic Difference in the Therapeutic Dyad,” began by pointing out that it is typical that we ask the question of how much of our patients’ conflicts and distress can be understood through either an intra-psychic or cultural lens. Research brought forth by Salman Akhtar, Dorothy Evans Holmes, and Kim Leary have chal-lenged the panelists to frame their question differently, namely by asking, in what ways do racial and cultural identifications and social class affect our patients’ subjective reality? Her paper examined issues relevant to ethnic difference and similarity in an ethnically different therapist-patient dyad: the patient, a white gay South African man with a history of sexual trauma, and the therapist a heterosexual Indian American woman. The clinical material presented involved several themes, including the mourning the loss of mother country, the struggle to feel authentic and “real” and the acceptance of the limits of the therapist and the therapist’s relation to the patient. The patient and the therapist were addressed early in the treatment, as the patient highlighted his identification with his white British background. Their discussion of race and sexual orientation, and in particular, the patient’s reaction to the therapist’s ethnic background and to seeing the therapist’s engagement ring, made significant impact on their ability to explore his experience of authenticity and his feelings of loss and marginalization. The patient’s reaction to his unrelenting hope for reconnection to abusive figures from his past were matched with the therapist’s hope and demands for the patient to become more industrious in his life, and move beyond his need to seek help and safety in psychotherapy ultimately involved making a transition from an experience of pathological hope to one of realistic hope.

Lisa Desai’s paper, “It Has Already Been Decided: Fatalism, Ambivalence, and Experiences of Mothering as They Impact and Enliven the Therapeutic Relationship,” demonstrated that an understanding of the ideosyncratic elements of culture, such as the belief in fatalism and astrology, can prove perplexing if not understood within a culturally informed framework. Because the patient’s history was characterized by a feeling of dis-placement, the therapeutic relationship was then infused with shared and divergent images, fantasies, and identifications. The patient, an educated, affluent, South Asian woman, conveyed her intra-psychic processes in the guise of dreams, paintings, and poetic descriptions of her daily experiences. Her ambivalent stance toward motherhood, as well as her relationship to her country of origin (India) and host country (America), formed the crux of the therapeutic process. The patient felt that the therapist was a vehicle for sharing her self. The impact of immigration, racial melancholy, and a shared reality in therapy were addressed.

Lisa Desai, PhD

Dolores Morris

in the Bedroom

Dolores Morris

Dolores Morris

Dolores Morris

Dolores Morris
This case demonstrates visceral level reenactments of trauma in the service of the defense of identification with the aggressor and of the moral defense of Fairbairn. Alicia’s whole body torso had felt numb, from neck to legs, as if a “metal rod” were inserted within her. Later this visceral numbness would be felt as an internal void that was interpreted as her dissociated state. Grief related to this loss evolved into an aggressor and of the moral defense. Alicia’s case also was shown to illustrate how re-reenactment of the traumatic event may be consciously owned and assimilated as a powerful sense of agency.

As this process progressed, Alicia’s aggression could gradually be consciously contained so that the sense of profound loss of primal object connection within separation could be tolerated for the first time. Grief related to this loss evolved into an entire “deve-lopment” of the patient’s process. Dr. Kavalier-Adler’s case of Alicia also was shown to illustrate how re-reenactment of the good object is a combination of integrating split-off aggressive parts that had annihilated awareness of early good object experience, and of creating new internalizations of good object relation experience that take place with the analyst.

Dr. Lobban’s paper was entitled “A Child’s Attempt to Keep Hope Alive After She Was Abandoned by Her Parents at the Age of Ten: Dissociation as a Survival Strategy.” This paper described one case of an adult who was exiled from her country and her family at the age of ten, when her middle class parents suddenly sent her away from her homeland of Venezuela to America. This patient felt totally unprotected when her parents abandoned her and she learned to be her own aggressor to employ an infantile state as a protective attack conquest toward the expression of autonomy and individuation. The adult female analyst, called Alicia, entered treatment with overwhelming guilt related to her abandonment of her aggressor to employ an infantile state as a self-protective attack. Alicia’s mother was always passive and powerless, and had no self-protective defenses to employ. She was full of aggression toward her aggressive and protective demeanor, and was often the aggressor. Alicia had been accused of murdering her mother by her father, when she left her home and country. When entering treatment in New York, she accustomed herself, as she identified with her aggressors, shielding her parents from her hate, in line with Fairbairn’s moral defense. The analysis in her hate would be expressed against herself by visceral expressions that simulated nausea and vomiting. This visceral simulation imitated and recapitulated an early infant illness, and the patient was clearly sickly. Such reenactments would appear at times when unconscious grief plagued her in relation to separation.

SUSAN KAVALER-ADLER, AND MARGARET CHERMACK BEAUDON

THE FACILITATION OF MOURNING THROUGH ARTISTIC EXPRESSION

On September 30, 1998 I lost my husband after a 2-1/2 year battle with an aggressive cancer. After the planning of a memorial service and during dogged attempts to resurrect his life, I found that I wanted to sing. (I had sung throughout childhood and adolescence and had worked as a professional singer for a few years before attending graduate school.) I began to hear my thoughts and experiences in the form of music. I began to write music to mourn his death and to mourn that I had not heard before and those were the songs I wanted to sing. As I sang, I could feel myself healing; I could feel my mourning process being aided by these sublimated musical and lyrical. They were powerful about putting the emotions into an artistic container, attempting to create beauty from the pain, which resulted in an inner calm that I began to rely upon. At some point I decided to record these songs, to have a record of these intimate autobiographical moments for my children, grandchildren and close friends. At some point, I asked a few friends into my home to hear what I was doing. They each cried, they were each profoundly moved. Then, when I finally made the CD, again, literally everyone who heard it reported that it made them cry. As a psychoanalyst I wondered why. I had actually been concerned that the songs would be too repetitive, too unrelentingly sad and, at worst, self-indulgent. But, as a dear friend who attended a recent public reading of the songs facilitated access to his own pain over losses in his life, and that he con-sidered the experience a gift.

Memory, Myth, Memoir

This paper, part of the panel “Perspectives on the Process of Change,” considered ways in which memory enters the analytic process and suggested an analogy between psychoanalysis and memoir. A significant portion of the presentation consisted of clinical material. Gemma Ainslie began by noting that her paper in part reflected her attempts to find new metaphors for the psychoanalytic endeavor: “the archaeologi-cal and the surgical metaphors of our history no longer hold...guide the process.” She posited that psychoanalytic work is a process via which memories “become clustered and vivi-d through a process I’ll call memoirizing, and then settle into a personal myth (Kris)—albeit a healthier myth, one nourished by a dialogue about memories.” By using what we know about memory—“repeated and remembered,” by extending Kris’s concept of a personal myth, and by thinking of what happens in a treatment as “telling” experiences of his or her life,”—she asserted that we can formulate a different metaphor for what we do in a psychoanalytic treatment. Dr. Ainslie emphasized that “what a specifically psychoanalytic esthetic offers to a study of memory is that sometimes—indeed most of the time—“we do not know that we are remembering,” and that psychoanalytic treatment offers “a mode of engaging memory, or memoir-izing, and then of reading the memoir as one would a myth, to find it in truth about oneself.” “Psychoanalysis is a process of transforming a restricting, inhibiting myth, capturing in static memories and repetitions, into a memoir—a text that is both a more verifiable one for having been enlivened and lived in the treatment and a more animated story of how the individual has come to be the person he or she is.” She asked that those present keep in mind the question whether either reality or fantasy are possible without memory, and then presented extended clinical vignettes to support her focus on analysands’ “not knowing that they are remembering” in both transference and countertransference, and on the perspec-tive that memories enter analytic hours in the guise of both reality and fantasy. As several of the vignettes were set in the analysand’s reactions to use of the couch, the use of physi-cality and space were highlighted as modes via which memories enter the analytic process.

STEFILO SOLVO GLEMON