FROM THE PRESIDENT

As the first president to begin the second year of a presidential term, I think we made a good decision in extending the term to two years. One year would be insufficient to get it all done and to then put to use all I learned in 2003. Much of the presidency is about interfacing with other organizations, with APA governance, and with other Divisions. 2003 was such a year, in both the positive and negative sense.

I spent more time than I would have liked protecting our Spring Meeting dates. All the major psychoanalytic organizations now have the dates for all our Spring Meetings and their locations through 2010. We continue to participate in the Psychoanalytic Consortium where we hope to focus on legislative issues that impact us. Of particular concern are state licensing laws that create categories like “licensed psychoanalyst” and permit non-mental health professionals with master’s degrees (in anything) to practice psychoanalysis independently, while prohibiting licensed psychologists and licensed social workers, whose scope of practice permits the practice of psychoanalysis, from using the term “licensed psychoanalyst.” We also plan to focus on public information, to continue to educate the public about contemporary psychoanalysis and reduce the stereotyping of our profession. The most recent issue of Journal of the American Psychoanalytic Association (51/Supplement), is entitled “The Politics of Psychoanalysis.” Included in the issue are several articles about the GAPPP lawsuit, which ultimately made full psychoanalytic training available to psychologists and to social workers outside of New York and Los Angeles. Richard C. Simons (p. 267) quotes another analyst of the American as saying “The lawsuit has saved the American.” I’d like to see us all unite and put our energies toward saving psychoanalysis, both protecting the integrity of psychoanalysis and propagating its growth.

Within APA, we have retained our five seats on the Council of Representatives. We have more council seats than 53 of the 55 divisions and all the state associations. We were identified as one of the fastest growing divisions and asked about our recruitment and retention strategies by an APA committee focused on these problems. This is a good time to give thanks and kudos to Joseph Couch, who is stepping down as membership chair, and to welcome Louis Rothschild, who is stepping into the job. Ron Levant, a Division 39 member, emphatically won the election for President-Elect of APA. Congratulations to Ron on his victory and to all of us who will benefit from a clinician in the president’s office for the first time in many years.

Pat Strasberg, Chair of Continuing Education for the Division has been appointed to the APA Continuing Professional Education Committee. Martin Manosevitz, was elected Chair of CAPP Implementation Group for Integrating the Diverse Practice Agendas. Our voices are beginning to expand beyond the “usual suspects” who have toiled for us in APA for years, including but not limited to Judie Alpert, Laura Barbanel, Frank Goldberg, George Goldman, Ruth Ochroch, Harriette Kaley, Stan Moldawsky, Nathan Stockhamer, George Striker, Nina Thomas.

We held a historic joint panel with Division 44, Society for the Psychological Study of Lesbian, Gay, and Bisexual issues at APA in Toronto. We plan to publish a shortened version of the papers in our next newsletter and in the Division 44 newsletter. As you know, we joined the Divisions for Social Justice in January 2003. Neil Altman has been named co-chair and will assume the chairmanship next year.

I would like to thank those in Division 39 who have embraced my outreach initiative. The Outreach Committee continues to collect data and to be available as a resource to members seeking models for existing programs or aid in implementing new programs. Section VIII devoted a whole issue of its newsletter to the topic. Section IV presented a panel in Toronto about the
Austin chapter’s consultation to a preschool. Section IX, in conjunction with the Outreach Committee, has organized a Poster Session for the Spring Meeting in Miami to highlight social action programs and projects from around the country. The Steering Committee of the Miami Spring Meeting is holding a closing event on Sunday, which is open to the public, during which the film *Secret Lives: Hidden Children and Their Rescuers in World War II* will be shown and discussed by Rita Frankiel.

Bryant Welch, has agreed to chair the Ad Hoc Task force on Evidence Based Practice. Nancy McWilliams, Jonathan Shedler, and Nat Stockhamer have also agreed to serve. They will report back to the Board in March 2004 with an overall strategy and we will then establish a committee or subcommittees and add participants as needed. As I indicated in my last column, this is an issue we will live with for a long time and I think we are now able to be proactive rather than just reactive.

The thing I have learned in the past year that has pleased me most is that Division 39 is held in great respect and has many friends. As I have had contact with people over one issue, they have become available to help us with other issues. When any of our inter-organization crises have appeared, people are happy to provide counsel and return phone calls and emails promptly. Our spheres of influence grow as our interactions grow. I also am appreciative of thoughtful responses from members about this column. So I look forward to a year of peace and prosperity for the Division, if not the world. I repeat my mantra to all our membership – get involved. And as always, see you in Miami in March.

**Publications Committee**

Nancy McWilliams, Chair, 2001-2006
Ricardo Ainslie 2004-2009
Martin Schulman 2004-2009
Mary Gail Frawley-O’Dea 2002-2007
Frank Lachman 2002-2007
Karen Maroda 2001-2006
Jane Tucker 1999-2004
Silvia Gosnell 2002-2007

William MacGillivray 2000-2005
Psychologist-Psychoanalyst Editor
Arnold Schneider 2001-2006
Liaison to Psychoanalytic Abstracts
Joseph Reppen 1998-2009
Psychoanalytic Psychology Editor
Jaine Darwin (ex-officio)
Martin Manosevitz (ex-officio)

**Copyright Policy**

Except for announcements and event schedules, material in Psychologist-Psychoanalyst is copyrighted and can only be reproduced with permission of the Publications Committee.

**Guidelines for Submitting Material**

Submissions, including references, need to be in APA style. Email your submission in an attached Word or WordPerfect file to the Editor. If you do not have attached file capabilities, mail the disc to the Editor. Hard copies are not needed. Please write one or two sentences about yourself for placement at the end of the article and indicate what address information you would like published. Submissions should be no longer than 2500 words. All materials are subject to editing at the discretion of the Editor. Unless otherwise stated, the views expressed by the authors are those of the authors and do not reflect official policy of the Division of Psychoanalysis. Priority is given to articles that are original and have not been submitted for publication elsewhere.

**Advertising Policy**

Psychologist-Psychoanalyst accepts advertising from professional groups, educational and training programs, publishers, etc. Ad copy must be in camera-ready form and correct size. Rates and size requirements are: $400 full page 7 1/2” x 9 1/8”; $250 half page 7 1/2” x 4 1/2”; $150 quarter page 3” x 4 1/2”. Checks should be made payable to Division 39 and mailed along with camera-ready copy.

**Deadlines**

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

**Editorial Staff**

William A. MacGillivray, Editor
David Kemmerer, Editorial Assistant

**For Submission of Articles, Advertising Copy, Letters to the Editor, Questions, etc., Contact:**

William A. MacGillivray, Email: drmacg@bellsouth.net
865/558-5675, 865/584-8400 (Fax)
7 Forest Court, Knoxville, TN 37919
24th Spring Meeting of the Division of Psychoanalysis of the American Psychological Association

Fontainebleau Hilton Resort, Miami Beach, FL
March 18-21, 2004

Transmission of Culture, Class, and Institution

The Conference addresses the unique diversity and overlapping boundaries of both psychoanalysis and American society as exemplified by South Florida. Since its beginnings, psychoanalysis has stood at the crossroads of multiple disciplines and at the divide between science and religion, theory and healing. Its greatest thinkers and practitioners have struggled to find the space where the beauty of theory meets the ordinary needs of people in distress. While psychoanalysis has developed a clear and confident voice, its range has been restricted to those who “speak its language.” In this century, American psychoanalysis must learn to “speak the language” of a more diverse and culturally transformed society. We welcome the participation of clinicians and researchers, healers and thinkers, to reflect on psychoanalysis and its contributions to the development of our discipline, to the mental health movement, and to our evolving culture.

Invited Panels

Morris Eagle and Doris Silverman: Authority in Psychoanalysis
Susan Coates, Stephen Seligman, and Arietta Slade: Attachment and Trauma
Muriel Dimen, Jay Greenberg, and Donnell Stern: Conflict Over Conflict
Néstor A. Braunstein, William J. Richardson, and C. Edward Robins: Freud on the Edge: “My Wife Believes in God”
Nancy Hollander, Lucia Villela Kracke, and Waud Kracke: Institutions and the State in a Time of Terror
Virginia Goldner, Spyros Orfanos, Barbara Pizer, Stuart Pizer, and Donnell Stern: Interchanges at the Edge: The Analyst’s Use of Culture and Context in Creating Analytic Space
James Fosshage and Paul Lippmann: Perspectives on Dream Theory and Interpretation

Keynote Speakers

Otto Kernberg
Roy Schafer

Psychoanalysis at the Edge

Meeting Cochairs: Andrea Corn (ComPsyD@bellsouth.net) and Antonio Virsida (ARVirsida@aol.com). Information regarding this meeting, including registration materials, is available at the website of the Division of Psychoanalysis (Division 39), www.division39.org. For additional information, contact Natalie Shear Associates, 1730 M Street NW, Suite 801, Washington, DC 20036, phone (800) 833-1354, e-mail Division39FL@nataliepshear.com.
In the last issue of the newsletter, an article appeared in support of the lawsuit initiated by the Medical Privacy Coalition, authored by Pat Dowds and Dave Byrom of the National Coalition of Mental Health Professionals and Consumers. Since the position represented was that of the National Coalition and not of the Division, this article explains the stance of Division 39 regarding the HIPAA Medical Privacy lawsuit. The Editor.

I was asked to write this article to present Division 39’s position on the HIPAA lawsuit discussed by the National Coalition of Mental Health Professionals and Consumers in the last issue of this newsletter. The lawsuit filed by several health organizations and individuals enjoins Tommy Thompson and the US Department of Health and Human Services to restore the “Original Privacy Rule,” which was deleted in the amended HIPAA regulations. As Chair of Division 39’s Psychoanalytic Consortium Committee, I first looked into the lawsuit before it was filed in April 2003. Our colleagues in the Consortium, the American Psychoanalytic Association, asked if we would consider joining them in this lawsuit. Additionally, we support the National Coalition of Mental Health Professionals and Consumers, a plaintiff in the lawsuit and it, too, was interested in our joining the endeavor.

In my investigations, including several conversations with Russ Newman, Director of the APA Practice Directorate, I discovered the following: The Bush Administration and Tommy Thompson as Secretary of the Department of Health and Human Services in its amendments to the pre-existing privacy rule had repealed the “right to consent.” The Practice Directorate, along with many other organizations, fought, but failed, to maintain this “right to consent” in the amended HIPAA regulations. Perhaps more importantly the Practice Directorate had fought for a much stronger “right to consent” clause in the original HIPAA regulations when the Clinton administration called for comment on the regulations. The Practice Directorate was disappointed when the original “right to consent” was put in place because they considered it weak and limited in its protectiveness. The loss of the “right to consent” was significant and unfortunate, but the question remained whether it was worth a lawsuit to restore a “right to consent” that was weak in the first place.

In the meantime, the Practice Directorate investigated state privacy laws and determined that state laws provide for greater privacy than that provided by the amended HIPAA regulations. The Amended Rule (67 Fed. Reg. At 53.212) states:

The Privacy Rule provides a floor of privacy protection. State laws that are more stringent remain in force. In order not to interfere with such laws and ethical standards this Rule permits covered entities to obtain consent. Nor is the Privacy Rule intended to serve as a “best practices” standard. Thus, professional standards that are more protective of privacy retain their vitality.

More stringent state laws and professional standards provide the privacy protection that was deleted from the amended federal regulation. Given this, the Practice Directorate determined that a lawsuit to restore the originally weak “right to consent” clause was not a good use of time, resources and money. APA did not join the lawsuit. Instead the APA Practice Directorate is focused on obtaining mental health parity and legislation that goes beyond simply restoring the original “right to consent.” For instance, they have encouraged Representative Ed Markey to include more extensive provisions for privacy in his STOHP (Stop Taking Our Health Privacy) Act. As currently written, this legislation attempts to restore the “Original Privacy Rule.”

The Division of Psychoanalysis found APA’s position on the HIPAA lawsuit to be reasonable. We did not wish to join this particular lawsuit. We are also aware that any lawsuit or legal action taken by any APA Division must have the approval of the APA Board of Directors, since APA, as the parent organization, would be de facto participants.

Laurel Wagner is a past president of the Division and currently serves as Parliamentarian for the Division Board of Directors and Chair of the Psychoanalytic Consortium Committee.
LETTERS TO THE EDITOR

Martin Schulman, PhD, Irving Steingart, PhD, and Kenneth Kronenberg, PhD

When one publishes a book, a reviewer’s critique is not only expected but is often quite helpful. The assumption, however, is that the reviewer is familiar with the area the book covers and has thoroughly read the book. Neither seems the case with Dr. Katz’s review of *Failures in Psychoanalytic Treatment* (Vol. XXIII, #4, pp. 38-39). Dr. Katz has the “insight” that “If only one member of the dyad is satisfied with the outcome, has the treatment failed? What if both are satisfied but third parties continue to find the patient unbearable?” Quite true! So true in fact that the SECOND sentence of the Introduction to *Failures* quotes Oberndorf as stating “the goal which the patient aims to attain through treatment does not always coincide with that which the psychoanalyst hopes to achieve and neither of these estimates may correspond to that which the patient’s family or friends would consider a desirable outcome”

In discussing the reasons for failures, Dr. Katz states that there is a “tendency to sound a single note,” i.e., the role of severe pathology. Not so!! Three factors can be seen: the pathology of the patient, as Dr. Katz mentions, the role of the analyst, namely countertransference, and as developed in the chapters by Berman, Hinshelwood, and Esribens, the fit between the analyst and patient.

Dr. Katz claims that this book is missing “an introductory essay providing a firm historical and theoretical framework…” The Introduction covers success/failure from the perspectives of Freud (all three phases: the trauma, the topographic, and the structural) Ferenczi, Anna Freud, object relations theory, American Ego Psychology (Moore and Fine) Kleinian, Kohutian, Winnicottian, and relational psychology based in the writings of Racker. What’s missing? Lacanian? She labels the overview “cursory,” a term we apologetically also use since this is a clinical volume and not an historical treatment of the topic.

As for Dr. Katz’s critique of Marvin Hyman’s contribution, she states that it takes “a turn toward the absurd.” She seems offended that Dr. Hyman, a past president of Division 39, sees the role of the analyst to analyze. That’s it. Therapeutic efficacy is not the primary aim. Would Dr. Katz find the foundational grounding of Dr. Hyman’s position in Freud’s “The Question of Lay Analysis” (1927) also “absurd?” For example, Freud states, “The use of analysis for the treatment of the neuroses is only one of its applications; the future will perhaps show that it is not the most important one. In any case it would be wrong to sacrifice all the other applications to this single one just because it touches on the circle of medical interests” (p. 248); or “I only want to feel assured that the therapy will not destroy the science” (p. 254); or, without belaboring a point, “For we do not at all consider it desirable for psychoanalysis to be swallowed up by medicine and to find its last resting place in a textbook of psychiatry under the heading ‘Methods of Treatment’” (p. 248).

While indeed provocative, Dr. Hyman’s position is one where change, if it is to occur, is ultimately in the “hands” of the analysand, and thus a liberationist form of “therapy.” All analysis does is establish the preconditions for change to possibly occur. While one may disagree with this position it is not to simply be labeled as absurd and discounted. Finally Dr. Katz states, still in regard to Dr. Hyman’s position, “Unfortunately, as most practicing clinicians do not share Hyman’s definition of analysis, they may be less than reassured by this exemption from responsibility to help the patient.” To begin, where is the citation as to what “most” practicing clinicians “define” analysis as? Secondly, Dr. Hyman’s position does not exempt the clinician from responsibility to help, it simply defines our “helping” role differently than Dr. Katz does. Dr. Hyman deserved a fairer critique than name-calling and innuendo.

Two other points: Dr. Katz states that we could have supplied a conclusion. True enough, however, we decided that most analysts, having experienced disappointment if not outright failure, could come to their own conclusions. Perhaps we were wrong here. She also states that our book is uneven. Indeed it is. What edited volume, or issue of a journal with multiple contributors is not? *Failures* is the first systematic attempt to deal with this important topic, and I firmly believe that it is a valuable addition to the analytic canon, in spite of Dr. Katz’s reservations.

Martin A. Schulman PhD
Coeditor, *Failures in Psychoanalytic Treatment*
I am writing concerning the President’s Column in the summer issue, and Dr. Darwin’s discussion of the decision of the IPA to schedule its conference one week before the Division 39 Spring Meeting. It seems to me that her rational tone and civil reply to Dr. Widlocher obscured the dimension and seriousness of IPA’s actions. The overall response from the IPA to Dr. Darwin’s concerns was arrogant and demeaning. The proffered choice of replacement dates was absurdly insensitive and amounted to no choice at all. In addition, Dr. Widlocher was rude in not responding directly to Dr. Darwin’s effort to engage in a meaningful discussion concerning the conflicting dates. Or at least Dr. Widlocher could have called Dr. Darwin and told her that he would arrange to have someone from IPA contact her to try to work out something.

Certainly we should “put this behind us;” but the best way to do that is to call a spade a spade, an insult for what it is—an insult—and not obscure or dilute what really occurred. I am a member of Division 39 as well as the IPA. My comments, however, would apply even more strongly if I were only a member of the division. I hope that the members of the division agree with my feelings about this.

Irving Steingart, PhD
Tenafly, NJ

I was very pleased to see a review of Karl-Heinz Brisch’s *Treating Attachment Disorders* in the Fall 2003 issue *Psychologist-Psychoanalyst*. Although the book was identified by Cress Forester as “a translation from the original German edition,” nowhere in the review was I identified as the translator.

It is standard now in most scholarly journals to identify the translator when a translated book is reviewed, and to do so has been required in bibliographic citations for many years. There are good reasons for this. The most important is that translation is a crucial factor in readability. A German professional audience expects a tone and style very different from those expected by an American audience—so different, in fact, that German academic prose has been a subject of ridicule by English-speaking satirists for centuries. Whatever the author’s virtues as a communicator in his own tongue, when your reviewer writes, “the book is written in a style and language that makes the content comfortable to read and accessible,” she is actually talking about the translator’s contribution, not about the author’s. This is why translations are increasingly seen (and reviewed) as works in their own right.

The conveyance of sense depends on the translator too, as anyone can attest who has tried to set a digital watch whose only instructions have been machine-translated from Japanese. Psychoanalysis provides its own examples in the comparisons between the Riviere and the Strachey translations of Freud, and now in the monumental effort to produce a new translation of the *Standard Edition*. In the case of Dr. Brisch’s book, my contribution consisted of painstaking attention to content followed by long, long hours of revision with an expert psychoanalytic editor (Eve Golden, MD), and a specialist in attachment theory (Dr. Inge Bretherton), to ensure clinical and theoretical accuracy, and to get the tone right.

Finally, attribution—and discussion, even brief, of the quality of a translation—keeps publishers and translators honest by rewarding those who do a good job of “bringing over,” and holding responsible those who do not.

The point of reviewing books is to encourage the sharing of ideas. In an international field like psychoanalysis, ideas must sometimes be shared across languages. But it is ideas that suffer most from poor translation, and unless translators are both recognized and held accountable, the sharing of the ideas will suffer as well.

Kenneth Kronenberg
Cambridge, MA
The Anna Freud Centre Program at the Yale Child Study Center & The Western New England Institute For Psychoanalysis

*With the Sponsorship of*
- The American Psychoanalytic Association
- Division 39 (Psychoanalysis) of the American Psychological Association
- The Muriel Gardiner Program In Psychoanalysis & The Humanities

**Announce**

**THE FIRST ANNUAL NEW HAVEN PSYCHOANALYTIC RESEARCH TRAINING PROGRAM**

New Haven, Connecticut • April 20-24, 2004

The Anna Freud Centre program at the Yale Child Study Center in collaboration with the Western New England Institute for Psychoanalysis is pleased to announce the first New Haven Psychoanalytic Research Training Program. The program is focused around consultations with a faculty of psychoanalytic scholars with considerable experience in empirical perspectives. Modeled on the successful summer Research Training Programme at University College London sponsored by the International Psychoanalytic Association, the New Haven program is offered as another opportunity for scholars interested in psychodynamic perspectives to meet with experienced investigators around issues of study design and implementation. The program will begin on the evening of April 20th through the morning of April 24th in New Haven, CT, at the Yale Child Study Center.

The aims of the program of lectures and seminars will be to provide an intensive training in empirical approaches to psychoanalytic research. The faculty participating in this first New Haven seminar have particular expertise in social-cognitive/attachment perspectives on normal and psychopathological development and on the study and measurement of psychotherapeutic process and outcome. Faculty members include Peter Fonagy, Ph.D., University College London; Mary Target, Ph.D., University College London; Sidney Blatt, Ph.D., Yale University; John Clarkin, Ph.D., Cornell; Betsy Brett, Ph.D., Yale University; Stuart Hauser, M.D., Ph.D., Harvard University; and Linda Mayes, M.D., Yale Child Study Center. Additional faculty from Yale University and the Yale School of Medicine will participate as invited speakers.
My Philosophy and a Bit of History

Robert Lane, PhD, ABPP

For those of you who don’t know who I am, my name is Bob Lane and I retired from active Division 39 duty some years ago, after 18 years of board activity. I finished my doctorate at NYU Graduate School of Arts and Sciences in 1954, and received my certificate in psychoanalysis from the Psychoanalytic Training Institute of the New York Freudian Society (NYFS) in 1963. I am a diplomat in Clinical Psychology and Psychoanalysis, a Fellow in APA Division of Psychotherapy (29), Division of Independent Practice (42), the Division of Psychoanalysis (39), and a Distinguished Practitioner and Member of the National Academy of Practice in Psychotherapy since 1984. Presently I’m living in Ft. Lauderdale and working at Nova Southeastern University, a medical school, where I serve as Psychoanalytic Scholar in Residence, Coordinator of the Psychodynamic Concentration, and Program Director of the Intensive Psychodynamic Psychotherapy Clinic. I am currently President and Chairman of the Board of Shoplifter’s Anonymous.

History
I grew up in the Bronx, attended De Witt Clinton High School, CCNY, and NYU Graduate School of Arts And Sciences. My mother, a self-educated compulsive woman, would buy books by the carton and was a regular Street and Smith patron. Both my older brother and I were avid readers; and Freud and the early psychosomatic writers were among the authors of the books we read. He became a very successful businessman and financier. I had lost my father in an accident when I was very young, and I felt my mother saw my older brother as the man of the house, a father replacement. Currently, my brother and his family live near me in Florida.

My mother, who lived to be 98, never remarried or went out much. She read a book or two a day, and was very knowledgeable. Taking care of her two sons was her raison d’etre. We lived with my aunt, uncle, and cousin, who was always like a brother to me. My mother was a descendent from the original Amsterdam family. Both great uncles (brothers of my maternal grandmother) had farms where my brother and I stayed in our early years. They all lived long lives, and were very bright. I tested several of the Amsterdam grandchildren when I was studying the Binet, and they were literally off the scale. Romantically, I was lucky. I fell in love with a wonderful girl who lived on my block in the Bronx. We were married at the Plaza Hotel in San Antonio when I was stationed there during WWII. On March 14, 2003, we celebrated our 60th anniversary. We have 3 children, 5 grandchildren, and 3 great grandchildren.

College Era and Gardner Murphy
After graduating from high school, I decided to attend City College and major in psychology. CCNY at the time was an all male college for the 500 or so top graduates from the NYC High Schools. In the late thirties there were few part-time jobs available and CCNY was difficult, demanding much time for each course. Under FDR there was the NYA, or the National Youth Administration Act, which permitted students to work 30 hours a month at 50 cents an hour or $15 a month. My first employer was Sam Winograd, assistant basketball coach to Nat Holman.

There was no psychology department, psychology came under Philosophy and Psychology Then in 1940, Philosophy and Psychology split, and Gardner Murphy came to City College from Columbia University. Murphy was the first Chair of the new Psychology Department to be housed in the alcoves of Townsend Harris Hall, utilizing all space available. I was to become one of Gardner’s first honor students, chaired the Open House, helping to introduce the new psychology department to the public, and received an award at graduation for being an outstanding student.

I can still remember Professor Murphy’s first psychology class, with his stress on culture and the different psychologies that comprised his psychodynamic approach to personality. It was under his tutelage that CCNY’s future psychologists learned to value all approaches, to think eclectically, and to be aware of the many different aspects of personality. These were exciting times. This famous man stood in front of the class with a starched collar, high buttoned shoes, belt and suspenders, with scribbled notes and began to speak. He looked like and dressed like my two uncles, for whom I had great respect. He spoke with great passion and excitement and it was the age of discovery for the students. It was psychology blended with biology, sociology, and anthropology. He was a brilliant man and seemed to know everything about everybody.

I had several honor courses with Gardner Murphy. At the time, he was interested in need as a determinate of perception, and I wrote a paper on this area as an undergraduate. It was with him that I began to study Freud with deeper understanding, and from whom I developed my first therapeutic approach to patients. He was also a great influence on my philosophy of working with patients.

Iz Chein, who taught in the evening, had a group of us who would hang around to see him, sit in on his classes, and have long discussions with him. Fortunately for me, in later years after the service, he became my mentor at NYU for my dissertation and I had the opportunity once again to sit with him for many hours, discussing many different
areas in life and psychology, learning all the time.

Max Hertzman, who became my second NYA employer, was an analyst and employed a psychoanalytic approach to his interpretation of the Rorschach and other testing material. I was fortunate to be in a group studying the Rorschach with Helen Margolies and him. We met at Max’s house for quite a long period of time. I took 16 sessions with Emil Oberholzer, who came to City and taught a Rorschach course, as did Bruno Klopfer who shared his notes with us from a book he was writing. Working with Max and Helen and taking courses with Emil and Bruno led me to greatly respect testing and what it can tell you about a person—a respect which I have never lost.

**Psychology in the Service**

From June, 1942 until I entered Psychological Research Unit #2 (PRU #2) of the Air Force, I worked with Max Hertzman and Clifford Seitz at City College on research they were doing. I ran a vivarium and worked in an oxygen chamber where we tested whether rats injected with vitamin B could live longer at high altitudes than those not injected. I helped Max with a paper comparing individual and group administered Rorschachs and Cliff on personality reaction and diet tolerance to high altitudes, as well as on cockpit illumination.

I was to report to PRU #2 at San Antonio Aviation Cadet Center (SAACC). Our CO was Robert T. Rock, Chair of Fordham University Psychology Department. Later, “Major” Meredith P. Crawford (recently deceased) became CO. We had about 100 personnel, not all psychologists. When they needed additional personnel they took what they could get, like college graduates. After some time at PRU #2, I was attached to the Research Department, in charge of all records, and there were thousands of them. Whenever some research was approved, it was my job to find and pull all needed records. I was the one who knew where the material was, so I couldn’t leave on vacation until they finally gave me an assistant. With this important position came several quick promotions, which caused difficulty as a number of the psychologists were at SAACC longer that I was.

Towards the end of the war, I was shipped to PRU #1 where I also could use my testing and clinical skills. PRU #1 at that time was based in Montgomery, Alabama, which was also America’s leading B29 base. From PRU #1, I was sent to Fort Dix, NJ to do counseling and help with the discharge process. They gave us a 4-week course in Carl Roger’s non-directive techniques. We had to summarize the army experience of discharged soldiers, so they could get work upon discharge. From Fort Dix I went to Halloran Hospital in Staten Island, NY, from where I was discharged. Many of the hospitalized soldiers were seriously injured. One of my wards consisted of 48 colostomies, soldiers shot in the stomach or intestines. I was there only a short time, but learned a great deal about how to deal with hostile patients.

**Post War**

Upon discharge from the Army in 1946, I applied to NYU Graduate School of Arts & Sciences. I was nearly 25, and needed to get settled so I could pursue my psychology studies. Finding an apartment in New York at the end of the war was nearly impossible. I got lucky in two respects. First, I discovered that the GI Bill would pick up all my school costs, and that I had an opportunity to purchase an attached townhouse in the city. I was to learn that a lifetime friend from my block, whose family owned the Stadium Restaurant, knew the builder of a small project of 10 townhouses about 2 blocks from Yankee Stadium, on Gerard Avenue. My friend and I were able to purchase a house for $9000, the monthly GI mortgage cost running $72 a month. The attached houses had backyards, like an oasis, which were to

---

**NYIPSP**

**The New York Institute for Psychoanalytic Self Psychology**

**Confused by the Maze of Self Psychologies?**

**Are they working for you?**

**Return to the basics —**

- Learn how self psychology cures.
- Learn how Heinz Kohut’s contributions are in the forefront of contemporary treatment.
- Develop your creative self so you can know your patients on the deepest level.

**~ Join us for training ~**

**Advisory Board**

Howard S. Baker, M.D. • Miriam A. Elson, M.A.
Mark J. Gehrie, Ph.D. • Arnold I. Goldberg, M.D. • Anna Ornstein, M.D.
Paul H. Ornstein, M.D. • Sharon E. Ornstein, M.D. • Estelle Shane, Ph.D.
Morton Shane, M.D. • Allen Siegel, M.D. • Mariam Tolin, M.D.
Paul H. Tolin, M.D. • Ernest S. Wolf, M.D.

For brochure and calendar of events call or write:

**New York:**
Crayton Rowe, M.S.W.
230 West End Avenue, Suite 1D
New York, NY 10023
Phone/Fax: 212/873-6117

**New Jersey Extension:**
David MacIsaac, Ph.D.
163 Engle Street, Bldg. 1A
Englewood, NJ 07631
Phone: 201/541-9198

Visit our web sites: [www.nyipsp.org](http://www.nyipsp.org)
[www.selfpsychology.com](http://www.selfpsychology.com)

---
become evening hangouts for the Yankee ballplayers who resided in a hotel on the Grand Concourse in the Bronx.

I accepted a position as a psychologist at the NYU Testing and Advisement Center. I also shared time at the NYU Reading Clinic, with the rank of Instructor at NYU, where I stayed a short time. There I met and worked with Wally Gobetz who had written his thesis on the Bender and worked with Max Hutt, as I had. When I started to look for a job, it came down to two positions. One was chief psychologist, US Navy. I went to Philadelphia where I found all kinds of complications. There was no place to live; I would have to change universities, etc. So I took the second position, Chief Psychologist, Westchester County Mental Hygiene Clinics. I had 3 offices, one in Yonkers, one in Mt. Vernon, and one in White Plains. Three beautiful offices at $2600 a year plus a $600 cost of living increment, and I was working with several fine analysts.

The VA
I had tried to stay out of the VA, but when George Gold- man came as an emissary for Joe Levi, Chief VA Psycholo- gist (whom I knew) to see if I would come to Kingsbridge Bronx VAH, I went to see Dr. Holla, Commissioner of Health for Westchester County. I told him I couldn’t live on $2600 a year and had an offer for over $4000 in the VA. He said he couldn’t accommodate me, and I left and went to work in the VA as Chief of the Psychiatric Branch of the Psychology Department. I stayed in the VA from 1948 to 1954. During my time at Bronx VA, I was occupied with the psychological services of five wards, attending conferences, collecting my dissertation data, getting as much training as possible by taking analytic courses wherever I could, being analyzed, and raising a family.

My memories of the VA days are pleasant. My department consisted of some 6 or more PhD trainees from NYU, Fordham, and Teachers College, Columbia University Departments of Psychology. At the time, I remember we saw close to 50 patients a month for testing. At one point, we had a terrific department including Reuben Fine, Len Horwitz, and Al Jasnow. I had dozens of trainees through the years and did my best to train them to be psychodiag- nosticians. While at the Bronx VA, I wrote a series of guides for psychological testing which were also used outside the VA in a number of training programs. These guides included a neuropsychiatric report form written with Reuben Fine, a guide to the interpretation of the Bender Visual-Motor Gestalt Test, a guide to the Wechsler-Bellevue, and a Wechsler-Bellevue training manual for use of the Wechsler with brain damaged patients. I was responsible for all case presentations, for the A. A. Brill, the Victor Rosen, the Thomas Renny, the Van O’Phuisen conferences, as well as the ECT, psychosurgery, topectomy, etc., committees.

After being in the VA for a number of years, the VA passed a bill stating you had to have a doctorate to hold my position. I had finished my course work in 1950, and didn’t see any reason to do my dissertation at the time. The work I had previously done on perception, and given to Dr. Murphy to keep for me until the war ended was lent by him to a student and had disappeared. (“Murph” was to go to Menninger’s in the fifties to be in charge of Research). So, I started over and wrote my thesis on familial attitudes in paranoid schizophrenics and normals from middle and lower socioeconomic classes. I constructed a test, and used a test that was on the market, to get at familial attitudes. I collected my normal population at Bronx VA and my para- noid population at FDR VAH Montrose, NY. I published the results in 1959 with Jerome Singer who at the time was chief of the research section in clinical psychology at FDR VAH. This was before his illustrious career at Yale.

North Shore
While in the VA, I would spend all day Saturdays at a Con- necticcut reading clinic testing 3 children for $25 a day. I taught the VA psychiatric residents projective techniques and one of these residents was a physician surgeon with a Nassau County practice who was becoming a psychiatrist. He was forming the first Neuropsychiatric Clinic in Nassau County and asked me to come in with them as Chief Psychologist. I accepted and began to work weekends at the North Shore Neuropsychiatric Center (NSNPC), the first of its kind in Nassau County. So after I had had 10 years of government service (4 in the AAF and Army, 6 in the VA), I left to enter full time private and clinic practice. It was here I met and worked with colleagues with whom I was later affiliated at Adelphi Postdoctoral Institute. We established the NSNPC in the early fifties and I remained as Chief Psychologist for nearly 10 years. Having been part of a predominantly medical staff, we received referrals from many MDs and Hospitals, and I was a consultant to many hospitals and agencies.

In 1958 when a group broke away from NPAP (National Psychological Association for Psychoanaly- sis) and dared to call themselves the New York Society of Freudian Psychologists (now the New York Freudian Society), I became a candidate in their psychoanalytic training institute, going to classes in the City twice a week. I became the first graduate and valedictorian at their first graduation in 1961. I received my certificate of comple- tion in 1963. I was very active in the NYFS for many years serving on the faculty, treasurer for more than 10 years, secretary, parliamentarian, chairperson of the Scientific Committee, etc. In the latter position, I can remember bringing Herb Rosenfeld, the leading Kleinian at the time, over from London.
TRAINING
I have held a number of training positions. I was Coordinator of Training and Dean of the Training Institute (1965-1966) of what is now the Geraldine Pederson Krag Mental Health Service in Huntington, Director of Training at the Hempstead Consultation Service, Executive Director of the Nassau County Psychological Services Institute, and Director of Training at the Long Island Division of the New York Center for Psychoanalytic Training (NYCPT) (1972-1992). I had been affiliated with NYCPT since 1970 or so, holding many different positions and being very active in The Society for Psychoanalytic Training. I received from NYCPT and the Society, the Samuel Kutash Award for Distinguished Service in 1981, the Distinguished Writer’s Award in 1986, and the Distinguished Analyst Award in 1989.

ADELPHI PDI
I was one of the founding fathers of the Adelphi Postdoctoral Training Program. I (NYFS) along with Kenny Fisher (NPAP), George D. Goldman (WAW), and Hal Pivnick (Postgraduate Center) constituted the four non-Adelphi faculty on the Postdoctoral Planning Committee. The four faculty members were: Gordon F. Derner, Paul Frisch, Harry Kalish, and Don Milman. The organizing committee met from 1958 to 1963. I became a clinical professor and supervisor in the postdoctoral Child and Adolescent Analytic Program.

NYCPT AND DIVISION 39
Some time in the late sixties, Reuben Fine, who had been a close friend of mine since we worked together in the late forties, called me and asked if I would join him in a new endeavor. This eventually led to my becoming Director of the L.I. Division of the New York Center for Psychoanalytic Training. I worked very closely with Reuben and it was in NYCPT’s Headquarters at 9 East 89th Street that we planned the establishment of Division 39, and NYCPT became the first central headquarters for the Division. I was quite active in NYCPT and upon leaving after more than 20 years (in 1992) I was made Director Emeritus of the Long Island Division. Aside from being Director, I was President of the Society from 1975-1978 and again from 1980-1982. In addition to my analytic commitments, I was also involved in the politics of my profession, having served as President of the Nassau County Psychological Association in 1974-1975, President of the Clinical Division of NYSAPA (1977-1978), twice elected to the Council of Representatives of the APA (1978-1981; 1984-1987), and recognized as a Distinguished Psychologist by the National Academy of Practice (NAP) in 1984. My work with the Division of Psychoanalysis is known to many of this newsletter’s readers. I was with Reuben Fine from the beginning of his quest to first form an APA Division of Psychoanalysis, giving us a home, next to form a Section with requirements equal to the American Psychoanalytic Association (Section I), then to petition the International Psychoanalytical Association for membership of the Section and its members. We wrote to all members of Divisions 12 and 29 receiving nearly 900 signed responses to the petition to propose what became the Division of Psychoanalysis. After failure to get the necessary support on the first day of deliberation by the Council, we met and held a pro-tem election. We obtained more than 100 more votes, giving the petition over a thousand signatures, and we went to the next day’s meeting prepared for a fight. Division 29 (Psychotherapy) wanted to make us a section within psychotherapy and Division 35 (Society for the Psychology of Women) felt Freud was “inimical to women.” However, the opposition collapsed and Division 39 was born. I was to become a founding father, vice-president pro-tem, the first president-elect, president (1981-1982), president of Sections I and IV, co-chair of the Publications Committee, co-editor of this newsletter, which we named Psychologist-Psychoanalyst, Program Chair in 1979 and 1980, and spent 18 years on the board, moving from one elected office to another. I still hold the position as Historian. In 1989 I received the Distinguished Service Award. At the 18th Annual Spring Meeting, I received the Division’s Distinguished Service-Lifetime Achievement Award.
In 2000, the Southeast Florida Association for Psychoanalytic Psychology (SEFAPP), a local chapter of Division 39, honored me for “leadership, tutelage, and dedication.” In 2001, I received the local educator’s award from the International Federation for Psychoanalytic Education.

**NOVA SOUTHEASTERN UNIVERSITY**
I bought a condominium in Fort Lauderdale a short distance from Nova University in Florida with the hope of retiring some day and doing research. My decision was determined by desiring a more comfortable climate for my wife and to be near other family members. In 1990, I worked out a part time deal helping and sharing an office with Hal Lindner, who was Program Director of the Postdoctoral Institute in which I had taught for years, teaching and acting as a supervisor to the students with an open door policy. I commuted from L.I. to Ft. Lauderdale for over two years until I completed my work with all patients.

In 1992, I accepted Dean Frank DePiano’s appointment as “Psychoanalytic Scholar in Residence” and sometime later the appointment as Program Director of the PDI by Gene Shapiro, who was head of the search committee. Since that time I started a specialty clinic, the Intensive Psychodynamic Psychotherapy Clinic (IPPC), replaced the PDI with the Psychodynamic Concentration, a psychoanalytic program consisting of 18 to 24 credits and recently started a service for eating disorders and body image problems.

**WRITING**
Although I had written an article for publication while an undergraduate, written four papers on the history of psychomotor and group testing at PRU #2, and some papers while working in the VA, I really began to write in 1982 when I had a hip replacement that gave me the time I needed. I have since written extensively on a wide range of psychoanalytic topics, particularly on negativity, masochism, self-mutilation and autoeroticism, eating disturbances, the frame, supervision, and dreams.

I served as editor of the newsletter of the Nassau County Psychological Association, the newsletter (Clinical Alert) of NYSPA, and the newsletter of Division 39 with Marvin Daniels. I am Executive Editor and have a column in *Psyche & Sol*, the newsletter for SEFAPP. I am also on the editorial boards of six Journals.

In my invited presentation on “The Addiction to Negativity,” I define negativity as a recurrent need and craving for activities that, instead of eliminating unpleasure and inducing a state of euphoria, eliminate pleasure and induce a state of dysphoria, a disturbance in psychological homeostasis. These patients cannot permit success or pleasure, become obsessively involved in all types of negative experiences, display a need for unpleasure, and in therapy become involved in negative therapeutic reactions. They may show masochistic, depressive, self-mutilatory, and autoerotic symptoms and many of them are borderline. I have a theory for the development of these character disorders that proposes that early deprivation leads to pathological feelings of entitlement, revenge motives, the wish to be different and negativity.

I published two books and intend to publish another two, one on dreams and one on negativity. I also was a guest editor with Marv Hyman for *Psychoanalytic Psychology*, 10 (4) on Termination. I wrote an edited book on supervision in 1990 and a history of the Division with Murray Meisels. I have had some 14 papers published in the area of negativity and around 125 total papers, many with my students. Those readers who wish one of my papers can write to me.

**MY PHILOSOPHY**
From my experience beginning with my work with Murph, Max, and Iz, and based on my years of experience I came up with the following formula in handling patients, which I still apply.

- Begin thinking about your patients from your first contact with them.
- Get as much historical material as possible.
- Listen carefully to your patient.
- Know as much as possible about the early object relationships and the culture the patient comes from.
- Include in your history as much of the parents’ background as possible including physical history of parents, sibs, grandparents, etc.
- Get the total ego picture, what you will have to work with.
- Get the psychological picture by examining your patient with a full battery of tests.
- Know the content and fantasy with which the patient is preoccupied.
- Note any questions raised by testing, or things omitted in the history.
- Think in broad terms in your conceptualization of the case. Always note the patient’s assets as well as liabilities (Some years ago, 1993, I wrote a paper, “The Ego in Diagnosis,” which explains some of the above).

I have been privileged to “grow up” with the psychologist–psychoanalyst movement. I hope the sharing of my experiences elucidates the ambience and excitement of the period, and partially helps to blaze a trail for those who are coming of age in the present era.
Psychologist-Psychoanalyst

Continuing Education Programs at the 24th Spring Meeting of the Division of Psychoanalysis
Fontainebleau Hilton Resort
Miami Beach, FL, March 17, 2004

From Reactivity to Self-Reflection: Affect Based Couple Therapy
Gerald Stechler, PhD, founder and Chairman of the Psychoanalytic Couple and Family Institute of New England

Description: This course has two major aims: The first is to learn to recognize, understand, and ultimately rework the intense spoken and unspoken affects that are at the heart of marital conflict. The second is to expand the therapist’s horizon so that what has been learned as an individual therapist can be modified and used to meet the demands of the more complex triadic dynamic.

9:00 AM to 4:30 PM 6 CE Hours $120

Psychotherapy Under Duress: Treating Difficult Clients Under Difficult Conditions
Nancy McWilliams, PhD, professor at the Graduate School of Applied and Professional Psychology at Rutgers University

Description: Dr. McWilliams will apply contemporary psychoanalytic scholarship to groups of patients who are famously hard to treat even under optimal circumstances, most notably those with borderline psychologies, psychotic tendencies, and severe disorders of personality. McWilliams will discuss both theory and practice, including some of her own work with difficult clients. Participants in the workshop are encouraged to contribute their current clinical problems and solutions; case vignettes are invited.

9:00 AM to 4:30 PM 6 CE Hours $120

Keeping the Baby in Mind: Attachment, Reflective Functioning, and Clinical Intervention
Arietta Slade, PhD, professor of clinical and developmental psychology at City University of New York and associate research scientist at Yale Child Study Center.

Description: The purpose of this continuing education workshop is first to review the central constructs of attachment theory and research, as these have been developed by Bowlby, Ainsworth, Main and their colleagues. These constructs will then be used as a basis for introducing and reviewing the notion of reflective functioning, a term introduced by Fonagy and his colleagues to describe the mechanisms that allow for interpersonal understanding, and the capacity to hold other’s, as well as one’s own experience, “in mind.”

1:00 PM to 4:15 PM 3 CE Hours $60

Contextualized Therapies with Latino Immigrants: The Dance of Identity, Relatedness, and Trauma
Margarita Alvarez, PhD, Mauricia Alvarez, LICSW, PSYD, Silvia Halperin, PhD, Raquel Limonic, LMHC, members of a multidisciplinary team of the Latino Mental Health Program at Cambridge Hospital, Harvard Medical School

Description: This program will present relevant aspects of clinical work with Latino immigrants. The workshop includes a focus on essential interrelated processes of the psychodynamics of immigration, the mother-daughter relationships and the shifting loyalties precipitated by the immigration process, and specific clinical challenges presented by this population.

1:00 PM to 4:15 PM 3 CE Hours $60

A Workshop on Supervision of the Psychoanalytic Process
Clemens Loew, PhD, cofounder and Codirector of the Supervisory Training Program at the National Institute for the Psychotherapies

Description: The seminar will provide a collaborative forum for supervisors to enhance their understanding of the supervisory process, sharpen their skills, and organize a clearer framework for their work. Participants are invited to present a supervisory issue from their work. Some advanced readings will be encouraged. Workshop is limited to 15 participants.

5:00 PM to 8:15 PM 3 CE Hours $60

The Division of Psychoanalysis is approved by the American Psychological Association to offer continuing education for psychologists. Division 39 maintains responsibility for the program. Participants will need to attend the entire program and complete evaluation form, to receive certificate of attendance. Please review and complete the registration form included on this brochure.

For a full description of the goals and objectives of the Workshops, please go to our website, www.Division 39.org, where you will also find registration materials. You will also receive these materials in the mail. You may address questions and concerns to Natalie P. Shear Associates, 800-833-1354 or Division39FL@nataliepshear.com or to CE Chair for Spring Meeting, Bill MacGillivray at 865-558-5675 or DrMacG@bellsouth.net
PSYCHOANALYTIC RESEARCH: Progress and Process
Notes From Allan Schore’s Groups in Developmental Affective Neuroscience And Clinical Practice

Allan N. Schore, PhD

Within the human sciences, psychoanalysis, with its emphasis on the development and maintenance of early attachment bonds of social-emotional communication, now provides the most comprehensive model of the origins of the essential capacity to enter into relationships with other humans. Advances in developmental psychoanalysis now clearly indicate that just as the infant-mother attachment relationship is fundamentally a psychobiological dyadic system of emotional communication and affect regulation, this same system mediates the essential processes that adaptively sustain all later intimate relationships, including the marital relationship. In converging work, neuropsychoanalysis and neuropsychiatry are now describing how early disturbances in object relations negatively impact the brain structures that process interpersonal and regulate intrapersonal information. And with the shift in clinical psychoanalysis into a relational perspective, therapeutic models are being generated for the more effective treatment of not just symptoms of individual psychopathologies, but also deficits in sustaining satisfying intimate relationships with others. Updated attachment theory, which is currently incorporating data on brain development from neuroscience, is thus a potential source of more complex models of marital therapy.

Just as developmental psychoanalytic models show a commonality of interactive regulatory mechanisms within the infant–mother and all later intimate relationships, recent psychoneuroendocrinological research clearly demonstrates that interactive regulation of stress regulating hormones occurs within the attachment relationship (Gunnar & Donzella, 2002) and within adult social relationships (Seeman & McEwen, 1996). In light of the fact that the central relationship for most adults is marriage, a significant focus of basic research is the investigation of the fundamental mechanisms that underlie optimal and dysfunctional marital relationships. These essential nonverbal processes are currently being explored in psychobiological studies of how interactive stress amplifies or reduces psychophysiological linkages within marital relationships (Robles & Kiecolt-Glaser, 2003), and how positive social bonds and caring relationships deactivate the stress regulating hypothalamic-pituitary-adrenal axis and thereby reduce autonomic arousal (Uvnas-Moberg, 1997).

In total, this interdisciplinary work indicates that troubled marriages are characterized by not only more conflict and stress, but also by an inability of the relationship to physiologically recover from repeated negative and hostile interactions. The resulting significant alterations in stress hormone levels that accompany unrepaired intense negative affective states can lead to chronic elevations in cardiovascular activity and dysregulation of immune functions, and thereby negative influences on the health of both members of the marital dyad.

This experimental research on the fundamental non-verbal psychobiological mechanisms that underlie the interpersonal processes embedded within dysfunctional marital relationships is paralleled by current psychiatric studies of pathogenic marital interactions. Workers in this area are are beginning to incorporate current information from developmental psychoanalysis and attachment theory into treatment models (Lewis, 2000). However, these newer models of marital therapy have not yet addressed very recent psychoanalytic knowledge that describes the implicit, unconscious, object relational communication of negative affect within intimate dyads, nor current data on right brain systems that process and regulate stressful interpersonal information.

The contributions in this month’s column represent brief outlines of recent work in this area from members of my study groups. Each builds upon advances in developmental psychoanalysis on the neurobiology of attachment and in neuropsychoanalysis on the role of the right brain in affect communication and regulation. In the opening two-part article, Sondra Goldstein and Susan Thau review conceptions of marital relationships through the lens of attachment theory, and then update this with a model of how right brain mechanisms, structurally impacted by early attachment experiences, are activated in dysregulating stressful marital interactions. In a second section they outline a novel neuropsychobiological approach to the treatment of the deficits in emotional communications and dysregulated affect states that are frequently encountered in couples seeking treatment, including a brief clinical vignette.

In a complimentary paper, Stan Tatkin brings into focus the critical role of the marital dyad’s co-regulation of each others autonomic nervous system (ANS), and the detrimental effects of marital instability on the hyperactivation of their hypothalamic-pituitary-adrenal axis (HPA). He then describes the right brain mechanism of social-emotional cueing, and the therapist’s critical function of attending to nonverbal cues and shifts of arousal within the dyad. Although others have stressed the important role of the nonverbal domain in psychoanalysis, Tatkin’s work represents a deeper appreciation of the role of the body in psychoanalysis.

CONTINUED ON PAGE 22
Attachment Theory, Neuroscience, and Couple Therapy

Part I: Integrating Attachment Theory and Neuroscience in Understanding Couple Relationships

Attachment theory was originally developed by John Bowlby (1969) to describe patterns of infant-caregiver interaction. Currently, there is growing recognition that the quality of a person’s attachments in childhood is intimately linked with patterns of interpersonal relatedness throughout life. Applied to adult relationships, attachment theory provides a theoretical framework for understanding adult couple relationships, and a valuable perspective for assessing and treating couples. Couple therapy from an attachment perspective shifts the focus of treatment from the security of the individual to the security of the couple relationship. Central to a couple’s sense of security is the ability to effectively regulate affect within the relationship. From neuroscience (Schore, 2003) comes evidence that attachment is a regulatory theory with implications for interactive affect regulation in dyads. In this two-part contribution we will elaborate on first on the integration and contribution we will elaborate on first on the integration and then on the application of attachment theory and neuroscience in treating couples.

Attachment Behaviors in the Infant-Caregiver and Couples Relationships

In applying attachment theory to couple relationships, parallels are found between the defining features of infant-caregiver attachment behavior and adult couple attachments. Bowlby (1969, 1973) proposed that attachment behavior is defined by (1) proximity seeking, (2) safe haven behavior, (3) separation distress, and (4) secure base behavior. All of these features of infant-caregiver bonds may be observed in couple relationships in which partners derive comfort and security from each other. These behaviors are particularly manifest in periods of external or internal stress within the relationship, such as when one partner threatens to be physically or emotionally unavailable, thereby eliciting protest from the other. The primary change in attachment relationships from infant-caregiver to adult romantic bonds is that the asymmetry of early bonds is replaced by more symmetry and mutuality in adult attachments. An additional differentiating feature is sexuality in adult attachments.

Adult styles of relating to primary attachment figures parallel the attachment styles identified in infant-caregiver relationships. The research of Hazan and Shaver (1987) presented groundbreaking evidence that the three major childhood attachment styles (secure, insecure-avoidant, and insecure-ambivalent) are also found in adult romantic relationships. These authors reported that secure adults described their romantic relationships as positive, trusting, supportive, and friendly; their relationships lasted longer than those of insecure-avoidant or insecure-ambivalent adults. Insecure-avoidant adults had relationships characterized by fear of intimacy and closeness, while insecure-ambivalent adults had relationships characterized by obsession, jealousy, and worry about abandonment.

Attachment styles can also be viewed in terms of the answer to the question “Can I count on this person to be there for me if I need them?” (Hazan and Zeifman, 1994). If the answer is “Yes” in a positive, secure way, the partners feel confident that they may rely on each other, have open communication, and experience a flexible, mutually cooperative relationship. If the answer is “Maybe,” partners tend to have an insecure-anxious style, with vigilance about loss, and alternating clinging/angry demands for reassurance. If the answer is “No,” the partner’s past history of abuse or neglect may have left no hope for a secure relationship. In the resulting insecure-avoidant attachment style, the partner avoids closeness or dependency, denies the need for attachment, and views others with mistrust.

Hazan and Shaver’s findings are consistent with Bowlby’s hypothesis (1982) that children develop internal working models about relationships. These relatively stable concepts are implicit, nonconscious guides for later adult attachment relationships. Internal working models guide the child’s, and later the adult’s perceptions “of how the physical world may be expected to behave, how his mother and other significant persons may be expected to behave, how he himself may be expected to behave, and how each interacts with the other” (Bowlby, 1973). According to Kobak and Sceery working models are “styles of affect regulation” which are utilized as “strategies for regulating distress in situations that normally elicit attachment behaviors” (1988, p. 136). With important implications for psychotherapy, Bowlby (1969) also hypothesized that childhood attachment patterns could change later in life as a result of new emotional experience combined with the development of new mental representations of attachment relationships, i.e., internal working models may be altered and “updated.”
Additional understanding of attachment relationships is found in neuroscience, which provides information about the essential brain structures that mediate attachment processes. Schore (2001) views attachment as fundamentally the interactive regulation of emotion, specifically the right brain-to-right brain regulation of biological synchronicity between psychobiologically attuned organisms. Right-to-right brain affective transactions, mediated by face-to-face mutual gaze, prosody, and tactile communications, regulate optimal arousal and promote the attachment bond between infant and caregiver. Early emotional regulation established via infant-caregiver synchrony, leads to the organization and integration of neural networks and eventual self-regulatory capacity in the child. In this manner the infant utilizes the interactive presence of an attuned mother to learn to regulate emotions.

Attachment experiences directly influence the wiring of the right hemisphere into the limbic system, the brain network that assesses information in terms of feelings that guide behavior. The right hemisphere plays a central role in the rapid, nonconscious appraisal of the positive or negative emotional significance of social stimuli. In addition, this hemisphere is dominant for the perception of nonverbal emotional expressions in facial or prosodic stimuli, nonverbal communication, processing bodily based visceral stimuli, implicit learning, and for affect regulation. The rapid, nonconscious assessment of negatively charged social stimuli by the right hemisphere often underlies triggering of dysregulating affect patterns in couple relationships.

Right brain-to-right brain communications between mother and infant generate internal working models that encode strategies of affect regulation and guide interpersonal behavior. These attachment schemas become implicit, nonconscious procedural memories that are later evoked in interpersonal experiences, particularly attachment relationships. Attachment schemas guide in the selection of significant others and influence the emotions experienced within relationships. “This attachment dynamic, which operates at levels beneath awareness, underlies the dyadic regulation of emotion” within a couple relationship (Schore, 2000). When an attachment schema is severely challenged or the attachment bond is breached, these events may lead a couple to seek treatment. Because the attachment system evolved to promote physical proximity and increase felt security when individuals are threatened, vulnerable, or distressed, it is particularly activated by fear provoking situations.

Deficits in emotional communications and dysregulated affect states in dysfunctional couples

For instance, a couple may seek therapy when their partnership becomes stressed by a life crisis or conflict that diminishes their experience of the relationship as a safe base. When partners no longer effectively act as emotional regulators for each other, cycles of fear and shame may erode the foundation of their relationship. Deficits in emotional communication and dysregulated affect states often lead couples to treatment. In such treatment, an understanding of the partners’ attachment styles, their internal working models of relationships, and related patterns of affect regulation provide an important perspective for understanding the couple process as well as the underlying attachment disruption that created the need for couple therapy.

The couple therapist typically sees only certain combinations of attachment styles in partners seeking treatment. The attachment style combinations which are more often seen in couples are insecure-anxious with insecure-avoidant, secure with insecure-avoidant, or secure with insecure-ambivalent. Since they are not free of conflict or less subject to life or developmental crises, secure-secure couples may also seek conjoint therapy. The nature of the attachment pairings in couples is a primary determinant of stability, or instability of the dyad. Just as the attachment relationship in infancy develops from countless interactions with the caregiver, adults also require repetitive interac-
tions of the secure base type for a romantic partnership to develop into a secure attachment relationship. Couple therapy from an attachment-neuropsychobiological perspective focuses on repetitive verbal and nonverbal patterns of interaction associated with regulated and dysregulated affective states. The goal of couple therapy from this perspective becomes understanding the role of attachment schemas in both emotional communication and affect regulation, with the goal of establishing (or re-establishing) a more secure base within the dyad where both effective affect regulation and emotional communication can occur.

**PART II: APPLICATION OF ATTACHMENT THEORY AND NEUROSCIENCE TO TREATMENT OF COUPLES**

Couple therapy has traditionally been associated with building communication skills as a means of increasing intimacy between partners. But frequently, this approach does not create lasting improvement. Without fully understanding their habitual patterns of affect dysregulation, couples may relapse into patterns of conflict that become increasingly destructive. Couple therapy from an attachment perspective is concerned with each partner’s internal working models of relationships as well as the partner’s own pattern of affect regulation. As the couple explores these patterns and processes created interactionally, there is often a greater sense of commitment and a sense of shared partnership which contributes to building a more secure foundation.

**INTERACTIVE AFFECTIVE PROCESSES AS A FOCUS OF COUPLE THERAPY**

The newly emerging field of developmental affective neuroscience, with its road map of how emotional patterns develop within attachment relationships (Schore, 1994, 2003), provides a window into the interactional patterns of intimate relationships. In attachment-oriented treatment the therapist is committed to creating an environment (Clulow, 2001) in which partners can explore their own attachment schemas and patterns of affect regulation with particular emphasis on cues that signal the presence of unconscious implicit memories (Schore, 2003). This approach is committed to establishing treatment as a safe and secure base, and in such an environment there is a greater likelihood of having reparative experiences, creating the possibility of new neuronal integration (Cozolino, 2002).

As mentioned previously, the mechanism of attachment, in any dyadic system, represents the interactive regulation of emotion. Generally couples seek treatment when there is frequent and intense relational disequilibrium, and one or both are too often dysregulated in their efforts
to relate to each other. The partners first depend upon the therapist to provide the affect regulation that has been eroded by unrepaired continuing conflict. There is hope that by deepening each partner’s understanding of the other, by becoming aware of each other’s verbal and non-verbal cues, and by gaining an appreciation of their own altered levels of arousal, the partners will become more adept at interactive affect regulation, thereby strengthening the security of their attachment bond.

Through repetitive interactions in treatment, the partners gain the ability to become aware of and describe their own emotional experience leading to emotional literacy. They learn to appreciate both verbal and non-verbal communication, including the multitude of signals that are bodily and viscerally based. By becoming emotionally sensitive, each partner learns to pay close attention to his own visceral changes and to be curious about what these bodily signals may mean in identifying nonconscious emotions.

While balance and harmony are valued, the couple also gains experience in tolerating moments of misattunement as well as the idea that conflict is a normal part of any intimate relationship, reflecting the differences between the two partners (Gottman, 1991). Without minimizing the pain of disappointment, partners gain flexibility by developing ways to manage their feelings of disengagement during times of disruption. Often neither partner has experienced particular negative emotions as tolerable or understandable. Thus, when there is an attachment breach, a cycle of shame is triggered with one partner feeling that he is being held responsible by the other for being unreasonable and demanding. Couples become aware of how the intense state of interactive dysregulation is maintained by both partners, and how this dysregulated state can undermine their bond, if not interrupted by more reparative approaches. When conflictual feelings are seen as a normal part of a couple’s interaction, each can be more interested in what is being activated within themselves that may be contributing to their interactive stalemate. Each partner is encouraged to learn how to self-regulate. By deepening the understanding of his own internal conscious and nonconscious systems, each partner has a greater capacity to explain his emotional state, and needs related to these emotions.

The concept of neuropsychobiological cycles provides a way of examining rapidly occurring automatic nonconscious appraisal of danger and frightful stimuli. These automatic cycles which occur at a subcortical level of the brain can be slowed down when conscious thought and language are used to interrupt this rapid fear cycle (Cozolino, 2002). By emphasizing the neuropsychobiological basis of these rapid occurring automatic emotional responses, there is often a normalizing of these conflictual states since partners can appreciate the origin and nature of fearful and/or shameful reactions that are being simultaneously evoked. The emphasis in couple treatment is on affect regulation which allows the shame based sequences filled with negative affects to shift into states of equilibrium and calmness where each partner can feel heard (Schore 1994, 2003). The very act of committing to engage in this examination of fearful moments is, in and of itself, a central part of the healing process of repair. This includes the creation of a shared narrative about the couple’s history and manner of emotional processing (Siegel, 1999). From a neuropsychobiological perspective, the dysfunctional right brain-to-right brain transactions between the two partners (Schore, 1994, 2003) are replaced with more balanced and considered transactions involving partners who are no longer engaged in unconsciously traumatizing each other. Being capable of navigating these lapses in connection actually creates resiliency and hope as part of the foundation of the partnership. All of this is fundamental to the creation of a secure base in which each partner can experience his emotional needs, with a sense of well being and feeling loved.
Clinical Vignette of a Moment of Misattunement

Conjoint therapy with Sue and John offers an opportunity to examine the principles in an actual treatment sequence, applying these concepts from attachment theory and neuroscience. Sue and John sought couple therapy because they were having frequent crises regarding their profession as university professors. During one session, Sue became extremely upset about her overwhelming responsibilities, at home and at the university. She told John that she felt very alone with the enormity of her burdens. As she spoke her voice escalated and within a millisecond she was yelling at John who sat passively in his chair staring straight ahead. Watching him for some sign of recognition and finding none, she became even angrier and more rageful, yelling at him “You are useless and I can’t take it any more.” John grimaced and turned away. Sue saw this and bit her lip, fighting back her rage which turned to tears.

This brief moment of misattunement and interactive dysregulation is an example of the rapid cycle of fear and anger that becomes a regularly enacted pattern when each partner’s insecurity is being repetitively triggered by both verbal and nonverbal cues. Sue’s bid for connection and interactive regulation was thwarted when she looked intently at her husband’s face for some sign of interest and attention. She explained later that his face seemed blank. His seeming lack of response to her pain, his blank unemotional expression, triggered her sense of abandonment.

Sue’s unconscious memories based on early neglect left her vulnerable to moving into states of disruption when she read her partner’s face and body posture as being dismissive and disregarding. This moment which occurred in a millisecond represented a whole lifetime of degrading, dismissive experiences at the hands of another.

The therapist’s intervention was to help slow down this rapidly occurring cycle by helping Sue identify what she felt had happened to her. By doing this, Sue’s reaction was seen in a larger context, related to her history and what John’s behavior meant to her. John had never thought of his actions as being provocative and a source of dysregulation for Sue. To the contrary, he believed that by becoming quiet and silent, he was preventing Sue from becoming angrier and more upset. He was surprised to learn that it was actually his quiet withdrawal that was exacerbating this cycle. In the safety of therapy, this couple began to explore their own patterns of fear and withdrawal that had undermined their efforts to attach. They became aware of visual and verbal signals that were personally frightening, e.g., his blank expressions, her tone, his clinched teeth, her pointed finger.

The goal of couple therapy applying neuropsychobiological principles is to explore and identify the verbal and nonverbal, as well as conscious and nonconscious interaction patterns of affect regulation that are the basis of either enhancing or diminishing attachment security between the partners. The work of therapy is to then “replace silent, unworkable intuitions with functional ones” (Lewis, Amini, & Lannon, 2002). This therapeutic approach allows greater consideration of the dominant right hemisphere’s rapid nonconscious automatic appraisal of emotional stimuli by the linguistically-based and conscious left hemisphere. Recognition of this important hemispheric duality allows us to function more adaptively by creating the possibility of better affect regulation and more secure attachment relationships.

References


Sondra Goldstein is in private practice in Encino, CA, and is Clinical Associate Professor, Department of Psychology, University of California at Los Angeles. sgold@ucla.edu

Susan Thau is in private practice in Santa Monica and Encino, CA, and is a supervising and training analyst at the Institute of Contemporary Psychoanalysis. susanthau@adelphia.net
A DEVELOPMENTAL PSYCHOBIOLOGICAL APPROACH TO THERAPY

Stan Tatkin, PsyD

Traditional forms of couple therapy largely ignore, or do not account for the psychobiological substrates that bring people together and drive them apart. Systems, cognitive-behavioral, and psychoanalytic models do not fully take into account the moment-by-moment interaction of mind, brain, and body within a two-person psychobiological system. The working hypothesis of this short paper is that partners in a romantic relationship rely upon one another for regulation of their autonomic nervous systems, and this dependency has its roots in the earliest of relationships, the mother-infant attachment system.

NEUROBIOLOGY AND REGULATION OF THE MOTHER-INFANT RELATIONSHIP

From the very beginning, we depend upon an external regulator for our basic psychobiological needs. It is through this interactive regulatory system that we first learn to be with another person and then with ourselves. In the secure mother-infant dyad, the mother is regulating the infant’s developing autonomic nervous system and providing the stimulation necessary for the experience-dependent maturation of the infant’s social-emotional, psychoneurobiological system (Schore, 2002a, 2002b). Somatosensory stimulation, through face-to-face, skin-to-skin interaction, is via visual, auditory, olfactory, gustatory, and vestibular processes. Within this secure relational system begins the planting of seeds necessary for social-emotional development, such as capacities for trust, empathy, love, playfulness, humor, patience, creativity, and vitality. Here in the interrelational orbit of secure attachment, injuries are born, acknowledged, and repaired. Together, mother and infant maneuver up and down a full bandwidth of arousal and affective states in an infant-led orchestration of engagement and disengagement, stimulation and quiescence, expansion and contraction, gaze connection and gaze aversion.

Attachment is not only the generation of cognitive internal working models; it is also the dyadic regulation of arousal and emotion (Bowlby, 1988; Schore, 1994). The developing social-emotional system largely involves the infant’s right hemisphere, which has deep connections into the limbic system and body. The right hemisphere is dominant for gaze, non-verbal communication, processing of emotional communication, and processing of the somatic aspects of communication. The right hemisphere dominates during overwhelming stress and activates the hypothalamic-pituitary-adrenal axis (HPA) and production of stress hormones (cortisol) (Sullivan & Gratton, 2002).

Synchronous communication between mother and infant is a right hemisphere-to-right hemisphere, nervous system-to-nervous system process, and this sets the stage for later development of the right orbitofrontal cortex (OFC), an area known to play a major role in affect regulation and other executive functions. The synchrony of the secure mother-infant dyad modulates the intensity and duration of sympathetic (high) and parasympathetic (low) activation. This continuous interactive regulation of arousal provides a dynamic dyadic container that is contingently responsive, and based in a mutuality that attracts involvement as opposed to cultivating aversion or indifference to it, which may lead to a bias toward autoregulation.

In the secure mother-infant relationship, and in the stable adult romantic relationship, right brain-to-right brain interactive regulation is the preferred means of stimulation and soothing (over autoregulation) and this jointly created capacity underlies the dyad’s ability to amplify positive emotions and to attenuate rather than dismiss negative emotions.

NEUROBIOLOGY AND REGULATION OF THE ADULT ROMANTIC RELATIONSHIP

Like the mother-infant “couple,” stable adult romantic couples create a mutually habitable psychological space that allows voluntary engagement with the other for pleasure, calming, safety and security and disengagement without consequence.

As adult romantic partners become closer and more familiar, they begin to function as a regulatory team, depending upon one another for regulation of each other’s autonomic nervous system. Each couple forms a unique, intersubjective dyad, with its own unique regulatory capacities. Their stability as a couple depends on their ability to regulate interactively across their potential bandwidth of arousal. Though they operate as a unit, each partner brings his and her own regulatory capacities to the relationship. However, regardless of their individual histories, success or failure of the couple based on personal history alone is not entirely predictable.

A leading cause of marital instability is chronic hyperactivation of the hypothalamic-pituitary-adrenal axis (HPA) and sympathetic over-arousal and/or parasympathetic under-arousal, as partners experience an extreme psychobiological shift in the organization of here-and-now experience. In moments of severe stress, individuals and the dyad itself can move either fight, flight or freeze, or into
conservation withdrawal, a massive parasympathetic drop into a deadening state of dissociation, collapse and hopeless surrender, with prevailing feelings of intense shame, annihilation, and fragmentation. The result is a breach in the attachment system that resonates implicitly with early experiences of disruption in the mother-infant system. The dyad becomes unstable and uninhabitable thus forcing each individual to turn to their given strategies for re-regulating their internal state. For example, a problem arises when one partner turns toward autoregulation for self-organization and down-regulation of arousal while the other requires interactive regulation to achieve the same. The result is a couple that cannot calm down and repair injuries.

Successful couples are able to limit and modulate dyadic arousal states, avoid emotional flooding, and maintain a relatively high degree of emotional connectedness, friendship and goodwill. They are able to hold one another within the relational orbit due to their capacity to generate considerably more positive than negative mutual experience, and in conflict, to override negative feelings with positive ones (Gottman, 1994). By doing so, they can engage one another, even in conflict, with the confidence that they will not fall into a prolonged state of mutual dysregulation. Couples who are unsuccessful at this will have fewer and shorter periods of enjoyed mutuality and more moments of disengagement as a response to conflict.

**Social-emotional Cuing**

Because implicit social-emotional (SE) cues are rapidly processed by the limbic system and right hemisphere, partners respond instantly to subtle affective shifts expressed in the face, voice, and body posture of the other (Schore, 2002b). For instance, partner A is able to read partner B’s immediate emotional reactions faster than partner B can “know” and verbalize them. Under non-stressful circumstances, with individuals possessing good SE development, this SE cueing seems to be the mechanism of interactive regulation, attunement, and reflective functioning. A common symptom of couple distress is gaze aversion by one or both partners. The purpose of gaze aversion, ostensibly, is to down-regulate arousal, but a problem occurs with sustained gaze aversion. The loss of eye contact disrupts the couple’s ability to provide contingent responses to one another, based on real-time data flow emanating from subtle shifts in facial expression and pupil dilation. Continuous dropping of eye contact promotes autoregulation and non-contingent response based on internal object representations.
The right orbitofrontal cortex (OFC) provides error correction in SE cueing. However, in the presence of sympathetic (hyperaroused) or parasympathetic (hypoaroused) conditions, the OFC goes offline leaving a subcortical appraisal system to regulate via verbal and non-verbal means. In this state, partners revert to their internal working models and primitive part-object relations (Bowlby, 1988; Kernberg, 1985). This can be problematic for the therapist whose own ability to self-regulate within optimal range is challenged and the likelihood of countertransference acting-out increases. Yet it is in this mental/emotional state that treatment is most effective. During periods of arousal and affect dysregulation within the couple system, the therapist can make powerful advances toward interactive repair of early-encoded relational traumata and its sequelae. The therapist, in order to help the couple, must function as an external “OFC” for the dyad and must be able to achieve this in the face of intense affect, dysregulated arousal, and primitive defense.

The first order of couple therapy should be the management of acute or chronic dysregulation within the couple system. The therapist should focus interventions designed to help couples regulate intensely high and low arousal states while they occur. Sometimes this is a matter of expanding their tolerance of intensity, or managing sudden spikes in intensity. At other times, it is a matter of modulation, in which the couple, as a regulatory team, is unskilled at managing the duration of intense hyper- or hypoaroused. The therapist can help by microfacilitating each partner’s immediate awareness of his or her somato-sensory experience, which slows the couple’s pace and bring the couple back into a social engagement system (Porges, 2001). It should be kept in mind that the average person requires a minimum of 20-30 minutes to recover from DPA (Gottman, 1994; Kiecolt-Glaser et al., 2003). The therapist should also pay special attention to the couple’s injury/repair response time. In this work, the content is background to the process of interactive regulation, or lack thereof.

This regulatory model strongly suggests that fundamental to the clinician’s understanding as to why some couples thrive and others fail are the developmental, psychobiological substrates that motivate engagement and disengagement. This perspective, which includes identifying and tracking a couple’s regulatory strategies, can provide the clinician with a useful therapeutic approach that may increase the success of clinical intervention.

**References**


___

Stan Tatkin is in private practice in Westlake Village, California, and is Assistant Professor in the Department of Family Medicine at the UCLA David Geffen School of Medicine. stanley@anet.net

---

**Continued From Page 14**

**References**


Allan N. Schore is on the clinical faculty of the Department of Psychiatry and Biobehavioral Sciences, UCLA David Geffen School of Medicine, and at the UCLA Center for Culture, Brain, and Development. anschore@aol.com.
ATTENTION: DIVISION 39 MEMBERS

ONLINE CONFERENCES

Affect Regulation, Mentalization, and the Development of the Self
May 03 - May 28, 2004

Religion and the Relation to God of the Therapist
Available as an archived conference

UPCOMING SYMPOSIA

Dates to Be Announced. **FREE CEUs for Div. 39 members.** For more information, go to www.PsyBC.com

Feminist Family Therapy

The Integration of Psychopharmacological and Psychotherapeutic Treatments of Anxiety Disorders

Religious Fundamentalism: Towards a Psychoanalytic Understanding

UPCOMING SEMINARS

Conflict Resolution
February 9 - March 19, 2004

Legal and Ethical Issues
Continuously available through the PsyBC archives

Dialectical Behavior Therapy
March 1 - April 30, 2004
Step outside the box...

**JOURNAL OF INFANT, CHILD, AND ADOLESCENT PSYCHOTHERAPY**
Kirkland C. Vaughts, editor
Susan Warshaw, associate editor

From the impact of attachment research on child therapy to the special therapeutic challenges posed by adolescent substance abuse.

**STUDIES IN GENDER AND SEXUALITY**
Psychoanalysis * Cultural Studies
Treatment * Research
Ken Corbett, editor

From an analysis of the charges of “indecent assault” brought against Ernest Jones in 1906 to a symposium on “Sex, Gender, and Global Violence.”

SGS provides paradigm-stretching articles on male and female homossexuality and bisexuality; femininity and the place of desire; postmodern gender theory; and the erotic transference.

**Individual subscription rates for volume 3 (2004) are $75.00 (U.S. & Canada only) and $95.00 (overseas). Published quarterly.**

**SPECIAL 20% BLOC SUBSCRIPTION DISCOUNT FOR DIVISION 39 MEMBERS!**

- Please enter my subscription to JICAP at the special discounted bloc rate of $60.00 (full rate: $75.00).
- Please enter my subscription to SGS at the special discounted bloc rate of $39.60 (full rate: $49.50).
- Check/money order enclosed
- Send me a free sample issue of JICAP or SGS
- Charge my:
  - □ AMEX
  - □ MASTERCARD
  - □ VISA

Card #: ____________________________ Exp. Date: ______/______
Signature: _______________________

Signature and phone number or email must accompany credit card purchases.

Name (please print) ____________________________
Address: __________________________________________
City: ____________________________________________ State: ________ Zip: __________
Country: ________________________________ E-mail: __________________________

The Analytic Press, Inc., Publishers
101 West Street, Hillsdale, NJ 07642-1421; phone: 201.358.9477; fax: 201.358.4700; email: mbernic@analyticpress.com
Books Written or Edited by Division Members, 2003-2004


Psychologist-Psychoanalyst is always thinking about the system or concepts are culture bound. Most of all perhaps, the relationship between one hand, and countertransference on the other, and makes good use of both; (s)he also understands that developmental systems (family, school, welfare, foster care, medical, etc) in which the child is living and in which the therapy, therefore, is taking place. Unlike a more classically organized, child-focused clinician (e.g., Morton Chethic [2002]), the relational child therapist relies on “... a field-relational model that goes beyond the dyad” (p. 11) in which, through the use of play, it also may become “... possible to think of the therapist as a ‘new’ object for the child. . . as a person who may have a transformative impact on the child’s internal object representations” (p. 10).

In addition, the relational child therapist works hard to understand the representational world of all the participants in the child’s life. “Lest the reader immediately feel overwhelmed. . . given the complexity we are describing,” the authors reassure us by saying, “we hasten to point out that most child therapists juggle these various balls intuitively and quite effectively much of the time” (p. 15).

The first of the book’s five sections, called “Child and Parent Development from a Relational Viewpoint,” is a review of psychoanalytic developmental theory from the Freuds through Daniel Stern, with a heavy emphasis on the part played in a child’s development by both his/her parents and the culture in which (s)he is raised. Each of the four remaining sections is titled, respectively: “Psychopathology from a Relational Viewpoint,” “Conceiving of Treatment,” “Child and Therapist in the Treatment Room,” and “The Context of Child Psychotherapy.” Since, by design, each section is supposed to stand alone (p. xiv), there is some repetition of subject matter from section to section. Work with parents, for example, is a theme throughout, presented a bit differently by each author. As a consequence (and as the authors intend), different chapters will appeal to different readers, depending on each reader’s particular interests and needs.

As a person looking both to expand my own skills and to have as useful teaching articles, I will mention here some of the chapters that were highlights for me. There is a good chapter completely devoted to work with parents (Chapter 14, “Including Parents in the Psychotherapy”), in which routes to the development of a positive therapist–parent alliance, in a host of different circumstances, is described in some detail. Included is a discussion of building an alliance with parents who may or may not be
available/cooperative/interested in their child’s treatment, who may have positive or negative identifications with their child, who may have therapists of their own, who may need/want to work on their own (couple) relationship, who may (or may not) be getting divorced, etc.

Another good chapter, called “The Therapist in the Child’s Larger World,” includes discussion of the therapist’s role in communication with other professionals, (other therapists, school personnel, child welfare personnel, managed care companies, psychopharmacologists, etc.)—some, if not all, of whom will inevitably be involved with any given child-family system.

There is a fine chapter called “Launching the Therapy with the Child,” which includes a discussion of each of the following: the beginning sessions, the role of child (and parent) anxiety in directing the work, communication with parents, rules in regard to privacy, session structure, the use of play materials, and (finally) enactments—including those in which there is physical contact.

Most useful to me as a clinician was a chapter called “Assessment and Treatment Planning.” Before I read it, I had thought of myself as someone who works at length called “Assessment and Treatment Planning.” Before I read

ments seem less representative of flexible, problem-focused actional” (p. 106); or, “We believe that there is no behavior and effective living” (p. 198); or, “Our relational perspective understands psychopathology as fundamentally interactional” (p. 106); or, “We believe that there is no behavior that is a direct translation from the biological without being shaped . . . by a child’s experience.” (p. 106). These statements seem less representative of flexible, problem-focused thinking than of a kind of belief system or canon.

International Association for Relational Psychoanalysis and Psychotherapy presents
A Dynamic and Interactive Four-day Conference:
Unpacking the Clinical Moment:
Continuities and Discontinuities Between Relational Theory and Other Psychoanalytic Perspectives
April 29-May 2, 2004 ~ Loews Santa Monica Beach Hotel ~ Los Angeles, California

Featuring Seven Master Classes and Six Plenary Panels
Exploring continuities and discontinuities between Relational Theory and Freudian, British Object Relations, Kleinian, Self Psychological, Interpersonal, Jungian and Lacanian Perspectives.
A concluding panel will address The Future of Relational Psychoanalysis.

Conference Chair: Philip A. Ringstrom, PhD, PsyD
Co-Chairs: Jody Messler Davies, PhD and Spyros D. Orfanos, PhD, ABPP

For further conference information, visit the IARPP web site: http://www.iarpp.org
To request a conference brochure with complete conference details, contact:
Professional Conference Management, Inc.
7916 Convoy Court • San Diego, CA 92111-1212 USA
Phone: +1-858-565-9921
Email: iarpp@pcmisdiego.com
Whether or not this “canon” is, in fact, original to “relationality,” a question in its own right, is not my interest here. I am much more interested in the implications of the definitive tone, which to me implies a kind of defensiveness that detracts from the power of the content of the book, while at the same time covers up some difficulties. The most important of these “difficulties” it seems to me, is related to psychopathology and diagnosis. A second is related to therapist anxiety. A few words about each of these follow here.

Beginning with psychopathology and diagnosis, in Part 2: “Psychopathology from a Relational Point of View,” the authors tell us, they aim to “give the reader . . . a variety of . . . interconnected ways of thinking about children’s difficulties” rather than a “new relational taxonomy” (p. 103)—a reasonable goal, it seems to me. But then it turns out that there are some real limits to the “variety of . . . ways” they approve of. In the two chapters of which this section consists, the author(s) take exception to some of the more conventional ways of viewing psychopathology. Although they acknowledge the existence of some biological disorders, they disapprove of diagnostic manuals, which they say “see people as passive, as victims of conditions,” and assume that these conditions exist beyond the influence of culture (p. 148).

They do not want to “medicalize” their patients and they eschew the notion of developmental lines and pre-set stages in favor of more Thelenesque (Thelen and Smith, 1994) determinants, involving multiple emergent interactions, to which culture makes a critical contribution. In keeping with this “postmodern turn” (Eagle, 2003) even cognitive developmental norms (Piaget, for instance) are dismissed (see p. 54) because they tend to be based on invariant, one person progressions. They see diagnosis as “heuristic and multidimensional, a continuous process of constructing and revising a complex set of interrelated, evolving understandings about a child’s difficulties” (p. 130). When it comes to the evaluation of change, these authors eschew “the emphasis . . . on the resumption of . . . derailed developmental process” (the classical way of noting positive therapeutic change). Instead, in considering when to end treatment, they look at the child’s present life with questions such as: is the child receiving greater satisfaction in peer relations, is (s)he more interested in school/learning, has (s)he an increased ability to play and enjoy? (see pp. 368-369). The child, in other words, is measured only against him/herself, at the moment.

There is no doubt that the subject of psychopathology and its implied opposite, developmental “normality,” are complex ones for clinicians, given our new understanding of how very unique development is for each individual. Often labeling and medication are overused; often environ-mental considerations are overlooked and developmental norms poorly applied. But, unlike adults, it is a fact that as children grow up, their brains and bodies change. They move from home to a presumably more uniform school culture. To contend with all this, they must learn some adaptive skills. Clinicians in turn must have some general, overarching (dare I say “normative”) ways of understanding and assessing how a child contends with these changes, in order to be fair, responsible, and realistic about the child’s own goals vis-à-vis the wider culture into which he or she will eventually want to move. A kinder, less proclamational, discussion of this dilemma (or dilemmas) as problematic would have been useful in this book, with some acknowledgment of the fact that most child clinicians carry in their heads some developmental norms (Piaget is the one I use most) and need to learn how to use them, in conjunction with wider considerations about their implications, if the child’s best interests are to be taken to heart.

Secondly (and far less important), it seems to me that the “this is how relationalists do it” message of the book, does not address the child-therapist’s potential anxieties at being asked to balance so many facets of a child’s life at once. Much of a child therapist’s willingness to “balance” may well depend on the need to contend with other professionals in the child’s life. A more thoughtful discussion of potential therapist anxiety in these various situations and of the range of feelings that some of these other people may have about therapy and the child therapist, might have been useful in encouraging clinicians to give up a more conventional, less multi-dimensional clinical endeavor, in favor of a wider, systems-based approach.

All in all, however, the book succeeds in compelling the reader to step back and take a wider, more inclusive look at the whole “relational” world of the child. As such, it is a positive contribution to the literature on child psychotherapy.

REFERENCES
On the jacket cover of Marilyn Charles’s book, *Patterns: Building Blocks of Experience*, is a delicate line drawing of repeating petal forms. These forms vary in size and density. Sometimes they look alike and sometimes they look different. It is only when I step away from examining the individual forms that two faces emerge, created by both the repetition and the variation in form. Charles’s illustration embodies much of what she discusses in her book. She describes how primary experience is sensory and nonverbal with little differentiation between self and other. She reports that infant research has affirmed that infants most likely have “an inherent ability to categorize across multiple domains, via distinct attributes of stimuli such as orientation, hue, angle, and form” (p. 5), much as I began to categorize and make meaning of the petal forms in her drawing. Charles reminds us that newborns and infants are flooded by sensory experience. This echoes the words of one of the poets she discusses. “We take on everything at once,” Adrienne Rich (1978) wrote in *Transcendental Etude*, “before we’ve even begun to read or mark time, we’re forced to begin in the midst of the hardest movement, the one already sounding as we are born (p. 73).”

Stephen Seligman (2001) picks up on this musical metaphor when he notes that contemporary psychological models “propose process models of motivation that emphasize patterns, forms, and relationships between elements, including the intertwining of human systems at their various levels.” He suggests that studying these patterns may require “a method similar to listening to music: patterns appear and reappear, at different levels, in different relationships, both within the moment and over time (p. 207).” Charles expands on a point the psychoanalyst and artist Marion Milner (1952) made over fifty years ago. “Are we not driven by the internal necessity for inner organization, pattern, coherence, the basic need to discover identity in difference without which experience becomes chaos? (p. 182).” It also resonates with recent work by Emmanuel Ghent (2000) who wrote:

> From early on, a human being is centrally involved in making meaning. In effect, we learn to be motivated to make meaning; it provides great predictive and survival value. Making meaning, or what Edelman (1992) refers to as recategorization of experience, is intrinsic to perception and action. The very success of this operation as a contingent response becomes an inducement to seek more of this type of activity—to categorize and recategorize experience, to make meaning on an ever-more complex level. (p. 767)

Reading Charles’s book is like being invited to make meaning on ever-more complex levels. The chapters are like movements in a symphony, building on each other, helping her readers to make meaning of theorists like Matte-Blanco, Bion, and Milner through rich clinical examples. However, reviewing Charles’s book is quite the challenge. How do you describe a symphony? Do you focus on the form or the pattern, the building blocks or the experience, the petals or the emerging faces? In this review I will try to sing along with Charles, using her building blocks as the words and her clinical examples as the melody. For Charles “pattern is a fundamental and essential aspect of being” (p. xiv); and her book contains musings on how we become patterned by experiences. Our earliest experiences are primary, sensory, nonverbal. Understanding of these primary experiences begins in interactions with caregivers. These interactions with caregivers are the arena in which meaning is created and constrained. Regulation of somatic and affective states are developed simultaneously. The regulation of affective states leads to affective attunement.

Charles condenses a great deal of Daniel Stern’s work to state that experiences of affective attunement form the basis of amodal experiences. Charles moved a little too quickly for me at this point and I had to go back to Daniel Stern to understand the connection between affective attunement and amodal experience. Stern (1985, pp. 53-54) describes three ways the infant experiences the world around him: amodal perception, categorical affects (e.g., angry, happy, sad), and vitality affects (e.g., activation contours). Stern uses the example of a puppet to illustrate vitality affects: a puppet’s face is painted on; its expression does not change; but the movement and tempo of the movement of the limbs and head both enliven and give meaning to the puppet. I think that vitality affects are involved when Ogen talks about the aliveness or deadness of a patient in treatment. Stern (p. 51) reviewed replicated research and concluded that infants “appear to have an innate general capacity, which can be called amodal perception, to take information received in one sensory modality and somehow translate it into another sensory modality.” I read Stern (p. 156) to be saying, contrary to Charles, that infants experience amodal perceptions separate from and prior to affective attunement. Stern (p. 54) states that it is the third quality of experience, i.e., vitality affects, that “can arise directly from encounters with people.” Stern (p. 58) writes, “extremely diverse events may thus be yoked so long as they share the quality of feeling that is being called a vitality affect.”
How does this different reading of Stern affect my understanding of Charles? It leads me to believe that amodal experience is an even more basic building block. We all seem to be born with the ability to translate across sensory modalities. It is basically unconscious, private, intrapsychic. This ability is what allows us to enjoy poetry and other art forms. I would certainly agree with Charles that amodal experience, our capacity for translating across sensory modalities, expands the potentialities for both self-regulation and interpersonal communication. But our ability to be creative may be related to how our interactions with others shaped our vitality affects, allowing us to activate and modulate and communicate our amodal experiences.

Translating across sensory modalities allows us to see the sameness of different sense modalities. Being able to categorize across multiple domains allows us to distinguish and perceive difference. Why is this ability to note sameness and difference so important? For at least the last fifteen years, André Green (2000, pp. 54-55) has criticized the work of Daniel Stern and other infant researchers for, among other things, not defining the unconscious or thinking. Charles builds a bridge between infant researchers and psychoanalysis by drawing on the work of Matte-Blanco. Charles uses Matte-Blanco to begin to define the unconscious and thinking. Matte-Blanco (1959), while studying schizophrenic thinking, developed two principles of symbolic logic that helped him describe the laws of the unconscious. The logic associated with unconscious thought processes involves symmetrical thinking, which sees sameness-relations as holding indiscriminately and “in which distinctions tend to blur, resulting in such familiar phenomena as displacement, condensation, and absence of negation” (Charles, p. 5). The ability to perceive and distinguish difference is the hallmark of what Matte-Blanco calls asymmetrical thinking; it is the normal, everyday logic of reality testing. Psychoanalytic writers like Michael Parsons (2000), and Michael Eigen (1992) have used Matte-Blanco’s work in discussing Bion, Winnicott, and Milner; but Charles also uses Matte-Blanco to connect sensory experience, amodal perception, meaning-making, and unconscious processes.

Charles writes that we first organize our experiences through patterns that are nonverbal and unconscious and we communicate them implicitly through what has been termed “procedural knowledge” or “implicit relational knowing.” Lachmann (2001, p. 217) has noted, “in both treatment and mother–infant interactions, patterns are indeed co-constructed as to their shape, rhythm, and harmonies and dissonances.”

But how do we co-construct patterns? How do we move from idiosyncratic to consensual symbol formation? Charles points out that patterns are unconscious shapings of self and experience that occur between people as well as within people. In order to develop and share our patterns, there has to be adequate holding or containment. Charles uses Matte-Blanco’s concept of the multidimensionality of unconscious process to highlight the importance of space both to contain feelings and patterns and as a potential space in which multiple layers of meaning may be explored. She says:

In our analytic work, there is an ongoing struggle to try to bring to conscious awareness the multiple layers of meaning…. Bion (1965) referred to this process as “transformation” where Matte-Blanco (1975) depicted it as a “translating” or “unfolding” function. The unconscious can only be brought into consciousness by virtue of its elaboration in spatio-temporal form. The act of creating, within the lived moment, forms that represent, to some extent, our experience of that moment—and thereby contain some aspect of it—is one aspect of the transformative process. (p. 19)

Charles offers many clinical examples of how she applies her thinking about patterns. I shall focus on two cases: Elena and Nina. Elena is a composer who created musical themes from patterns she entered to escape an unresponsive and rejecting mother. But then she was unable to believe that others would find value in her music. Charles (p. 4) notes that establishing a relationship may be the most important part of the work. Charles reports that Elena felt split between a deprecated self and a grandiose self and was unable to integrate bad and good aspects of self and other. Charles offered another pattern, another experience: an acceptance of the whole person that is “an invitation to know the self without defensive denial and attacks on understanding” (p. 4). Elena came to treatment because of a block in her creativity. Charles regards this creative block as a deficit in the ability to play with ideas, to experience multidimensionality. Elena came to Charles after seeing a therapist whom Elena felt had not seen or heard her and Charles experienced Elena barraging her with the anger and fear she had felt with the previous therapist. Charles kept trying to understand Elena’s onslaughts while she also told Elena what she was hearing, seeing, and feeling. Charles allowed herself, in Marion Milner’s words, to become the “medium” Elena needed—”a mother/therapist who had reached the limits of her capacity” (p. 127). “You have been like a bridge to me,” she tells Charles. Charles listens and Elena feels heard and then is able to hear her mother in a new way—not as rejecting but as trying and failing to see her. Elena is able again to play with ideas and be creative. Charles was able to become aware of the patterns in her interactions with Elena. She created a space in which she
could try to name those patterns, try to let new meanings emerge. With that space, with those new meanings, Elena felt liberated from punishing condensations of meaning and was more able to play and affirm her own vision.

Nina is “a writer for whom the interpersonal world has been very treacherous” (p. 71); and Charles uses her experience with her to illuminate ideas about creative expression developed by Marion Milner. I was struck that Charles, in discussing Milner’s work, chose to name her patient the name Milner was given at birth. I was also struck that Charles’s work with Nina reminded me of Milner’s work with her patient Susan in The Hands of the Living God. Charles begins her discussion of Nina by describing a moment of implicit relational knowing: at the same moment she notices Nina’s hands moving within one another she become aware of her own thumb and forefinger moving in resonance. She also notices that the reciprocal movements become slower as the work deepens. Charles (p. 28) writes, “our earliest experiences are of the body, interpreted through the ‘nameless entities which are constellations of sensations’ (Tustin, 1969, p. 32) that become known, organized, and named over time.” The rubbing of hands or thumb and finger is an auto-sensual shape, which Charles sees as a prototype for creative form. Charles joins Nina in her pattern of rhythm before she has words.

Charles uses Milner’s concepts of artistic medium, symbol formation, and aesthetic moment to understand her work with Nina. As noted above, when Charles notices her basic range of affective experience, surrenders to the chaos of the beginning of each hour, or compares her experience to Nina’s of processing internally while letting others’ words run by, Charles is using herself as her artistic medium. As Charles and Nina struggle to find words for their experience together, they are involved in symbol formation. Charles recognizes that both of them are experiencing “two tracks” (internal preoccupation, external rhetoric)—a sameness and that the experience may have different meanings. The basis for symbol formation is in the dialectic created by these basic processes of sameness and difference (p. 62). Charles continues:

One of the forms that Nina and I create between us is that of space itself. We begin disjointed, fragmented, and then by the end of the hour, there is a palpable sense of circular form surrounding us, as though we had created, once more, a womb within which to sustain ourselves. (p. 77)

This reminded me of Milner’s patient Susan beginning to draw round, womblike forms during her analysis—the creation and symbol of a safe place.

Charles is also willing to experience the chaos at the beginning of hours, to struggle to find words. She loses herself to the work. Milner, Charles (p. 63) tells us, “likened this temporary loss of self to the ‘aesthetic moment,’ in which ‘one loses oneself’ in the process of becoming absorbed in the work of art.” Charles (p. 63) reminds us and demonstrates that it is also “an essential element of the analytic enterprise, in which we become lost in the process and yet maintain an observing ego through which to make sense of our experiences.” Throughout this book Charles carefully delineates her building blocks, demonstrates them in her clinical work and then explores how patterns and grounding experience in bodily sensations inform the poetry of Sylvia Plath and Adrienne Rich. She shares her thinking and her clinical work, her patterns, and her meaning-making. I imagine that her consulting room is much like the room Adrienne Rich (1978, p. 7) describes in her poem Origins and History of Consciousness:

No one lives in this room without confronting the whiteness of the wall behind the poems, planks of books, photographs of dead heroines.
Without contemplating last and late the true nature of poetry. The drive to connect. The dream of a common language.

References
**THE DREAM INTERPRETERS: A PSYCHOANALYTIC NOVEL IN VERSE, BY HOWARD SHEVRIN. MADISON CT: INTERNATIONAL UNIVERSITIES PRESS, 2004, 384 PAGES, $34.95**

**JOHANNA KROUT TABIN, PHD, ABPP**

It is nice to encounter one original idea. Howard Shevrin offers two of them in this novel. The overall plan of the novel is to follow the thread of events through sets of sessions from seven analyses, presented sequentially, carried out by dyads in which the characters are various patients, training analysts, and analysts in training—depending on which position is held by the particular character in the particular dyad. The cast includes some who are mates of other characters. All of them are enmeshed in the staffing of a hospital, as its director looks for a new head of the research department. The narrative is almost completely composed of the interactions between two of the characters at a time, before and during the sessions. What the analyst thinks or says is presented in straight text. The patient’s words are in quotation marks. A reader quickly understands whom it is who is talking. Carrying a story forward through a serial presentation of interlinked but different people’s segments of an analysis is surely a fresh idea.

The second original idea is to give the sense of psychoanalytic sessions by using free verse. For me, the added cadences to thoughts and speech were very effective. Breaking up sentences in this way gives a propulsive quality to the dialogues.

A difficulty with the style, however, is that its being so much part of the novel makes it harder to establish the characters. There seems to be sameness in the accounts of all of the analyses. Shevrin keeps physical description to a minimum and this also contributes to a running together of whom the people are. While he did thoughtfully provide a list of characters at the beginning, with their interrelationships, I found myself flipping back to the list rather often. Shevrin says in his foreword that psychoanalysis is the real subject of the novel. Although he also says that he has worked on it for many years, lovingly one suspects, the methods of the analysts seem to be characteristic of the period when Schevrin might have begun the novel. This actually increases interest in the playing out of the novel because it is a picture of what was once the usual approach to analysis. A difference is, in spite of the title, that interpretation of dreams does not occupy much of the sessions, as might have been true in that period.

What does come through clearly is the analytic attitude. The intuitive leaps an analyst makes and the regressive pull of the analytic situation when one is the patient are also evident. The reliance of an analyst in training on an introject of the training or supervising analyst comes across nicely.

A subtext is the machinations and personality issues that color the running of even a small bureaucracy. The unconscious meanings in all of this are not so much taken up in the analytic material, but the centrality of sexual issues, including in the countertransferences, is hard to miss in the story.

This is not a novel about the success of the analytic enterprise. It demonstrates the importance of analysis to those who are engaged in it. What all of us analysts will recognize in it is our plugging along, doing the best we can.

Johanna Krout Tabin is a longtime member of the Division. Her affiliation is with the Chicago Center for Psychoanalysis.

---

**Neurotic Styles**

An Audio Book
Text by David Shapiro, Ph.D.
Read by Rene Weideman, Ph.D.
Produced by Essentials of Behavior, Inc.
Price: $74.95
9 Tape Audio Book.
Running Length: approximately 9 hours.

David Shapiro, currently a Professor of Psychology at New School University in New York City, began writing *Neurotic Styles* while working at the Austen Riggs Center in Stockbridge, Massachusetts. Since its initial publication the book has become a classic in character psychology.

Essentials of Behavior, Inc. produced this first audio book edition of *Neurotic Styles*. It contains the full text of the book. The book’s style is conducive to the audio format. Dr. Weideman, the reader of the book, is a former student of Dr. Shapiro’s. The warm quality of his voice and his thoughtful reading of the text contribute to the overall listening experience. We chose the audio format to make it easy for the busy professional to continue to learn - at home, work, in the car, while exercising, etc.

To Purchase *Neurotic Styles* Audio Book:
• On the Essentials of Behavior, Inc. website: www.essentials ofbehavior.com. Click on the picture link on the right OR go to the Bookstore tab, then click on the Books on tape category.
• On Amazon.com: Write “Neurotic Styles Audio Book” in the Search window.
ORDINARY MIND: EXPLORING THE COMMON GROUND OF ZEN AND PSYCHOTHERAPY, BY BARRY MAGID. BOSTON: WISDOM PUBLICATIONS, 2002, 208 PAGES, $22.95

SUSAN B. PARLOW, PHD

TOWARDS A PSYCHOLOGY OF PRESENCE

The Vietnamese Buddhist monk Thich Nhat Hanh wrote a little verse to a friend who was ill:

Suchness is the ultimate reality.
How can birth and death touch you?
Awaken early to the pink dawn.
Peace comes without effort.

His gift to his friend was remarkable, I think—a jewel evoking a luminous and powerfully kind reality as the actual domain of human life, an inviolable haven as death approaches. It is characteristic of Buddhist writing in evoking the very sublimity that the individual already is and inviting the person to seek this presence at the deepest level of existence—our true nature yet so different from our ordinary, everyday selves. For the individual to realize this sublimity requires taking up the psychological work of meditation and the ethical work of the Eightfold Noble Path. “Small mind”—that same personal self that is the object and subject of psychoanalytic study—is slowly transformed into “big mind”—the universal Way, which Barry Magid refers to as the Zen unconscious, embodied in this particular individual.

People seek this oneness, wholeness and peace through the austere practice of Zazen, sitting silently on floor cushions in groups for many, many hours. Contrast this meditative activity with “love and work” in the noisy, conflictual, violent world that conditions and forms us on a daily basis, and one begins to see the climate in which many today—including Magid—are practicing Zazen. It is one thing to practice meditation in a serene monastic community in the Japanese or Vietnamese countryside. It is something substantially different to do so in New York City, or Chicago, while actively engaged in trying, at the same time, to live a decent life as a citizen in the restless, materialistic, exciting democracy of our contemporary situation. This situation requires a flexible and self-possessed individuality that manages personal feelings, impulses, and the dynamics of a multileveled mind. The development of this individuality is difficult enough that many people enter lengthy psychotherapies to construct a viable self, one that can navigate the challenges of this culture and historical moment. The two historically and metaphysically different systems of thought and practice, Zen and psychoanalysis, are both used today by many yet remain two separate horizons of endeavor, often seeming parallel to each other with no points of contact in either theory or practice. We lack an articulated sense of how the notion of the self and the transformations of Zen compare to the changes that result from psychotherapy.

Barry Magid’s useful book Ordinary Mind, is the chronicle of a psychoanalyst, trained in self psychology, who has also been for several decades a Zen practitioner and teacher. He has been living in, practicing, and thinking about this intersection of Buddhism and psychoanalysis for over two decades. In fact, his book is not only about this intersection but rests at an intersection of intersections. Magid’s primary intent is to begin to translate basic Zen concepts and recent psychoanalytic concepts into one mutually comprehensible view of the self and its possible development and transformation. In so doing, he contends with many other intersections that contribute to our contemporary situation: not only that of Zen Buddhism and psychoanalysis but also, within the Zen tradition, the intersection of Soto and Rinzai schools of thought (he prefers the former), and the contrast between Asian Buddhism and what has been recently referred to as a new American school of Buddhism (more on this below).

In psychoanalysis he sits at the intersection of classical Freudian drive theory and more recent models of self psychology and intersubjectivity; he debates issues of secularity vs. spirituality, monastic vs. lay practice; east vs. west, and more. Although there are times when his discussions, situated in a context of such crisscrossing issues, become a little vague, generally Magid stays in illuminating focus by tracking and explicating in detail his own carefully reflected upon personal encounter with these various dualities. That he touches on so many issues which inhere in our contemporary experience of subjectivity gives this book a broad appeal. Many people will find something useful here.

Magid’s book closely follows the example set by his teacher Charlotte Joko Beck, whom he refers to warmly throughout. Beck is the head of the San Diego Zen Center and is considered a major developer of American Zen. Born in New Jersey, divorced, beginning Zen practice at age 40, she was formed in our contemporary culture rather than within a Zen monastery, so that when she began to practice meditation her own identity was already that of a secular, psychological self. Beck points out that since the purpose of Zen is to awaken us fully to life as it is actually
lived we must embrace the everydayness of our American lives rather than pursue special enlightenment experiences that take us into a rarified domain, however enshrouded in certain Japanese traditions they might be. She teaches meditation rooted in her own experience as an American “psychological ‘man’” looking directly at the actual bodily tensions, emotions and thought patterns which emerge into consciousness while we sit. This is a sharp contrast to certain Zen traditions where body tensions and personal feelings were to be ignored as one concentrated elsewhere in order to achieve enlightenment. Further, she points out that the pursuit of something special such as enlightenment sets up a dual situation—self, and something else it is pursuing or desires—yet the overcoming of dualities is precisely the aim of Zen. Beck instead focuses on training to being wholly present in everyday moments in a “kitchen enlightenment,” however ordinary this may seem, and using the actuality of our own existences as the field in which we deepen our capacity for full presence.

Magid’s self-psychology background allows him to take the additional step of grasping the narcissistic temptation inherent in pursuing something special, and he adopts Beck’s base as his starting and ending point for both Zen and therapy. Through this shift to everydayness as the beginning point, medium, and goal of practice, the model of the person becomes the same in Zen and psychoanalysis. He builds on this commonality in the book to render the uniqueness and goals of Zen development intelligible in terms familiar to the practicing psychoanalytic clinician.

This approach of seeking enlightenment in the ongoingsness of our everyday lives responds to a question facing every religious tradition in Western cultures today: how do we describe the spiritual quest in terms that are not merely other–worldly, esoteric and elitist? An emphasis on a transcendent spirituality, one that requires leaving the everyday world behind in search of special states and private experiences, forces a split between the ordinary needs of people and the value of religion. Whether Buddhist enlightenment or Christian mysticism, transcendent spiritualities are subject to the atheist criticism of Feuerbach, embraced by Freud, that they are in the end a mere projection of the finest potentials of the human self and as such constitute a proto-psychology. Religion today is challenged to demonstrate otherwise. Ordinary Mind is a valuable clinical journal that demonstrates the unique contribution of psychoanalytic therapy and Zazen as they work together—like “one foot forward and one behind”—to foster wholehearted, compassionate functioning in the world in a way not possible with one practice alone.

Magid finds that both Zen and psychoanalysis, in practice, are “structured disciplines of attention” that lead over time to profound changes in personality structure. Psychoanalysis pivots around the close attention of the analyst in exploring the unconscious meanings, impulses and feelings in the subjective experience of the analysand. To the Zen mind, having the self work on parts of the self in this manner perpetuates a dualism. Zen specifically disengages the content of thought, viewing thought as merely the activity of the mind just as vision is the activity of the eye. Zazen disciplines the self by rooting the personal self in the anticipation of the eternal within, concretized in the meticulous details of meditation and following the breath. The self detaches, again and again, from thoughts, feelings and bodily tensions as attention stays with the breath. Eventually, the whole self achieves oneness with the breath and functions in the world in a new way—rooted no longer in individual needs, but in the deeper pulse of life in each moment. At this level a new spontaneous self–organization emerges and compassion, a deep and abiding sense of responsibility and humility guide actions in the world.

Zen works to help the whole self dispose itself to openness to the present moment. Magid argues that psychoanalysis has not only not been able to conceptualize these changes in personality achieved by Buddhism, it forecloses this possibility of understanding these changes through Freud’s influential definition of religious oneness as regression, and through clinging to narrowly restrictive scientific and humanist worldviews. Buddhism’s rootedness in the existence of the eternal “Zen unconscious,” which exists independently of human effort or conditioning and is more than the personal unconscious, affords it an Archimedean point from which it can hold the whole self. Magid suggests that psychoanalysis, lacking this capacity, sets the ceiling for human development too low. On the other hand, Buddhism lacks eyes to see the personal feelings and needs of the individual, so that often in monasteries and sanghas a well-intentioned traditional formalism winds up doing emotional damage to the person in the absence of skilled awareness of emotional realms.

Magid proposes that the intersubjective and relational turn in psychoanalytic thought now enables our discipline to conceptualize the levels of experience and functioning that Zen cultivates. In particular, the impact of Kohut’s self psychological theorizing on the previous Freudian model—away from scientific objectivity, a drive-based reduction of personal existence, and a model of the autonomous individual as the pinnacle of human development, towards a non-reductive, empathic entering into the subjectivity of the analyzed—opens up a different view of self–in–world that resonates with the Buddhist view of the universe. Kohut’s subject lives in an experiential world peopled by selfobjects, persons who are, in the normal state of affairs, necessary for the self to be evoked and maintained. The selfobject relationship includes a sense of oneness
between the self and the selfobject that cannot be reduced to other levels of analysis. The vital role played by this relationship in the formation and maintenance of the self over time indicates that the human self cannot unfold solely from internal sources, but requires evocation from figures in the environment. This, plus the transformative and enlivening experience of oneness within selfobject relationships, allows Magid to conceptually connect the worldview of contemporary psychoanalysis with that of the key Buddhist notion of dependent co–origination. This pillar of Buddhist philosophy represents the entire manifest universe as a flux of perpetual co–creation. Nothing has an independent existence or an essential nature that separates it from all other things.

If this is, that comes to be;
From the arising of this, that arises;
If this is not, that does not come to be;
From the ceasing of this, that ceases.

This bridge between the two is a cornerstone of his theoretical link between the two worlds. For example, Magid articulates the manner in which intersubjectivity theory of Stolorow and Atwood resonates with Buddhist notions of the interweaving of creation in the moment and opens up understandings that overcome Western alienation from nature and the global social matrix. He builds on this foundation to illuminate Buddhist concepts of oneness, enlightenment, emptiness, no-self, and the depiction of the spontaneously self-organizing universal presence within the human mind that he terms the Zen unconscious.

Ordinary Mind is a valuable step forward in making two radically different healing techniques available to each other in both thought and practice. The luminosity of the Buddhist monastic world and the pragmatism of the therapeutic endeavor are woven together in many different ways throughout the chapters in a manner that gives texture to each. At times he may overstate his case. I do not agree, for example, that we lose nothing if we do away with monastic Buddhism and just practice lay sitting on a daily basis. Monastic meditation continually refines and purifies the well-disposed practitioner at levels that clarify certain potentials in human character. But I surely agree with Magid that Zen practiced regularly by people who have also engaged in psychotherapy creates a synergy not anticipated by early Japanese roshis and one with great promise for each practice. With the help of this book, teachers and students in both camps can reflect fruitfully on the benefits of the other.

Susan B. Parlow is a graduate of the NYU Postdoctoral Program, is in private practice in New York City. She studies theology at Fordham University and has engaged in spiritual disciplines, including Zazen, for over 15 years.
Geoff Goodman has written a substantial comparative study on the similarities and differences between attachment theory and object relations theory. He contends that they can enrich each other and “in cooperation, form a comprehensive theory for understanding the development of the internal world—the world of motivation and mental representation, the world of conflict between our wishes and the demands placed on us by our mental representations of others” (p. 2).

He begins with a historical overview of the relationship between object relations theory and attachment theory and suggests the benefits for each orientation of seeking an integration of the two theories. He contends that attachment theory provides the empirical foundation for object relations theory, and object relations theory can offer the clinical application to attachment theorists. He goes on to summarize in some detail the work of three major pioneers of object relations theory: Melanie Klein, Margaret Mahler, and Otto Kernberg. He similarly presents the work of three major pioneers of attachment theory: John Bowlby, Mary Ainsworth, and Mary Main.

Goodman compares and contrasts the two theories, and adds similar research comparing the two from several other researchers’ perspectives. He shows in detail many points of similarity and difference between the two theories and concludes that they have much in common. Each theory has its strengths and weaknesses and has the potential to enrich the other’s thinking about patients. He states, “the criticisms of each perspective need to be carefully explicated so that the deficits of these views can be clearly exposed. A model for understanding the structure and function of the two constructs under study—object relations and internal working models—can thus emerge” (p. 82).

Chapters six and seven present object relations theorists’ criticisms of the theory of internal working models, and attachment theorists’ criticisms of the theory of object relations. He provides a substantial literature review and also presents a great deal of research data showing the relationships between the two theories. He shows how the two theories coincide and work together to add to the knowledge of the other.

The rest of the text uses case material to illustrate how he thinks clinically about his work and how these two theories inform how he works with children, especially children who have experienced trauma and loss. Despite these case examples, however, I did not find this especially helpful in addressing clinical issues. In my opinion, the focus of the book is more theoretical than practical. I would like to have seen how the integration of these two theories would inform psychoanalytic practice, but that may be the task for another book.

Goodman’s book is very well researched and supported by statistical and empirical data that is impressive in its detail. I can imagine it being very useful as a text in a university teaching these two theories. I commend any analytic thinker who is trying to find common ground within the field of psychoanalysis and showing us ways we can work and think together better as analysts. For anyone interested in seeing how these two very different theories can be integrated and form part of the ongoing psychoanalytic tradition, this book would serve as a useful guide.
The Psychology of Mature Spirituality
Edited by Polly Young-Eisendrath and Melvin E. Miller. Philadelphia: Brunner - Routledge, 2000, 210 pages, $28.95

Jeff Fine-Thomas, MA, LMFT

The examination of spirituality and religion has long been a complex topic that has spurred debate in psychology as well as other fields. The Psychology of Mature Spirituality is an intriguing example of how a productive examination of spirituality might be framed within the field of clinical psychology. The editors frame the discussions enclosed in the book by stating:

This volume of essays was designed to address this dilemma. Is it possible to embrace spiritual meaning and not become either childish or irrational, while increasing one’s genuine awe, inspiration, gratitude, and intellectual appreciation of living now in the period of scientific skepticism? (p. 2)

The contributors to The Psychology of Mature Spirituality have risen to this challenge.

As one who seeks a reasonable integration of the values common to science and those of religion, I am grateful that The Psychology of Mature Spirituality invites a type of intellectual dialogue about spirituality and religion. However, such an invitation brings forward many unanswerable questions such as those asked explicitly or implicitly in the book: What is my purpose here? Who are we? What does it mean to be human? Who is God? How can we connect with God? The reader must approach this text knowing that neither a scientific method nor religious dogma can reduce the occasional anxiety induced by ultimate questions. Paradoxically, while these questions may not be answerable, attempting a discussion, as is done in this book, can bring the reader a process pregnant with possibility.

One of the most striking features of The Psychology of Mature Spirituality is the open invitation the editors seem to have given to the distinguished contributors to speak about spirituality as they conceive it, and from their own perspectives. The result is a rich diversity of topics from traditional religious traditions, to philosophical accounts of spirituality, to contemporary psychologies of wholeness and actualization outside a specifically religious or spiritual tradition. The editors organize the text along the broad themes of integrity, wisdom, and transcendence. I will attempt to summarize some of the salient points addressed in what is necessarily a selection among a wealth of articles included in this volume.

Integrity

In the section on integrity, Melvin Miller offers a chapter on the role of therapeutic stance in promoting integrity in the patient. More specifically, he offers the reader a concise history of the notion of neutrality starting with Freud’s mandate of evenly hovering attention to Bion’s concept of bracketing memory, desire, and understanding to promote the proper neutral stance. He contrasts these traditional notions of neutrality with contemporary models such as those promoted by Wolf, in which neutrality becomes an affirmation of the patient’s self and a communication of being on the patient’s side. The history of views on neutrality shapes the central conflict, in Miller’s view, as stated by Stark:

If therapists never allow themselves to be drawn into participation with patients in their reenactments, then we speak of a failure of empathy. On the other hand, if therapists allow themselves to be drawn into their patients’ internal dramas but then get lost in reenactment, then we speak of a failure of containment. (p. 42)

Miller suggests that sometimes it is more appropriate to approach the patient in a traditional stance of neutrality, while at other times exerting influence is optimal. Miller utilizes Buber’s I/Thou paradigm to argue that the therapist has a “responsibility to be a complete, responsive, caring other for the patient” (p. 43); and that the patient benefits from both the skill of the therapist and the therapist’s humanity. Thus the mutual influence between patient and therapist is essential to the patient’s effort to seek integrity.

Demaris Wehr writes on the ways in which spiritual abuse degrades integrity. Wehr introduces the reader to a lexicon related to spiritual abuse. Wehr defines spiritual abuse as “irresponsible behaviors such as using the seeker for the healer’s own purposes, making unwise pronouncements, abusing the seeker sexually, and giving self-serving advice in the name of God” (p. 49). She notes that “wounding healers” deny wrongdoing and/or are completely unaware of how they impact others. They also tend to disconfirm the wounded one’s perceptions. Wehr describes a pattern in cases of spiritual abuse in which the wounding healer is attractive to the seeker because of characteristics of “niceness,” which may engender idealization of the wounding healer in others. As the connection between the wounding healer and the seeker solidifies, the seeker is faced with
what Wehr calls a “terrible choice.” This form of double bind asks the seeker to choose between “his or her own deepest sense about a situation, intuitions, repressed knowing (which may show up in bodily symptoms), and the abuser’s view of the situation” (p. 50). Thus, the abuser uses the relationship with the seeker to deconstruct the seeker’s sense of integrity. The seeker has to choose between their sense of right and what the wounding healer says is right.

Several dynamics can follow once the “terrible choice” has been made. Using his or her authority, the wounding healer twists scripture in the name of God as a means to coerce without regard to the impact this has on the seeker. This coercion serves to increase the authority of the wounding healer while simultaneously making the seeker deny his or her own needs. Subsequently, there is an increase in compliance to the wounding healer’s expectations. Wehr also outlines dynamics of projection and projective identification. She suggests that the seeker often confuses the niceness of the wounding healer with spirituality. Then, the seeker projects positive aspects of the self onto the wounding healer creating an inaccurate idealization. Similarly, in projective identification, one or both parties accept and act out the projected aspects of the other. This can result in an idealization of the wounding healer and a devaluation of the seeker.

Another dynamic Wehr discusses is the distortion of the mirroring process in which the wounding healer inaccurately mirrors the seeker. The seeker, not realizing the inaccuracy, may then orient him or herself to the mirroring provided by the wounding healer. Consequently, the seeker loses touch with his or her sense of identity. The consequences of these dynamics is that the seeker feels betrayed by God, has post traumatic stress–like symptoms, and suffers a damaged relationship with the sacred, making it difficult to connect with sacred aspects of life. Wehr notes that many people move through general stages of recovering including: blaming self and/or others, disillusionment, disempowering anger, and a realization that there is a sense of lack of identity. Perhaps the most helpful aspect of the chapter is Wehr’s use of case material to describe her point. It clarifies and identifies the concrete behaviors and dynamics of spiritual abuse.

Wisdom
In the wisdom section of the book, Ruthellen Josselson provides an intriguing view of the development of wisdom and integrity in thirty women she studied over a twenty-year period. Using dialogue from interviews with these women, Josselson constructs an argument that women make meaning through a developmental process of relating. She states: “Intersubjectivity is a developmental process in which increasing knowledge of others exists in tandem and in tension with knowledge of the self, interactively, recursively, and often paradoxically” (p. 93). Perhaps one of Josselson’s most significant points is that wisdom is embedded in the relational process. She states

Throughout life other people may be experienced in four different ways: The Other may not be differentiated at all, as in merger; the Other may be experienced as a need-satisfier—an object who may or may not be internalized as part of the self; the Other may be felt as a selfobject—separate but still part of the self; or the Other may be represented as fully a subject—related to one’s self but operating from a separate center. Recognition of the Other as subject is an unevenly realized task of development. (p. 94)

Josselson concludes by reflecting on another path to wisdom that she describes as an enlargement of care. She places the process of caring into a developmental frame, notes its reliance on both affect and thought, and describes its complexity because of our increasing awareness of the limits of care as we age.

Transcendence
As a therapist who has worked with Christian people for years, I was pleased to find Roger Brooke’s chapter on Christian fundamentalism in the transcendence section of the text. Tackling the issues involved in treatment of those who describe themselves as fundamentalists is particularly difficult because of the ethical mandate to minimize value imposition. However, Brooke manages to adeptly argue that it is necessary to discuss faith issues in treatment. He states “... refusal to comment on spirituality and, more specifically, religious beliefs, leaves us without the means to confront the violence perpetuated by some branches of fundamentalist Christianity on those who are struggling psychologically to make sense of their lives” (p. 146).

Brooke describes fundamentalism in this way:

Fundamentalism opposes modernism (and certainly postmodernism!) with the following explicit assertions: (1) the authority of the scriptures is absolute, and its words are to be understood as literally, empirically true; (2) the human being is born in a state of sin; and (3) there is no salvation without a personal acceptance of Jesus Christ as one’s savior. Thus fundamentalism offers a vision of divine judgment rather than love. It is a conservative moral stance that tends to hypostatize ethical sensibility into moral law, and radically to split the world in two: Christian and non-Christian, God and devil, and so on. (p. 147)
Brooke also identifies a major defensive process utilized by some fundamentalist Christians suggesting that they think of transcendence as a refuge from anxiety and suffering rather than a capacity to pass through it. He also points out that fundamentalist Christians believe that they have privileged access to truth via prayer and scripture and that all others have succumbed to satanic influence. Brooke states: “Fundamentalist Christianity involves an identification with the transcendent order and a continual effort to overcome the downward pull of the body’s sexuality, aggression, sickness, and death” (p. 148).

Brooke notes that the defenses of splitting and projection are particularly potent in this population as they serve to sever the fundamentalist Christian from unwanted “sinful” aspects of the self. He states: “When the image of transcendence is split off from the world and our human fallibility, and when projection fails as a defense, one tends to implode into self-loathing” (p. 152). He suggests that along with this self-loathing comes a secret and inflated grandiosity. Brooke describes the primary dilemma for the fundamentalist Christian as a lack of faith in the tenets of grace and forgiveness. It is here that he suggests psychotherapy to be most useful because psychotherapy offers exploration of grace and forgiveness.

**CONCLUSION**

Perhaps the greatest strength of the text is that the perspective shifts between chapters create a paradox in which the reader is forced to integrate new language and meaning with the reader’s current value set. I found that a diligent reading yielded both crisis and opportunity in critical thinking. Coming from a Christian tradition, it was at times difficult to immerse myself in the language of Buddhism, Taoism, or even Jungian thought, even though I am familiar with all of them. I found myself rewarded by these perspective changes both by the expansion of my own horizons and by the resulting reformulation of my own thoughts from within a Christian perspective. I suspect many readers, no matter their tradition, may have a similar experience from reading this text.

I noticed two prominent internal struggles while I interacted with the text. The first was the ongoing need for a sensitive clinical method for addressing spiritual aspects of the patient’s experience. The second was the constant but subtle pull I noticed within myself toward the notion that religion is the defensive process created, by necessity, from early injury to the patient. This, of course, was a remnant of my education rather than a view posited in the book. Although I have yet to find some sort of balancing principle to these poles—and I suspect other readers would experience entirely different internal processes emerging while reading the text—it seems to me that the editors have succeeded in developing a venue for initiating such struggles that can only benefit those providing psychological services.

Finally, I had a great appreciation for the fact the editors invited contributors who spoke sometimes from the frame of psychology-observing-spirituality, while at other times from a frame of religion/spirituality—and then drawing psychology into their spiritual frame. It seems to me a mistake to reduce the topic of spirituality to a set of scientific observations. Similarly, speaking of a psychology of spirituality from within a religious tradition risks degeneration of the effort to find an objective method to understand aspects of spirituality. Thus, the editors have nicely balanced these different perspectives so that the reader is asked to switch frames throughout the book and to hold the inherent tension between psychology and religion.

**Jeff Fine-Thomas** received a master’s from Fuller Theological Seminary, Graduate School of Psychology and is currently pursuing a doctorate in clinical psychology at The Fielding Graduate Institute. He is in private practice in Oklahoma City and has
Michael Kahn, professor emeritus at UC Santa Cruz, has written a gem of a book. Kahn’s writing is lucid, concise, and personal. His style will evoke memories of one’s most stimulating and enjoyable undergraduate teachers. In addition, Basic Freud will provide a perspective and understanding of psychoanalytic theory not heretofore readily available. While this book may deepen the understanding of the seasoned therapist not trained in dynamic theory, it will be an important revelation to the newer therapists. It is my observation that many doctoral and masters level therapists are leaving their graduate programs with the firm belief in the rightness of “evidence-based therapy.” They receive little or no exposure to psychoanalytic theory at its best. Most likely they will have been taught an unenlightened view of 1950’s American psychoanalysis with the misconception that the field has remained stagnant for the last fifty years.

Over the years there have been numerous introduction-to-Freud books written. Some are in cartoon format and others just not very good. Until now, the best of them has been Calvin Hall’s A Primer of Freudian Psychology, first published in 1954. While the best in its class, to no surprise, Hall’s book reads like it was written in 1954, which is to say somewhat dry and turgid. The personal and vital essence that makes Basic Freud so inviting begins in the first paragraph of the preface. Kahn writes,

When I returned to college I wandered into a course on Freud’s theory of the unconscious and found myself in a world unlike any I had ever imagined. I was excited and intrigued. Here, I thought, was a way of dealing with my bewilderment. Here was a way of looking at feelings and conflicts that offered to make sense of them. I found the elegance and drama of the theory downright beautiful. Over the long years that I have studied this theory and taught it, it has never lost its fascination for me. During the many years that I have tried to help my clients understand themselves, I have never found another theory that so illuminates their worlds. This book is an attempt to convey my sense of that beauty and efficacy. I intend it to cover those aspects of Freud’s theory that I hope will be useful to those wanting to better understand their internal world. I believe those same aspects of the theory will be useful to clinicians wanting to better understand their clients.

(p. xi)

Perhaps this is the first Freudian self-help book!

Kahn’s writing is very much in keeping with the subtitle, Psychoanalytic Thought for the 21st Century. He reminds us that Freud saw human suffering as a reflection of a tormented soul rather than simply mechanisms of mental functioning gone awry. The preface ends with the following quotation from Bruno Bettelheim: “By exploring and understanding the origins and the potency of [the forces that reside in the depths of our soul] we not only become much better able to cope with them, but also gain a much deeper and more compassionate understanding of our fellow man” (p. xii).

An incidental benefit of Kahn’s book is its bringing back into view Bettelheim’s too-little-known Freud and Man’s Soul. That work discusses Freud’s interest in the soul of man and the experience-near quality of the original German words he employed in first presenting to the world his ideas about the conflicts in that same soul. Just as part of the impetus behind the introduction of “two-person psychologies” was to more fully understand the human interaction that is psychoanalysis, Kahn’s way of presenting Freud returns to him the humanity and vitality that Bettelheim and others saw stripped away in English translations.

The reader approaching the subject with a negative bias may be further disarmed by the first sentence of Chapter 1, “It’s not hard to find things to criticize in Freud’s work.” Kahn notes that Jonathan Lear, in his defense of Freud, “cheerfully acknowledges that ‘Freud botched some of his most important cases. Certainly a number of his hypotheses are false, his analytic technique can seem flat-footed and intrusive, and in his speculations he was a bit of a cowboy’” (p. 1). Kahn mentions the rise and fall in popularity of Freudian theory, its attention from feminist writers, plus other criticisms over the decades, and yet, “outside of those specific non-psychodynamic schools, more and more therapists now believe that whether or not Freud is fashionable, they cannot understand their clients without understanding the unconscious forces that shape their behavior” (p. 5).

“The subject of this book,” we are told, “is unconscious motivation, understanding it and communicating it to the client” (p. 11). A number of examples about couples provide an added bonus, offering the opportunity to see how the benefits of this type of understanding can be applied beyond the bounds of psychoanalysis. For instance, we read:

Karl and Katherine consult a couple’s therapist.
Karl complains that Katherine is “frigid.” Katherine shamefacedly agrees. They have previously consulted a sex therapist. The couple’s therapist inquires about what advice they were given. Katherine reveals that Karl had refused to follow the advice because he thought it useless. The therapist begins to wonder if Katherine was allowing herself to be labeled as sexually unavailable to protect Karl. And indeed, as they work together, the couple and the therapist discover that Karl has two deep-seated fears: He is afraid of being sexually inadequate and he is afraid that, should his partner be in touch with her passion, she will betray him with other men. None of this was conscious in either of them. (p. 13)

The second chapter, “The Unconscious,” opens with the following vignette from Freud’s Introductory Lectures:

I was once the guest of a young married couple and heard the young woman laughingly describe her latest experience. The day after her return from her honeymoon she had gone shopping with her unmarried younger sister while her husband went to his business. Suddenly she noticed a gentleman on the other side of the street, and nudging her sister had cried: “Look, there goes Herr L.” She had forgotten that this gentleman had been her husband for some weeks. I shuddered as I heard the story, but I did not dare to draw the inference. The little incident only occurred to my mind some years later when the marriage had come to a most unhappy end. (p. 15)

Kahn then makes clear to the reader that the inference Freud had not wanted to draw was that the bride “knew” soon after her wedding that she did not want to be married to her husband.

He goes on to describe how the unconscious had been long known to poets and philosophers, and that “What Freud did was add greatly to our knowledge and workings of unconscious processes and show how that knowledge could greatly increase the power both of therapists to help their clients and of all of us to understand the nature of our own psychic life and that of others” (p. 16).

The central statements of Freud’s theory, Kahn tells us, are that we do not know why we feel what we feel, fear what we fear, think what we think, or do what we do. And, he says, the reasons for all of this are far more complex and interesting than most people would ever guess.

He continues with a description of the topographical model and clarifies the reason Freud moved on to the structural model. Kahn, again the splendid teacher that he is, explains this in terms of agencies, avoiding the reification of the id, ego, and superego. He talks about primary and secondary process, and uses Dr. Jekyll and Mr. Hyde to illustrate the reality and pleasure principles. At the close of this chapter Kahn lays out proof of the unconscious in mental life by putting forth examples from dreams, neurotic symptoms, and parapraxes.

Kahn begins the chapter, “Psychosexual Development,” with a brief overview of the theory of infantile sexuality and its explosive impact on society. Kahn then links the origins of Freud’s theories with his method of treatment. He explains the uniqueness of psychoanalysis in the profoundly important observation, “In the whole history of human relations nobody, no parent or lover, no priest or doctor, may ever have listened like that over such a sustained period” (p. 36).

In a section on fixation and regression, Kahn provides a clear discussion of fixation. However, his remark about regression is the first point I found objectionable. He states, “A stage at which one is fixated retains some large part of the importance and emotion it originally had.” So far so good, but then he writes, “Thus it is the comfortable psychic place to which to regress if the going gets rough.” I think the qualifier relatively should precede “comfortable”
so as to not mislead those unfamiliar with the concept into thinking of regression as necessarily comfortable.

Kahn then does something very interesting and useful to the budding clinician. For the oral, anal, and phallic stages, he describes the stage and then discusses possible parental responses to the child and subsequent consequences and fixations that may ensue. Thus he adds to his presentation of Freud the object relational component that he suggests Freud himself had been moving toward at the end of his life. Kahn credits Freud’s followers for developing the object relations component that has so greatly enriched the psychoanalytic picture.

“The Oedipus Complex” is almost twice as long as any other chapter in the book, a tribute to its importance in Freudian theory. The opening quotation from Sophocles reads: Oedipus: Once on a time the oracle said that I should lie with my own mother and take on my hands the blood of my own father. Jocasta: Before this in dreams too, . . . many a man has lain with his mother. A discussion of Hamlet’s anguish over avenging the death of his father, and Freud’s reference to Sophocles’s drama in The Interpretation of Dreams, further illustrate the place of the Oedipus complex in human history. Kahn talks about work in behavioral genetics and anthropology, including cross-cultural studies, which further verifies its ubiquity. In keeping with his consistent eye on balance, Kahn also notes the arguments of feminist scholars and self-psychologists relevant to the discussion.

Kahn’s discussion of the role of rapprochement, as described by Mahler, and the impact of the different development tasks facing boys and girls described by Chodorow, will contribute even more to the appeal this book will have to the uninitiated and the skeptical. Also of tremendous value to the novice therapist are sections on the Oedipal victor and what Kahn calls “the tenderness/passion split.”

The chapters on anxiety, defense mechanisms, guilt, dreams, grief and mourning, and transference, continue in Kahn’s lucid style. But, to this reader, they seemed too concise. His excellent use of examples to illustrate the concepts, however, does provide clarity in each of these areas.

In the service of objectivity, I will mention two areas with which I take issue. I disagree with Kahn’s statement that “only the most orthodox Freudians find the theory of the death instinct clinically or theoretically useful” (p. 103). A recent edited collection by contemporary Kleinian and also Middle School analysts focuses specifically on the clinical significance of the death instinct. Kahn’s book contains so many wonderful references it is unfortunate this one is not among them.

The second and more significant issue concerns Kahn’s treatment of the specific defensive operation of avoiding painful affect. Inasmuch as this is a major motivation in the repetition compulsion I would have liked more elucidation. Instead, Kahn said the replaying of painful situations, without changing the outcome to a happy one, seemed to be about “unconsciously trying to understand what had happened and why.” He continues, “the situation with a happy ending would cease to be the original situation, which is defined by conflict, frustration, and guilt, and thus would lose its attraction” (p. 97). In fact, the replaying is not the original situation, but rather a symbolic representation of it, and as such lacks the emotional impact of the original, and the very point of replaying a symbolic representation is to keep at bay that emotional impact that would coincide with understanding what had happened and why.

Kahn closes by stating, “it would be hard to imagine an intellectual history of the last century that did not also prominently include Freud, who taught us to be skeptical about everything we think we know and endlessly curious about what else we might really know” (p. 205). It would likewise be hard to imagine a more enjoyable introduction to Freud’s contribution to that history. The true beauty of this book is that it is just the thing to make a newcomer wish to know more.

Walter Beckman is in private practice in San Francisco and an adjunct clinical supervisor at CSPP and New College.

FONYA LORD HELM, PhD, ABPP

This book illustrates sound and solid therapeutic principles that emphasize the need for careful attention to the patient’s strengths and weaknesses and the connection between a strong therapeutic alliance and a positive outcome. Peebles-Kleiger backs up these principles both with the research done at the Menninger Clinic in the 1960’s and current research. The principles outlined here provide clarity that cuts across the different theoretical approaches in psychoanalysis.

When I read this book, I was reminded of my richly rewarding supervisory experience with Ernst Ticho, who, like Peebles-Kleiger, also spent many years at the Menninger Clinic and was aware that it was possible to create a psychotherapy made for each patient using a mixture of both exploratory (expressive) and supportive interventions. He taught that twice-weekly psychotherapy was much better than once weekly, no matter what the diagnosis, and that the patient’s regression was better controlled by the therapist’s technical skill and activity than by limiting contact.

Peebles-Kleiger plans the patient’s treatment carefully, and while the treatment plan is made at the beginning of the work, she understands that it needs to be continually revised and the goals reexamined as the treatment progresses. She has many suggestions for ways to evaluate how to help the patient build an alliance, asking questions to find out what helps the patient talk about herself without discomfort. She is aware of the importance of creating a sense of safety. She also points out that it is useful to invite the patient to collaborate in finding out what helps her regulate her feelings. When Peebles-Kleiger notices that, during the evaluation (or any other time), the alliance is threatened by the patient’s starting to get tense and upset, she asks if it is something she said or did (p. 60-61).

She advocates testing to see if the patient noticed her own emotional upset and can reflect on what triggered it. If the patient can do that, she can work with alliance breaches. If she can’t, the therapist will try out other alliance-mending interventions, closer to the patient’s abilities. Examples are: 1) defusing the emotional intensity through humor, a change of subject, an apology, a focus on facts or logic, 2) focusing on findings connections between behavior and feelings, and 3) regulating self-cohesion with an “empathic” holding stance (Modell, 1978). She is trying to get some idea of the extent to which the patient can 1) mobilize reflecting functions along with experiencing ones, 2) work actively on a problem, rather than passively waiting, and 3) work collaboratively with a “helpgiver” (p. 63).

Peebles-Kleiger notes that experienced therapists tend to understand a patient’s style intuitively and use the complementary responses required to engage productively with that style. She advocates articulating this intuitive apperception of the capacity for alliance by identifying the patient’s pattern of templates. Interpersonal templates (formed by experiences and repeated interactions with people) are called belief systems or schema by cognitive therapists, and object relationship paradigms or transfer-ences by psychodynamic therapists. “Throughout the varying domains of discourse… the concept remains the same: outside our awareness, we apprehend patterns in our experiences and forge templates from these patterns in order to anticipate the workings of the interpersonal world. These templates color our perceptions of others, our expectations of others, and, consequently, our behavior toward others” (p. 167). She is aware of how important it is to focus on the patient’s strengths. She states:

In one context, we might think about such limitations in being able to relate as deficits in the capacity for relationships. Here we turn that thought on its head, and, instead of looking at what is missing, we focus on what is there, as a way of finding a toehold or potential building block in the work of constructing an alliance. For example, a patient who can tolerate only showing formality and stiffness may be helped toward an alliance if we are willing to accept and view the patient’s stiffness as an adaptive self-protection that is enabling him to stay in the room—a step in an alliance-building process. As a corollary, we can sometimes find in problematic ways of relating (e.g., unremitting demands on us; repetitive, self-sabotaging behaviors; persistent cynicism or snipes) the effort the patient is making to maintain relatedness even while seeming to undermine it. (p. 176-177)

As part of a thorough evaluation, she advocates using techniques such as 1) sharing a feeling of being “puzzled” (p. 65) when she doesn’t understand, and 2) noticing and exploring discontinuities (p. 64). These techniques, while appropriate for a formal evaluation in a setting with good inpatient backup, may be problematic for the outpatient...
therapist, since such techniques can create an unpleasant ambience that works against establishing the feeling of safety necessary for the establishment of a therapeutic alliance. For example, if the therapist says she is “puzzled,” the disadvantage is that the patient may feel slightly disoriented. Pointing out discontinuities may create tension because the patient is unaware of the discontinuity. The therapist is going after something that is unconscious, and the patient may feel startled and criticized. Peebles-Kleiger indicates that she is very aware of the need to use such techniques carefully.

Another very useful part of this book is the assessment of the patient’s ability to regulate and understand her emotion. The assessment includes evaluating the amount of external help the patient will need to regulate intense emotion and assessing the level of emotional awareness the patient has available. The process is unsettling for patients and she attempts to make the evaluation feel as safe as possible.

In discussing emotional issues with the patient, Peebles-Kleiger is sensitive to the patient’s needs. For example, when the patient doesn’t know what triggered something emotional in her and the emotion doesn’t remind her of anything, Peebles-Kleiger suggests that the therapist tell the patient that she will “vow to help in working together to unravel the mysteries behind the stirring” of the strong emotion. “Doing so will tag the work as important, offer hope in finding an answer, and convey a model of working as a team” (p. 75).

Peebles-Kleiger also discusses models of deficit and underlying disturbance. She considers it important to evaluate the patient using such models, but notes, “one could protest that this approach of conceptualizing underlying disturbance is unnecessary and artificial. People, relationships, and behavior lack precise regularity, cannot be predicted ahead of time, and are better helped by a dynamic growth model than by a compartmentalized repair model (Sid Frieswyk, personal communication, April 7, 2000, quoting Jock Sutherland)” (p. 117). She sticks to her point of view, however, wanting to identify “where healthy development has gone awry.” She is aware that some of the deficit models help make important distinctions, so she advocates using them, and yet, at the same time, she is good at focusing on the patient’s strengths. Her approach is thoughtful and she is aware that the way the therapist thinks about the patient or holds the patient in mind is very important. She emphasizes the importance of the therapist’s hopefulness and optimism as a stance that is necessary for the patient’s growth and successful treatment. Menninger et al. (1963) emphasize the enormous importance of the effects of hope, which they define as belief in one’s own efforts and, conversely, the death-facilitating effects of despair, which they define as belief that one’s efforts make no difference. They state, “Hope implies process; it is an adventure, a going forward, a confident search” (p. 385). She cites Nancy McWilliams (1999), who “goes one step further. She explicitly tells patients in intake that she has hope by saying, ‘I think I can help you’ (p. 35)” (p. 269).

Peebles-Kleiger also includes an understanding of the neurophysiological consequences of trauma, including some very interesting recent research, and she elaborates on technical approaches to take account of these effects. Helping the patient gain control of and regulate affect becomes the focus. She notes that full resolution is not possible, and the goal of treatment is “fewer recurrences, further apart, less intense, recognized for what they are (as temporary remembrances with a trigger rather than indications of a permanent deteriorating state), and resolved more quickly” (p. 165).

She also integrates attachment research into her overview of relatedness. She outlines five categories: marked aversion to connection, disorganized attachment, insecure attachment, and two categories of secure attachment. She has some good suggestions for engaging patients who are hard to reach, and notes “that tone of voice, speed and rhythm of movement, inflection, and facial expression often carry the bulk of the communication weight…” (p. 219-220).

This excellent book is suitable for both beginning and experienced therapists and analysts. The clinical vignettes illustrate her main points well and the integration of research in her presentation of the technical recommendations is outstanding.

REFERENCES

Fonia Lord Helm is a psychologist and psychoanalyst in private practice in Cabin John, MD. She is a graduate of the New York Freudian Society, and a Supervising Analyst at the Institute of Contemporary Psychotherapy and Psychoanalysis. She also is on the Teaching and Supervising Faculty at the Center for Professional Psychology of George Washington University and a member of the Analytic Process Scales Group (Psychoanalytic Research Consortium) led by Sherwood Waldron, MD.
Cultivating Lacan’s Garden in Quebec

In Quebec City, adjacent to the rolling Champ de Bataille high above the Saint Laurence river, lies a large formal garden. From the statue of Jeanne d’Arc implanted in its center, summer breezes course across lush lawns, setting the vibrant heads of massed flowers to nodding in defiance of the winter winds that in a few months will still them. Willy Apollon, Danielle Bergeron and Lucie Cantin reside and work in this most European of North American cities. The fruits of their long collaboration have been collected in a slim volume, entitled After Lacan—a work that occupies a unique place among the profusion of books about Lacan. The authors come “after Lacan,” first in the sense of following in his footsteps, next by creatively reworking Lacan’s concepts.

The authors support a logical unfolding of various Lacanian concepts: signifier, the Other, jouissance, “letters of the body,” absence and desire, etc., with clinical vignettes, which bring them to life. The chapters of After Lacan are interwoven through a discursive style where one senses that the authors speak to each other—a notion corroborated at times by their explicitly referring the reader to each other’s chapters. The book itself is as a fabric of concepts laid out in three tiers: the authors speaking among themselves, the authors drawing upon Lacan, and Lacan returning to Freud.

In the first chapter, “The Trauma of Language,” Lucie Cantin lays out the foundation of Lacanian theory: that our humanity rests upon the phylogenetic rise of a creature who speaks. Once this being speaks, he is irrevocably detached from the rest of the animal kingdom, destined to live as a human in a manner totally different from any other creature. Willy Apollon pursues this theme in the next chapter by tracing out how language structures us as subjects. He describes how the most obvious property of language—that speech is addressed to someone—produces the concept of the Other. As language separates us from animals, it also severs us from the instinctual satisfactions we assume animals enjoy. This split-off inaccessible remainder, Lacan termed jouissance.

While it is often mis-translated as “pleasure,” jouissance is, in fact, beyond pleasure; thus it is not by accident that Freud was interested in what lay “beyond the pleasure principle” nor that Lacan linked jouissance to Freud’s death drive. Apollon explicates the attribution of jouissance to the Other and its relation to narcissism, to sexual difference and to the drives—and how, if unchecked, it can course destructively through us.

Next, as if in response to Lacan’s oft-quoted phrase, “The unconscious is structured like a language,” Danielle Bergeron deftly illustrates the “stuff of language”—the signifier—by inviting the reader to accompany her on an excursion, first behind the stage at the Paris Opera, and then into the bowels of the City of Lights on a tour of its sewers. Through this metaphorical journey “behind the scene,” and “into the depths,” she demonstrates how Lacan transformed Freud’s unconscious “memory traces” (wahrnehmenzeichen) into “psychoanalytic signifiers” (as distinct from the purely linguistic signifier).

Lacan taught that the subject is determined by, and positioned with, respect to three fields of experience: the Real, the Imaginary and the Symbolic. The authors emphasize the particular relevance of the latter field, the symbolic order, to analytic work. In practice this means that the analyst has only speech to rely upon, a fact that Willy Apollon develops in a sequence of three chapters. He traces out a trajectory, starting from the unrepresentable, to its partial inscription in “letters of the body,” to its partial capture in the symptom, and finally to the symptom’s dissolution into fantasy.

This tracing of the path of “the cure” brings home the disquieting proposition that much of the difficulty encountered in the course of analytic work is often aided and abetted by the analyst himself. Furthermore, the implications for practice as the full meaning of “absence” dawns upon the reader, will lead him to question whether he can ever be “an object” for the analysand, as an “object relations” perspective might imply. We note that “object relations” are representations and thus lie within Lacan’s Imaginary field. As the analyst properly works within the Symbolic field, it would appear that our ears would be the only satisfactory “object” we could offer. To offer ourselves as an “object”—as in the contemporary preoccupation with the “here and now”—is to risk impasse by frustrating the subject’s drives and obscuring the fact that his unconscious is ready and waiting to speak.

Desire.” By using some of Lacan’s “graphs of desire,” she delineates how Freud’s system of ideals (superego, ego ideal and ideal ego) are framed within a linguistic context and how this system functions with respect to the drives. By way of contrast with the neurotic structure, Lucie Cantin illustrates the perverse structure in a pair of chapters: “Perversion and Hysteria,” and “The Fate of Jouissance in the Pervert-Hysteric Couple.” Cantin draws a useful distinction between the “scenario” that the pervert orchestrates with his partner, and the “perverse features” of the neurotic that Bergeron describes above. By revisiting such terms as signifier, desire, Other, organism and “letters of the body,” Cantin evolves a coherent linguistic framework for understanding perversion, connecting what is demonstrated in the pervert’s scenario to the structure that determines it.

Lacan considered the Lack that language introduces into the human being to be symbolized by the phallus, imaginatively assumed to be missing part of a woman’s body. Where better to distinguish between organism (women lack nothing biologically) and body (universally fantasized to be actually or potentially missing a part). Thus, women’s bodies come to be “lettered” as “lacking a phallus.” The pervert denies castration by orchestrating a scenario that demonstrates that “nothing is missing.” Such demonstrations serve to erase the (linguistically derived) drive and reduce the “drive-lettered” body to an organism pervaded by jouissance. The pervert promises access to jouissance. But as jouissance is impossible for the human, the pervert never succeeds, and so is compelled to repeat his scenario. At stake in the treatment of the pervert is to get him “off stage,” to give up his demonstration and to speak of it.

Lacan formulated psychosis to be a structure determined by the “foreclosure of the Name-of-the-Father.” This means that the psychotic lacks the symbolic father, as a position, upheld within the family structure, necessary for the reliable transmission of cultural values. After Lacan draws to a close in a style reminiscent of Freud’s Schreber case, which relied solely on the memoirs of that unfortunate man. Danielle Bergeron explores the works of a psychotic writer, Yukio Mishima, to draw out his struggle to compensate for the absence of the “Name of the Father.” He attempted to use his extraordinary talent to capture unfathomable jouissance within a network of words. But, unable to stem with his pen the workings of jouissance that coursed violently within him, he took up a sword and ended his life in ritual suicide.

In a panoramic introduction, Robert Hughes and Kareen Ror Malone, the editors of After Lacan, locate this work within the breadth of the Lacanian field. They go on to describe how over thirty-five years ago Willy

---

**PSYCHOANALYTIC TRAINING at the CHICAGO CENTER FOR PSYCHOANALYSIS**

The Chicago Center for Psychoanalysis, a post-graduate training program leading to a Certificate in Psychoanalysis, welcome applicants from any mental health field who have attained an M.D., Ph.D., Psy.D., or M.S.W. degree. A personal analysis is required, as is state licensure, and at least 5 year’s clinical experience.

- **WE OFFER A CONTEMPORARY CURRICULUM** that encompasses multiple theoretical perspectives.

- **COURSES ARE SCHEDULED ON THE QUARTER SYSTEM**, and take place either downtown weekly or in intensive weekend seminars. Training is focused on theories of development, psychopathology, clinical theories and case conferences.

- **THE SUPERVISED TREATMENT OF THREE PSYCHOANALYTIC CASES** is also required.

- **OUR FACULTY INCLUDED MANY OF THE BEST from the Chicago analytic community and also draws internationally famous psychoanalysts. Among those who have served or are serving as teachers are:** Salman Akhtar, Jessica Benjamin, Hedda Bolgar, Christopher Bollas, Bertram Cohler, Jody Messler Davies, Darlene Ehrenberg, Gerald Fogel, Lawrence Friedman, Glen Gabbard, John Gedo, Merton Gill, Peter Giovacchini, Jay Greenberg, Michael Hoit, Irwin Hoffman, Frank Lachmann, James Fosshage, Kenneth Newman, Donna Orange, Fred Pine, Leo Rangell, Owen Renik, Roy Schafer, Frank Summers, Marian Tolpin, and Elisabeth Young-Bruehl.

- **FLEXIBILITY IS THE HALLMARK OF THIS PROGRAM, one of the first in the nation to have a truly inter-disciplinary group of candidates and faculty. Part-time candidacy is optional at the discretion of the Admissions Committee, and the Center accepts applications for admission throughout the year.**

For further information about the Chicago Center for Psychoanalysis, call (312) 986-1187 or visit our website: www.ccppedu.com
Apollon, Danielle Bergeron and Lucie Cantin founded an organization known as GIFRIC (Groupe interdisciplinaire freudienne de recherches et d’interventions cliniques et culturelles) that developed both a school, EQF (Ecole freudienne du Quebec) and a treatment program for psychotic young adults, known as “388” (its street address). The painstaking work the authors have done on the problem of psychosis excerpted in *After Lacan* provided the foundation for “388” —a wedding of theory and practice that seems to fulfill Freud’s prophecy that one day a method of treating psychosis would be found. To achieve this they focus upon the interplay of jouissance, delusion and dreams in the treatment of psychosis.

While delusion and dream bear a superficial resemblance, they have totally different relationships with jouissance. When the psychotic breaks down he constructs a delusion that first attempts to explain what happened as he witnessed the destruction of the world, and next activates a restitutional effort. The hallmark of delusion is absolute certainty. Delusional work requires that the psychotic must right some wrong or repair some great damage—generally viewed as a defect in the universe. In contradistinction, the dream employs language in a functional way to interpret what arises from the unconscious. This provides the psychotic with an alternative to the delusion that traps him. The true dream offers access to the past, including the events that traumatized him.

The distinction between delusion and dream is exploited to clinical advantage by regarding the psychotic as a speaking subject and offering him a place where he can speak his mind. But he is also required to produce and report dreams. By listening, the analyst demonstrates that he “does not know,” tacitly acknowledging that it is only the psychotic “who knows.” In this way the psychotic’s delusional certainty remains unchallenged, and this ensures that persecutory and erotomanic transferences will not be generated. The awaited dream will emerge like tendrils that grow and break into the frozen delusion. There develops a new transference that the psychotic makes use of to experiment with the reliability of the spoken word, whose source in the dream opens him to the truth of his history.

Over the past twenty years, the young psychotics treated at “388” have all engaged in analysis. They were not “previously high functioning” individuals, who constituted those “rare” cases of psychotics who are amenable to psychoanalytic treatment. Quite to the contrary, they were a group of repeatedly hospitalized schizophrenic young people, already embarked on a chronic downward course unaltered by the administration of high doses of medication that had served only to perpetuate their frozen delusional world.

If *After Lacan* had simply explicated Lacanian difficult concepts and animated them with clinical vignettes, it would have accomplished a great deal. But clearly this volume is more than that. It reshapes the psychoanalytic landscape by recasting a theory of psychosis and basing successful treatment upon it. At the same stroke it provides an answer to neurobiological concepts and treatments, by demonstrating how the psychotic can take leave of his illness by having his speech well received.

Charles Turk received an exemplary psychiatrist award from NAMI for his work with severely ill patients in a public partial hospitalization program. He obtained his psychoanalytic training at the Center for Psychoanalytic Study, Chicago, and is a founding member of the Chicago Circle Association—an affiliate of the Ecole Freudienne du Quebec.

LOUIS ROTHSCHILD, PhD

In the fall issue of the Psychologist–Psychoanalyst, Ronald Levant (2003) provides an adaptation from his forthcoming book in which he suggests that so-called evidence-based practice is in danger of eclipsing clinical judgment within psychology by virtue of its tendency to devalue subjectivity. Although he did not use this description, while reading him I conjured that, in the extreme, the treatment manuals of research protocols prescribe a method of intervention similar to a paint-by-numbers book in which the clinician becomes a technician, not a scientist–practitioner. Levant illustrates that despite this trend within clinical psychology, most medical doctors appear to be able to function while affirming a subjectivity of clinical judgment that is informed by empiricism and other domains of knowledge such as in vivo experience. Levant closes by recommending the Institute of Medicine Guidelines that assert that research evidence, clinical expertise, and patient values can co-exist without one of these components having privilege over the other. That subjectivity is under attack within psychology in the twenty-first century might lead Tolman and Hull to stir in their respective graves, aghast by the apparent tendency for those inclined towards a cognitive behaviorist approach to diminish the cognitive yet again.

In a climate that views a psychotherapist’s subjectivity as error variance, a psychoanalytically–informed clinician might consider simply not adding or eliminating treatment manuals from their diet. However, the psychotherapy treatment manual universe is not monolithic, and it is a pleasure to review a manual that falls within the group of treatment manuals that view the subjectivity of the therapist as a central ingredient for the soup that is psychotherapy. As one would expect, the latest offering from Otto Kernberg’s group at the Personality Disorders Institute of the Weill Cornell School of Medicine affords a significant amount of space to the topic of countertransference, and provides specific examples illustrating the therapist’s use of their own emotional state in order to guide intervention with borderline patients. This primer of Transference Focused Psychotherapy (TFP) co-written with Frank Yeomans and John Clarkin further reveals that psychodynamic psychotherapy is alive and well, supported by both theory and empirical data.

The format of the manual itself is interesting in its own right. First, the text is laid out in strict outline form. Each of the twelve parts that cover diagnosis, contract, and treatment techniques are composed of numbered subparts, many of which contain increasingly discrete additionally numbered subparts. To flip through the pages of the manual is to conjure up the specter of a thick PowerPoint presentation. However, unlike my soon-to-be-sleepy experience during many a PowerPoint presentations, this works. The format is accessible and easy to negotiate. For example, the reference list is followed by nine pages of recommended readings in which a concise paragraph is devoted to each entry. Further, towards the end of the manual, an Internet address (Borderlinedisorders.com) is found in reference to the question of consultation and the setting up of a TFP supervision group. As is mentioned in the forward, the primer is appropriate for many different levels of training, from the student in a formalized training situation to the licensed therapist utilizing peer supervision.

One would hope that Internet access is a constant across these groups as a visit to the website provides not only useful information (some in PowerPoint form), links to helpful resources, but commentary concerning this and other books by Kernberg and his team. In reference to the manual under review, Peter Fonagy is quoted: “In an era of empirically supported therapies… it can be done superbly, and that it can be done without violating a single one of our cherished ideals as psychoanalytic clinicians.” Enrico Jones stated that “It is the best example yet of a manual for psychodynamic psychotherapy.” Additionally, Lester Luborsky adds, “This new book is a treat to read!”

Such praise is not limited to the authors Internet presence. It may not be an overstatement to say that to pick up any work concerning the treatment of borderlines is to find mention of Kernberg’s work. However, the frequency of such an occurrence is notable. Three relatively recent primer level texts come to mind. Nancy Mc Williams (1994, 1999) draws on Kernberg’s research regarding the borderline ability to utilize reality testing in order to make differential diagnosis regarding psychotic/borderline levels of functioning and the experience of totalistic ego states lacking a sense of tension. Another example may be found in Messer and Warren’s (1995) work on comparative approaches to therapy, as they cite Kernberg, among others, to state that although signs of a separate self may begin to emerge in therapy with borderline patients, there is no
time in brief therapy to enable the development of a more cohesive experience of self and other. Each of these points and more are addressed within the primer under review—a primer that provides both an excellent introduction for anyone unfamiliar with Kernberg’s work as well as a good update for those who are familiar with the body of work that has preceded this manual.

TFP is considered to be a long-term treatment that recommends twice weekly meetings for over a year. The manual provides comments on working in less than ideal conditions, in addition to inclusion and exclusion criteria, prognostic factors, alternative treatments, tactics and strategies, and over 30 pages on diagnostic issues.

The manual is aimed at the treatment of the borderline level of functioning, and in terms of the DSM–IV, it is pertinent to borderline, schizoid, schizotypal, paranoid, histrionic, narcissistic, antisocial, and dependent personality disorders. Additionally, sadomasochistic, hypochondriasis, and malignant narcissism are added to the category of borderline personality organization. I am aware of no empirical work suggesting that these disorders constitute an aggregate. So here one is left with theory, albeit a theory which many find valid. To those who might think theory and validity cannot co-occur, I recommend a visit to physics where terra firma is found with such a stance (i.e., theory matters). To critique on these grounds is again to set the bar higher than it is found in other fields.

Ninety-one pages focus on the contract setting portion of the treatment. Here topics such as secondary gain and deciding which phone calls are appropriate or not, are treated with care. By itself, a decision tree regarding the contract and suicidal behavior makes this book worth having. Interestingly, although TFP separates the contract setting phase from the work of therapy itself, Kernberg et al., state that a psychoanalytically based therapy does not make a strict separation between the two, since working with the resistance is considered to provide information as to how to proceed in the therapy.

Further, the text addresses therapist vacation, supervision, and basic skills required to deliver such a therapy. Techniques such as clarification, confrontation, and interpretation are discussed. The vignettes included are engaging by virtue of being clear, direct, and illuminating. Particular situations such as patients who attempt to control therapy, those with split-off aggression, dropping out of treatment, termination, hospitalization, and medication are all given ample focus. For example, three algorithms are provided regarding the use of medication with particular patients, which should be helpful to any therapist who is not responsible for psychopharmacology but is sharing treatment with another. Each algorithm addresses the medication of a different profile of patient, and provides an order in which a regimen might work. As one might expect, the manual also addresses the difficulty found when two clinicians are providing treatment.

My only critique of this excellent manual is minimal. Depending on who uses the manual, the particular point of view found here may be taken as the point of view of a unified psychoanalytic theory. The treatment of object relations illustrates this quite well. A solid developmental perspective is found here in a manner that is accessible for a novice in need of a primer and a more advanced audience. However, the description runs the danger of leaving a novice reader with the impression that object relations is a unified theory. Such a description would do well to incorporate the work of others (e.g., Tronick, 2003).

That said, the manual is indeed excellent, and it is without reservation that this reviewer recommends it to both those well-seasoned in the art and science of psychotherapy and to those just beginning to soak in the marinade. In conclusion, lest one think the manual is enough on its own, the authors wisely include “A Final Note” to the book. Here one finds that TFP is simply a tool, and that decisions regarding its use must be made clinically. The therapist is not a technician. Additionally, the authors state that the manual is a flexible guideline as we treat individuals, not diagnosis. The surgeons know this. As therapists, it will behoove us to remember it well.

References


Louis Rothschild is in independent practice in Providence, RI., and is a member of the local chapter, Rhode Island Association for Psychoanalytic Psychotherapy.
There are two current misconceptions about the relation of Sullivan’s methods and ideas to psychoanalysis. One group claims that what Sullivan taught is not psychoanalysis; the other group, in complete contradiction, insists that Sullivan says the same things as Freud but in different words. To clarify the first assumption requires a definition of psychoanalysis. If the term is to be used only for therapy, which subscribes without question to all of Freud’s hypotheses, then it is true that what Sullivan taught is not psychoanalysis. If by psychoanalysis one means recognition of unconscious motivation, the influence of repression and resistance on the personality and the existence of transference, then Sullivan’s thinking fulfills all requirements for being considered psychoanalysis. He himself was not concerned with this point and preferred to call his therapeutic approach intensive psychotherapy. I have already indicated the points at which his technique parallels current psychoanalytic method, and I can only say if Sullivan’s methods are not psychoanalytic, then all character analysis methods are not psychoanalytic. (Thompson, 1964, p. 88)

Interversive barriers generally keep one from establishing rudimentary interpersonal relations with the unfavorable patient of insidious onset. This is probably a direct result to be expected from consideration of the environmental personal situation in which the personalities had their development. (p. 239)

Why Benjamin saw the need to include evolutionary theory is not clear, other than to lend credence to the position that her approach to therapy is rooted in established principles of learning (see pp. 8-10). Her purpose seems to be to design a treatment strategy that meets standards of testability and reliability. From the introduction and overview of her approach, Benjamin thrusts IRT into the current debate around empirically validated treatments (see Levant, 2003, pp. 4-16).

These are the apparent theoretical underpinnings of Benjamin’s key concepts as outlined in the book. First, there is the Developmental Learning and Loving theory (DLL) that supports the Structural Analysis of Social Behavior (SASB). SASB is based on the systematic analysis of the social and interpersonal ramifications of the copying process that maintains the fantasies that are derivatives of the Important Persons and their Internalized Representations (IPIRs). Benjamin hypothesizes that attachments to these early fantasies related to important internalized objects result in a type of self-destructive love that drives the patient to repetitions, which become destructive and psychically damaging. What makes this population of patients particularly resistant to treatments as usual is the strength of these early attachments that are linked via copying to overlearned behavioral patterns. According to Benjamin:

In the IRT case formulation and treatment method, problem patterns are linked to learning with important early loved ones via one or more of the three copy processes: (1) Be like him or her; (2) Act as if he or she is still there and in control; and (3) Treat yourself as he or she treated you. (p. vii)

The author refers to her work as “empirically informed attachment theory” (p. 63) and goes on to define her own theoretical perspective. She states that her Developmental Learning and Loving (DLL) theory is:
A specifically detailed version of attachment theory. DLL theory centers on Bowlby’s concept of internal working models and calls them Important Persons and their Internalized Representations (IPIRs). DLL theory increases the specificity of Bowlby’s concept by describing internal working models more precisely in terms of the SASB model, and by specifying connections between IPIRs and problem patterns via copy processes and predictive principles of the SASB model. (pp. 67-68)

She then presents a detailed procedural manual for implementing Structural Analysis of Social Behavior, which is a method for objectifying social perceptions, and internalized representations to create a therapeutic environment to foster change.

Benjamin calls her approach to treatment of the difficult, resistant, and refractory patient, Interpersonal Reconstructive Therapy (referred to throughout the book as IRT). She states:

The fundamental idea of IRT is that treatment-resistant patients are responding to internalizations of important persons more than they are to persons in their present-day real world. IRT addresses their relationship with those internalizations. After old expectations and hopes in relation to the internalizations are given up, usual and customary treatment procedures (e.g., medications, cognitive-behavioral or psychodynamic therapy) have a better chance to work (p. vii).

Benjamin reports a step-by-step approach that she views as being testable, effective, and reliable with a broad spectrum of difficult to treat cases. She holds that patients with severe resistant interpersonal and intrapsychic problems can be brought to the position where change is possible. With this method, which requires strict adherence to the originating case formulation, Benjamin holds that the therapist can use scripted text and formulary restatements of early love attachments gone wrong in order to direct the patient into new and health promoting manners of relating to early love objects so that change is possible. This recognizes the importance of early life experience and also utilizes the force of long established belief systems to effect change.

The method is designed for the therapist to move from one point to the next as predetermined from initial case history. Case formulations are constructed from interviews and tied to a specific diagnostic category. Then unique and specific events of the patient’s life are plugged into the IRT formulary approach, which is detailed in the book. A developmental learning and loving theory is proposed that captures the unique and clinically viable aspects of each patient’s case history. Benjamin positions her approach as a reliable and valid method of psychodynamically-based behavior therapy, which would meet current demands for evidence-based treatments of mental illness, although she admits that significant research on her proposed methodology is yet to be done (p. ix). In the current private practice environment where managed care companies are exerting constraining pressure on practitioners to use brief interventions that they feel are justified based on their “compendium of the best available evidence to guide clinical practice in specific mental health problems” (UnitedHealth Foundation, p. ix, 2002), Benjamin’s book is an example of the direction managed care companies would support, where the evidence that the recommended technical changes are based on is not scientific, even with an N = 1 research paradigm, and is not based on research representative of the broad spectrum of subjects that comprise the nonresponder population. Levant (2003, pp. 4-16) discusses the impact of this type of empirically supported therapy on psychoanalytic practice in general, and basically found that it is common practice to produce evidence-based treatment approaches that in fact do not meet current criteria, even though the technique is held out to be scientifically grounded.

Benjamin refers to research that could be done on her treatment manual and ends the book with descriptions of feedback from training sites where the protocol is used effectively. Benjamin also describes future plans to test IRT scientifically to see if her anecdotal findings are reproducible in different settings with a variety of subjects. Benjamin’s plan is to provide hospital-based and outpatient clinic-based practitioners with a procedure that will result in positive outcome in the treatment of DSM-IV Axis I and Axis II patients who have not been cured with traditional methods. Benjamin states that the term nonresponders “can apply to disorders, individuals, populations and more.” (p. 3) She defines her target group as people who have a history of minimal responsiveness. She also states:

This book pursues in depth the question of how to work with psychosocial factors (including but not limited to Axis II complications) to improve results with nonresponders or patients with treatment-refractory disorders. The method, called Interpersonal Reconstructive Therapy (IRT), is primarily psychosocial, but does recommend medications for specific situations. IRT does not offer any new treatment techniques per se, such as a new drug or a new way of relating to patients. Rather, IRT offers a way of thinking about patients that helps clinicians more effectively, choose interventions from the array of
possibilities available within any and all frequently used methods of intervention, called treatments as usual (TAU). The Therapy, divided into five steps or stages, draws techniques from TAU according to highly specific algorithms. (p. 2)

In her introductory chapter, Benjamin compares psychotropic drug research with psychotherapy and concludes, “In contrast to the literature on psychopharmacological treatments, problematic side effects of psychotherapy have been largely ignored” (p. 7). She quotes from a paper by Lambert and Bergin (1994) and concludes that because most empirically supported therapies do not factor in those subjects that are either dropped from the research or who deteriorate, then there is a need for a more standardized approach to treatment selection that can be universally applied, eventually resulting in replicable research that would improve the overall care of difficult-to-treat patients in both hospital based and outpatient based treatment settings.

It is this population of psychiatric patients that is the focus of Benjamin’s work. Her thesis is that effective treatment modalities can be more effectively applied to nonresponder-type patients if a systematic procedure is applied to the interpersonal and social history obtained from the patients using her method. Benjamin further proposes a theory of development and interpersonal relating that explains her view of how intrapsychic structures are held on to by resistant patients. She holds that her method called the Structural Analysis of Social Behavior is a “perspective on the structure of interpersonal and intrapsychic patterns helps the clinician function at a higher level of expertise” (p. 122). In the book, she details the three dimensions that underlie all versions of the SASB treatment plan. They are conceptualized as components of interpersonal space: Focus, Affiliation, and Interdependence. Figures, diagrams, and methods of coding are presented from her previous works (pp. 122-138). The basic premises that underlie her system are based on the codification of object relational concepts, and Sullivan’s concepts regarding the introjections of early experiences with others.

The book presents five steps that are considered essential to effective implementation of the procedure. Formulary tables, charts and graphs are presented to guide the clinician through each step. The actions of the clinician during each step of the procedure are linked to the material provided in the book. Of particular note is her use of the traditional medical model for treatment, and recommendation that the work should be guided by the “time-tested medical algorithm, SOAP (S, subjective report of the patient; O, objective relevant data; A, analysis [from the DLL perspective]; and P, plans that were and will be implemented)” (p. 112).

Benjamin holds that effective treatment begins with the DSM-Based Case Assessment (Table 2.1, p. 35), which is a requirement to create the Developmental Learning and Loving (DLL) Case formulation. It is this theory that “directs the Interpersonal Reconstructive Therapy (IRT) case formulation method, which seeks to organize the presenting symptoms in relation to common psychosocial causal factors. The definition of “casual factors” in DLL theory is wide-ranging; several other variables, such as heredity, traits, states, situations, and free will, are considered to be among contributing causal factors” (p. 32). Benjamin uses case histories to demonstrate her points at each step of the tutorial in how to construct an effective case formulation that can lead to effective treatment choices.

In chapter four, Benjamin provides the research
design for her work. She states “Structural Analysis of Social Behavior (SASB) is a technology that objectively measures perceived interpersonal and intrapsychic relations. The methods therefore make Developmental Learning and Loving (DLL) and Interpersonal Reconstructive Therapy (IRT) concepts amenable to research confirmation or refutation. The SASB model can also function as a lens through which the clinician sees patterns more clearly and connects them more precisely. These skills enhance case formulation, therapy process, and outcome (p. 120). This dense and highly concentrated chapter puts forth coding methods, training tools for using related questionnaires, and references the potential research uses of her technique. Diagrams are also presented to show how information obtained during the structured interviews can be charted and diagrammed to develop a formulary for decision-making.

Benjamin states, “Every intervention in Interpersonal Reconstructive Therapy (IRT) attempts to invoke a maximal number of elements of the core algorithm.” She continues:

The core algorithm specifies that each intervention offers and facilitates (1) accurate empathy; (2) maximal support for the Growth Collaborator (Green), and minimal support for the Regressive Loyalist (Red); (3) a focus on key aspects of the case formulation; (4) articulation of detail about input, response, and impact on the self for any given interpersonal episode in terms of affect, behavior, and cognition (the ABCs); and (6) implementation of one or more of the five steps from the therapy learning hierarchy. (p. 72)

The 6th item above refers to the five steps of effective therapy change which are (1) Collaboration; (2) Learning about patterns, where from and what for; (3) Blocking maladaptive patterns; (4) Enabling the will to change; and (5) Learning new patterns. (Figure 3.1, p. 88). Adherence to the SASB model in the five steps of IRT is designed to lead to internal and external changes in the resistant patient. The above steps are designed to identify internal attachments that sustain the illness.

Benjamin’s DLL proposes two types of internalized objects that must be connected to repetitive ideations in the patient in order to begin the collaborative process towards behavior change. She calls these the Regressive Loyalist (Red), and the Growth Collaborator (Green). “The Regressive Loyalist is identified by following the trail from problem behaviors through copy processes back to early important caregivers (the IPIRs).” The growth collaborator (Green) has a more technical function in IRT model. Benjamin says, “The Green name is appropriate if the interpersonal and intrapsychic habits connect to normative therapy goal behavior.” (p. 76-77). These concepts along with scripted text for speeches to be delivered to the patient at differing stages of the IRT process are the methodology that Benjamin recommends as the way to meet demands for what she calls empirically-based treatment strategies.

It is at this point I wish to raise questions regarding what Benjamin calls empirically-based treatment. In the last chapters of the book she describes how IRT increases the effectiveness of traditional treatment methods such as behavior therapy, and psychodynamic methods. Benjamin also states that the key to treatment of difficult, nonresponder patient populations is her empirically-based formula. Benjamin holds that testimonials are not usually considered valid measures of treatment effectiveness, but that the consistency of the types of features she observed in the testimonies from ex-patients obtained in training settings is a valid measure of treatment effectiveness (p. 341). This may be true, but proves problematic given the overall thrust of the book towards empirical validation. The absence of a clear chapter on any available data using classic randomized clinical trails to test IRT as an effective tool in reducing mental health risk factors in the nonresponder population is problematic. Why risk adding the rigidity and inflexibility of the SASB model to the clinician’s treatment strategy without the evidence of valid and reliable benefits. Even though clinicians have long relied on the use of the case study method as a valid and reliable assessment tool for treatment formulation, Benjamin does not support her claims to justify the use of the IRT technique as an effective methodology to reduce suicide risk, promote behavior change in Axis II diagnoses, or to reliably eliminate the self destructive behavior of non-hospitalized character disorders. Using Benjamin’s criteria as established early on in the book, it appears that a portion of a quotation reported by Levant (2003) applies: “Slavish attention to ‘the manual’ assures empathic failure and poor outcome for many patients” (p. 5).

REFERENCES


Annie Lee Jones is a clinical psychologist/psychoanalyst at the St. Albans VA Extended Care Center, and in private practice in Jamaica Estates, New York.

Estelle Shane, PhD

It is indeed a pleasure to read, study, and review this important contribution to psychoanalytic understanding. While a comparatively short book, one has the impression after having completed it of covering an enormous range of material, with the historical past in the field reviewed and put into some perspective, and the more contemporary, modern and even post-modern, psychoanalytic theory and practice arrayed before us for our integrative perusal and use. While I am familiar with the relevant findings these authors present from infant research, from neurobiology and cognitive science, and from attachment theory, as well as from nonlinear dynamic systems theory, I am nevertheless impressed by their uncommonly thoughtful, practical, and clinically valuable application of these ideas to psychoanalytic and psychotherapeutic practice.

A Spirit of Inquiry is all about communication in psychoanalysis, just as its subtitle suggests: how in so many forms and modalities psychoanalysts and their patients communicate with themselves internally and with one another, and just why it is of such importance to do so. The title itself, A Spirit of Inquiry, addresses what the authors perceive to be the foundation of the psychoanalytic process. “Inquiry” refers to the more linguistically mediated effort on the part, first of the analyst, and then of the analyst and patient together, to explore and connect with one another in an explicit/declarative, largely-in-awareness form. “Spirit,” on the other hand, refers to the implicit/procedural/nonverbal form of relatedness that goes on most often in the background and largely out of awareness. To quote:

The spirit of inquiry…highlights both the autobiographical scenarios of the explicit memory system and the mental models of the implicit memory system …..each contribut[ing] to a sense of self, other, and of self with other, …facilita[ing] the extrication and suspension of the old [pathogenic] models, so that new models based on current relational experience can be gradually integrated into both memory systems for lasting change. (p. 103-104)

One can see in this brief quotation, not only what the title means to convey, but also how these authors proceed in their discussion, integrating in this instance psychoanalytic, cognitive, and neurological data, and data from infant research, to understand and convey how change happens from a current perspective.

Lichtenberg, Lachmann, and Fosshage briefly review some of what they had written before and then advance their own thinking with a wide array of new, helpful clinical ideas, ideas which are clearly illustrated in beautifully articulated vignettes. So, for example, reviewing concisely the five categories of motivation that comprise the motivational systems model Lichtenberg had first put forward in 1989, in Psychoanalysis and Motivation, and the three authors have continued to advance since then, Lichtenberg, Lachmann, and Fosshage now maintain that, while the exploratory-assertive motivational system remains in their model as a distinct, independent system unto itself as it had always been conceptualized, they currently postulate in addition that “exploration as a search for novelty and efficacy is present in all motivational systems; the overlapping of exploration across motivational systems facilitates the integration of all motivation into a cohesive sense of self.” (p. 7, italics mine). Exploration as a motive enhances other motives, as, for example, when in a relationship, an exploratory motive is connected with an attachment motive, a sense of safety in exploring as well as an openness and flexibility in attachment is generated. Or, applying Edelman’s (1987, 1992) neurological developmental model of the brain, when an exploratory motive is elaborated in the brain’s maps, or schemas, associated with activities in any other motivational system, novel reentrant possibilities are created, making way for positive new experience to challenge old, potentially pathogenic patterns. And in particular, it is in the exploratory mode that good analytic work is done, with the analyst (and, ideally, the patient, as well) feeling interest, curiosity, and a sense of efficacy or competence in exploratory efforts. Exploration may be the dominant motive in therapy, then, while the topic of investigation may be concerns derived from any of the other motivational systems, as well as from the explorative-assertive system itself.

Again, these authors are all, more or less, associated with and grounded in infant research. Lichtenberg wrote Psychoanalysis and Infant Research in 1983. Lachmann with his co-author Beatrice Beebe, has published widely in this area, including, most recently, (2001) Infant Research and Adult Treatment. Jim Fosshage has always encompassed a developmental approach in his own writings. So it is with ease and expertise that the first two chapters, devoted to the development of communication with self and other in infancy and childhood, present contem-
porary ideas about development from multiple disciplinary perspectives in a manner both clear and cogent. Chapter One presents the development of communications from ages zero to 18 months, organized by Daniel Stern’s (1985) phases of self development, and integrating, among other research findings and psychological postulates, data from attachment theory (Bowlby, 1969, 1973, 1980; Main, 2000; Hesse and Main, 2000) and data from the brain studies of Edelman (1987, 1992) and Damasio (1999). Two case studies, both involving the sensitivity of communication of affective state between caregiver and neonate, contrast a securely attached infant and her mother, with an insecurely attached pair, setting the clinical tone that is replicated throughout the entire book. Chapter Two concerns the remarkable development of verbal communication. Again with great charm, the authors provide vignettes of monkeys and children as each subject acquires an understanding of words and the capacity to express themselves in symbolic conversation.

With these two chapters as background on the development of communication in all modes, the authors can then turn to their approach to clinical work, applying the research data that had come before. Chapter Three presents the case of Nick, illustrating “the contribution to therapeutic action of a variety of interpretive and noninterpretive interventions, as well as verbal and nonverbal procedural interactions and enactments” (p. 60). This wonderful depiction of rage transformed in the analytic process is merely one of a surprising and generous number of well-articulated case descriptions that clarify how insights and understanding born of developmental theory meld with more familiar psychoanalytic approaches. The analyst, in this instance Frank Lachmann, demonstrates how, as he says, “humor, irony, and playful exaggeration characterized [his and his patient’s] unique personal communication and connection,” with their fast-and-dirty witty exchanges surprising Nick and helping to modulate and transform Nick’s aggressive outbursts and to enhance Nick’s growing sense of trust in and comfort with his analyst. The creative uses of comedy and the absurd are amply illustrated in the verbatim material, as well as enactments and spontaneous emotional eruptions; but so, too, are the creative uses of dream interpretation and transference interpretation. In addition, this particularized clinical detail is accompanied by the reflections of Lachmann himself, sometimes in the moment, but more often in retrospect. Thus the reader is treated to what Lachmann did and why he did it, and if it worked, or at the least, seemed to work. Again, this descriptive method of case presentation is present throughout this book.

In Chapter Four, the authors explicitly present “relational centered moments” in treatment, moments where the main meaning is communicated principally in forms other than the verbal. Included are considerations of the implicit/procedural and the explicit/declarative domains, the analyst’s affective participation, forms of relatedness, and physical touch. Background literature is provided, current psychoanalytic theory is introduced, relevant contemporary research on development, cognition, and neuroscience is presented, and, as is their hallmark, the authors present masterfully described clinical material to illustrate the broad range of topics considered, this time the analyst being James Fosshage.

In Chapter Five, providing a different focus, the authors maintain forthrightly their belief in the importance of verbal exchange, and at the same time present their approach to transference. Their use of brain research and infant research informs their understanding of this familiar concept so that the old, familiar concept is retained but dressed in more contemporary garb. “Transference,” the authors say, “is a way to describe conscious and especially unconscious expectations people have that guide the manner in which they construe (give meaning to) their current experience.”

With the more troubled patient, especially the traumatized or strongly aversive patient, expectations may be difficult for the analyst to comprehend, and for some, the channel for communicating expectations may be through bodily symptoms and sensations, which somatizations carry the patient’s meaning. One patient, Harry, was unable to recognize his own affect states or make connections to events in his life that disrupted him, so that working with him effectively required that his analyst, in this instance Lichtenberg, find words to communicate about Harry’s unverbalized experience that carried with it “the belief that his pain will not be appreciated nor his cries heard.” To quote Van der Kock, “the body keeps the score” and the body tells the tale.

Again, the case of Harry is beautifully presented, with contemporary psychoanalytic theory, particularly self psychological and motivational systems theory, integrated
with findings from related research disciplines as applied to this patient and his analyst. And again, the give and take of the analytic work and the conceptual understanding of it is conveyed as unique and particularized to this dyad, with interventions that go well beyond the verbal interpretive mode. The authors speculate that Harry would have been categorized as a Disorganized/Disoriented attachment disorder as a child with a subcategory of anxious-resistant; he then became an anxious preoccupied adult caregiver for his family. While from my reading Harry is never “cured,” he is certainly helped to grow up, to assume a professional life and to marry. Ultimately Lichtenberg reports that he becomes in this treatment “a reliable stabilizer, a counterforce against Harry’s disorganization and detachment” (p. 114).

Here, in the context of this case, the authors reflect on how change happens. They invoke the Boston Process of Change study group’s contention that, in the context of “just moving along” in the course of ordinary analytic work, forming a background sense of trust and safety, suddenly, “patient and analyst are moved emotionally to meet an encounter during which the authenticity of their more spontaneous relatedness transcends technique: a ‘now moment’ occurs” (p. 116). In Stern’s view, implicit relational procedures that unconsciously governed enactive forms of “being with a person” become destabilized. An open space allows for “creative disorder and internal flux” during which the deconstructed enactive representation can be co-constructed into more adaptive but equally complex new ways of being together. (p. 117)

Lichtenberg, Lachmann, and Fossheage note that this idea about therapeutic change is consistent with their own notions. They suggest three processes inherent in ordinary growth that are integral to exploratory therapies: 1) self-righting or resilience when an inhibitory stress has been removed; 2) joint, or shared, expanding awareness akin to the mother and her baby increasing explicit and implicit knowledge of the other and of themselves as a dyad; and 3) reorganization of representational schema. The authors state that the Boston Study Group’s view of open space moments of creative disorder during which previously fixed aversive expectations can be coconstructed into an alternative positive expectation is compatible with their view of how representational schema become recategorized. “We regard a pivotal cause to be a discrepancy between a negative transferential expectation seeming to be realized in the on-going treatment and the contrasting alternative perception of the analyst as a consistent, reliable, empathic responder…” (p. 117).

The authors are then moved to ask: “If the basis for change lies in ‘now moments,’ in implicit relational learning, or even in experiences of mirroring, twinship sharing, and idealization, why talk at all... What part does exploratory talk play in recovery” (p. 118)? They assert that the processes of verbal linear exchange, contextualizing, highlighting and fixing in memory, speculating about alternative constructions, providing a scaffolding for reflective inner speech, and, finally, the way words exchanged in the dyad eventually change the way the patient speaks to himself, all of these elements in the analyst-patient system contain critically important functions in the nonlinear process of change, and the next several chapters elaborate the authors’ own creative approaches to the all important “talk” offered by the analyst, and co-constructed with the patient.

First, words serve the function of “designators;” that is, when an adult senses, names, and talks to the child about a significant intention focused on by the child, a new realm of experience is remapped in words. So too, in the analytic dyad: an analogous exchange between patient and analyst evokes the remapping of a realm of experience in dynamic, verbal, symbolic form. Such mapping allows the exploration of the appropriate subjective and intersubjective motivational system, and, just as with the child, having
the motive recognized, named, and talked about has the effect of expanding implicitly and explicitly communicative ability with others and with the self.

As a second point, the authors note that when words connect with very strong affect, cognition is diminished and symbolic meaning and expression become inchoate. Communication thus becomes disrupted and the analyst’s focus must then be on responding in such a way as to prevent further disruption. Here they invoke the power of nonverbal gestural communication. They refer to the toddler in a temper tantrum as an analog to strong episodes with a highly disturbed patient, noting that in the moment, explanations have less restorative value than does the analyst’s remaining patiently present until the intensity abates, but then, and this is their point, words are needed: a verbal exploration by the analyst of feelings he imagines the patient is experiencing, feelings that are too powerfully dysphoric for spoken expression. A depressed, seemingly hopeless patient, Sonya, is offered in illustration, Lichtenberg commenting,

When patients like Sonya offer little direct verbal communication, the most effective way to perceive and then elucidate verbally a perspective was through frequent moments of introspective awareness. My ability to perceive and describe the overt and unspoken process present in our exchange often offered Sonya the best opportunity to expand her awareness of her inner state. In addition…my intuitive, loosely formulated introspection provided messages delivered through comments, descriptions, and decisions that seemed to pop out of my mouth, what we have called “disciplined spontaneous engagements.” (p. 132)

Lichtenberg explains that the combination of the verbal, the nonverbal, the linear and the nonlinear, stimulates receptivity to spontaneity.

Humor, use of metaphor, model scene building, and some measured personal disclosures facilitate a vitalizing contrast to the dreary entrapment of an unrelenting aversive affect state. Special impact relational moments that result from spontaneity, surprise, and direct affective communication stand in sharp contrast to an impoverished…inner and outer communication [of an aversively motivated, depressed patient such as Sonya]. (p. 132)

The “disciplined” in “disciplined spontaneous engagement” requires that the analyst track carefully what emerges from the enactment, especially what emerges in the nonverbal domain, and this close, respectful attention to his patient is clearly illustrated in minutely depicted clinical exchanges that exemplify Lichtenberg’s exquisitely sensitive work with Sonya. What is revealed is the use of both the exploratory and the attachment motivational systems to build a safe and increasingly intimate relationship in which the spirit of inquiry is displayed.

Another important clinical focus of these authors is the use of metaphor and, most creatively, the development of the model scene. They explain model scenes as extended metaphors.

Just as metaphors appeal to portions of the brain that process multiple modalities verbally and imagistically, a model scene invites reentrant signaling from multiple sources…. Model scenes work not only because they tap in on past significant events but because they are taken up by analysand and analyst as joint properties or shared stories to be amended, added to, and reflected on. (p. 145)

Model scenes have the effect of uniting patient and analyst in what seems to become a shared experience, creating aspects of a “family myth,” whose members “share and amend the story line and apply it to the present” (pp. 145-147). Many illustrations of model scenes are enfolded in the clinical material appearing throughout the book, evoking a clinical approach unique to the patient and poetic in its exploration and expression of the patient’s lived experience.

Chapter Seven presents detailed clinical material of the entire analysis of a patient treated by Lichtenberg. Each phase of analytic work is followed by a discussion of the analyst’s thoughts and reflections as the work proceeds, most often about the case in particular, but at times about theoretical issues arising from the material. Thus in one discussion Lichtenberg notes the problematic speech pattern of his patient, pressured speech, and how it recedes by means of the implicit message coming through in the treatment that such a self-protective, aversive strategy is no long necessary. He notes that implicit learning of this kind is greatly enhanced by explicit learning about the kinds of triggering situations that evoke the anxious excited state of pressured speech. Again, Lichtenberg is answering the question, why talk?

In their final chapter the authors summarize, reflect on, and address controversies evoked by their thinking, some of which I will review here. They pointedly assert, first, that they reject the polarization of insight and relationship, contending that communication includes sharing of information and knowledge of self and other by talking, but also by all the other multifaceted forms of relating, and that change is brought about not just by relation-centered moments but also by symbolic syntactical exchange.
Second, they argue for the usefulness of provision in the analytic relationship. They suggest a way to understand provision alternative to thinking of it as a means to address deficits in the patient. Instead, provision can be thought of as a means to address the patient’s inadequate regulation stemming from the manner in which he has organized experience in infancy and childhood. Thus, while insecure attachment can be understood in deficit terms, the authors posit instead that in insecure attachment, infant and caregiver have evolved a strategy for relatedness based on self- and interactive regulation, a strategy that, despite its inherent difficulties, does preserve the attachment tie in stressful situations, an understanding of insecure attachment that is, parenthetically, perfectly consistent with that conceptualized in attachment theory. The authors argue that their shift from deficit to regulation does not alter the value of provision itself, as the authors demonstrate to great effect in their clinical material.

Third, they address the important question of mentalization; that is, how are significant others held in mind, and how does that conception of the other get transmitted to the other? To address this question, they list three clinical strategies: Acceptance, Transparency and Acceptability. Acceptance refers to the patient being held in mind by the analyst, each shaping and being shaped by the other. Transparency is found in the analyst’s conveying to the patient how he is perceived now in the present and will be in the future, and conveying to the patient as well who the analyst is. A degree of such transparency is necessary, with transparency increasing so that the patient-in-mind and the analyst-in-mind are revealed and transformed through their interaction. Acceptability reflects the patient being acceptable to the analyst despite revealing himself at his worst as well as at his best. Acceptability depends upon the emergence and recognition of discrepant view of each by the other.

Fourth, despite the arguments for the concept of multiple selves in non-pathological states put forward by many relationalists, these authors accept Kohut’s notion of a cohesive self, the maintenance of an experience of continuity of identity over time, despite differing aspects of self and self-with-other emerging, depending on the motive that is dominant, which shifting promotes a multiplicity of self experience (not of multiple selves).

Lichtenberg, Lachmann, and Fosshage assert, in closing that the analyst must be able to form relationships, to encourage communication, and to provide what is needed for the patient’s experience of safety and stability, but that ultimately, analysis depends upon the analyst’s being able to sustain a spirit of inquiry throughout the treatment.

Estelle Shane is a Founding Member, Past President, and Training and Supervising Analyst at the Institute of Contemporary Psychoanalysis in Los Angeles, and a Training and Supervising Analyst at the Los Angeles Psychoanalytic Society and Institute.
This is a rare book of synthetic, integrative elegance; one that is bound to become an important touchstone for those interested in theory as well as clinical practice. It is, on one level, disarmingly accessible in its compositional style, phrasing, and tone. This, however, belies the clear need for the reader to be quite conversant with a multiplicity of psychoanalytical theories and perspectives. As such, it challenges the reader to step beyond and outside of one’s cherished sectors of comfort. Rochelle Kainer has been able to find points of concordance among a variety of psychoanalytic schools of thought—and that is rare. In this respect, the reader necessarily becomes a learner. While this might sound like enough of a given for anyone purchasing a book—let alone as a unique strength—I am not at all convinced that this is so. I suspect that many times we select from a more limited array of authors or subject categories that may enable us to deepen our knowledge base within a particular domain, rather than experience the discomfiting sense of dislocation that accompanies the sojourner afoot in uncharted terrains.

Additionally, Dr. Kainer asserts/inserts her abiding regard for, and knowledge of, the arts and literature, as a leitmotif for the book. In particular, her connection with Dada and Surrealism resonates harmoniously with the psychoanalytic enterprise as she locates it, whether intrapsychically, intersubjectively, or within the culture at large; the latter consisting of the mythic elaborations that are literary, artistic, and filmic representations of intrapsychic dilemmas.

The book is well organized into three related, progressive dialogues. “Creating the Self” explicates Dr. Kainer’s abiding fascination with the building up of self-structures, and processes that may enfeeble this process. Here, as in other sections of the book, her appreciation for Freud, and the privileging of a dynamic unconscious, is evident. This is a singularly important corrective to a trend or movement within psychoanalysis away from latent processes and derivative communications to a concern with more manifest material. This has led to a more concretized psychoanalysis at times; a preoccupation with matters of technique; a curious focus on self-disclosure, often times asserted as a salutary emollient to the psychoanalytic endeavor and an exemplar of two-person democratization of an heretofore elitist and all-too-authoritarian form of psychotherapeutic discourse. Additionally, the political elements of psychoanalysis are often expressed, obliquely, through such pathways, to the detriment of furthering true engagement with the ostensible objects of psychoanalytic inquiry (for a rich and elaborated exposition on this and other more purely theoretical matters, see Christopher Bollas’s *The Mystery of Things*). Thus, in the first section of Dr. Kainer’s book, we have an exceedingly perspicacious delineation of identificatory processes, and their vicissitudes as articulated by Freud, Klein, Fairbairn, and Kohut. Presaging things to come, pathological vicissitudes of identification are delineated, as is the transformation of love into hate.

Here, I think, Dr. Kainer might well have incorporated the work of Winnicott (1947, 1969) into her discussion, especially the importance of the survival of the object following the ruthless attacks upon it by the infant. The object’s survival as a consistent, dependable, unchanged, non-retaliatory entity despite such hating enables the infant to truly believe in his/her capacity to love and be loved for who and what he/she truly is. This also accords with such central themes of Klein’s work as the depressive and paranoid/schizoid positions, so well articulated by the author, as well as the tension arc/dialectic of hate/envy and love/guilt/reparation.

Dr. Kainer’s exposition of her fascination with the novel by the Japanese author, Junichero Tanazaki, *The Makioka Sisters*, splices her clear passion for applied psychoanalytic studies with the central theses of *The Collapse of the Self* in a not very straightforward manner. In fact, it is for this reason that I had to re-read this chapter more than once in order to try and understand the author’s potential rationale for including it. While efforts are clearly made to highlight themes of study that had been articulated earlier, such as the Ideal Self, Idealization, maternal and paternal registers, etc., I came to realize that these were offerings meant to keep the book on track. In reality, I suspect that this chapter is, in fact, the real crux of the biscuit. Using the artistic “found object” of Marcel Duchamp and the Dadaists as a metaphor of self-discovery, and the realization of one’s own idiomatic way of being, Dr. Kainer underscores, in a most political manner, the truly idiosyncratic fashion in which each of us “finds” psychoanalysis—and ourselves as authored by it. It is in this respect that we idiomatically (re)construct this as a discourse of healing, identification, embodiment of Ideals, fulfill our own (un)conscious desires, and so forth. Here, Dr. Kainer reminds us of the self-analysis that Freud undertook, as well as such papers as Harry Guntrip’s commentary on his psychoanalyses with

At a time when we are inundated with articles and books that offer technique-based, programmed, and manu-
alized, reductive, industrialized, and commodified treat-
ments, such playfulness with psychoanalytic concepts and
their elusive applications to treatment is utterly refreshing—and necessary if there is to be something called psycho-
analysis in the culture. While not a Surrealist as such, the
author correctly positions the artist, of various persuasions,
as a kindred spirit. As such, this is a helpful reminder as to
the position of the psychoanalyst: to the host culture, to the
analysand, to the psychoanalytic situation, and to the very
Self. Essentially, we occupy a liminal position, in, but not
of, whatever context we are in relation to. In this respect,
immersing ourselves in literary, filmic, and other artistic
domains can be a source of enrichment for our clinical
selves/work; as well as intrinsically fulfilling for those of us
choosing/finding a profession that holds such potential for
the judicious, non-exploitative application of one’s creative
processes. For us, there can be no sacred cows. This echoes
John Friedman’s (1998) evocative declaration regarding
the psychoanalyst’s loving attitude toward one’s patients.
Friedman notes that it was Freud’s devotion to understanding
his patients, and, especially, understanding the uncon-
scious of his patients that epitomized his work and relation
to the people that sought him out. To adopt other potential
positions may well lead to (re)enacting something untow-
ard with the patient, transferentially, and/or counter-trans-
ferentially.

The next sections of the book would likely fall on happier eyes. “The Collapse of the Self,” and “The
Therapeutic Restoration of the Self,” in which Dr. Kainer
articulates her at once integrative and unique perspective on
understanding and treating primitive mental states. She also
models for us the ethics of working with current and former
patients around extremely sensitive clinical material meant
for presentation at professional gatherings, as well as pub-
lication in the professional press. Her vignettes are care-
fully framed and contextualized with respect to her own
efforts to understand each particular patient, and displays
how each patient may create his/her own psychoanalysis,
even though the psychoanalyst is ostensibly the same. We
are privileged to gain some measure of admittance to Dr.
Kaiser’s own idiom, and see an experienced, gifted, theore-
tician and clinician struggle with the multitudinous array of
data and information that must be registered, and note her
own indebtedness to historical and contemporary figures in
psychoanalysis that enable her to keep her moorings, and
not be swayed under pressure into some form of gratifying,
seductive, or aggressive enactment—usually.

It is, once more, a noteworthy feature of this work
that the author includes examples of her ruptures in empa-
thy, and fairly detailed/explicit renderings of her often
times quite inadvertent slippage into the analysand’s own
repetition compulsion. Her self-analysis of these clinical
moments (in some cases, fairly detailed expositions of the
totalistic treatment) is, however, bounded within a frame
of understanding the treatment context, and, ultimately
and especially, the meanings for the treatment and for the
patient. These explorations are quite honest, and being in
print as they are, quite courageous. What is perhaps most
laudable, however, is Dr. Kaiser’s ability to avoid the more
gratuitous, self-revelatory expression of her perspective and
subjectivity. This hearkens back to Freud’s sage advisement
that we do not make the patient privy to our own neurotic
processes or need structures. The practice of psychoanaly-
sis is difficult, and narcissistically, it can yield a peculiar
form of emotional depletion. To desire to be known and to
be seen for “who we really are” can potentially be a power-
ful allure, especially as it is our fate to remain as essentially
Other for our patients—constructed and de-constructed
within the transference without regard for the reality pres-
sures that are increasingly impinging upon psychoanalytic
treatment from without; and pressures to “be real” with
the analysand that are emanating at times from within the
psychoanalytic movement. Managing such a balance, as
Dr. Kainer seems able to accomplish, requires what I would
term “The psychoanalyst’s capacity to be alone” (Downing,
1998). Not only self-awareness, on-going self-analysis or
consultation, etc., but self-care, enables one to metaphori-
cally hold such characterologically enfeebled patients as
Dr. Kainer treats across the time requisite to effect some
modicum of psychotherapeutic change.

Working with more disturbed patients, however
professionally successful many of them have evidently
been, has become an increasing part of the everyday work
of all psychoanalysts, if perusals of journals, and profes-
sional conference offerings are any indication. On this front
too, Dr. Kaiser’s book will be of immense value to any
reader. Drawing upon the work of the British object rela-
tions schools, she notes that many of these patients have no
moorings in the mind or mindfulness of the mothering one.
Such a loss is nothing short of catastrophic, and she offers
rich exposition on these fronts. Here, I believe that her dis-
course could have benefited from greater inclusion of the
perspective of Lacan. In the sense of being lost to the mind
of the Other, the question becomes one of the patient’s
having perhaps failed to enter the register of the Symbolic.
Furthering a linkage with constructs that are briefly touched
upon such as maternal and paternal orders (e.g., The Law of
the Father) would certainly fulfill the integrative quality of
this remarkable study, and are “ready-made” (another artis-
tic term!) for inclusion in the author’s detailed rendering.
of the etiology and treatment of her patients’ psychopathological self-structures. Many of the patients she describes seemed to have developed highly somatized and possibly perverse solutions to their early traumas, not surprisingly. She brings her understanding of “mindfulness” to bear, as well as autistic phenomena.

Additionally, Dr. Kainer’s focus on the oft-cited, but problematically rendered, concept of projective identification, is exceptionally well wrought. Locating more psychotic elements in the personality organization of otherwise neurotic individuals is also most pertinent, as matters of conceptualizing and otherwise assessing (if not “diagnosing”) a patient is vital to understanding the totalistic personality makeup. In the ongoing nature of assessment, by necessity, across the entirety of a treatment, her lucid depictions again are helpful to consider in light of possibly “under-” or “over-pathologizing” someone. Of special import here, is the care given over to bringing the work of Victor Tausk to the fore, and placing him, rightfully, in the position of prominence that he so deserves. His brilliant paper, first published in 1919, “On the Origin of the ‘Influencing Machine’ in Schizophrenia,” was first resurrected for a more contemporary psychoanalytic audience by Paul Roazen, with the publication of his book about Tausk, *Brother Animal*. Roazen later edited a book of other of Tausk’s writings, including the paper on “The ‘influencing machine’” in *Sexuality, War, & Schizophrenia: Collected Psychoanalytic Papers* (1991). Kainer, like Roazen, points out that Tausk really was the first to discern how the process of identification was related to projection, and, “was the forerunner of Klein’s actual naming of the phenomenon and her expansion of it to a fully developed theory of the mind” (p. 138).

Especially relevant to our technology-obsessed times, this prescient paper is used to good advantage in a return to several of Dr. Kainer’s major themes: identification, psychotic process, sexuality, a focus on the body in general, and aggression. Regarding the former, she asserts, “[this] comes from a powerful need for a shared identity...albeit in this case it is of a non-human and persecutory kind” (p. 139). Furthermore, “[t]he machine is also a metaphor for how a person who lacks sexual vitality gradually comes to feel: mechanical, robotic, and non-human. These catastrophic feelings are disavowed by being attributed to (projected onto) the external machine, but they are clearly also an attempt to make sense of one’s experience as well. The defensive function of evacuation exists together with a struggle to understand the incomprehensible” (p. 139, emphasis added).

As Dr. Kainer offers her reader a deep, abiding rendering of the complex nuances of psychoanalysis in a highly lucid manner, inviting us all the while to re-examine what we purport to “know,” it appears that she also is the rare scholar–theoretician who is able to offer such a rich, contained, therapeutic frame wherein the analysand may be afforded the space to access the mind that thinks them, or had thought them, and put words to inchoate murmurings. The author’s own clear regard for the teachings of her predecessors has an important and vital function in the parallels of the psychotherapeutic domain—connecting the past with the contemporary, and background with foreground. Her artistic sensibilities permit an openness to the influx of the nonlinear and a receptivity to the stuff of ostensibly nonsense. This renders “what was” a place in the realm of the “is,” perhaps in creative, new, reconfigurations.

**References**


David L Downing is Director of Graduate Programs in Psychology and Associate Professor at the University of Indianapolis. He is the Treasurer of the International Federation for Psychoanalytic Education, and is the President of Section IV. He has written and presented on the treatment of primitive mental states, applied psychoanalysis, and psychoanalysis and the arts. He maintains a private practice in psychoanalysis and psychoanalytical psychotherapy in Chicago and Indianapolis.
THE BIRTH OF PLEASURE: A NEW MAP OF LOVE, BY CAROL GILLIGAN. NEW YORK: KNOPF, 2002. 272 PAGES, $24.00

Carol Gilligan’s book, The Birth of Pleasure, is a “garden of earthly delights.” Gilligan published In A Different Voice two decades ago—a book that initiated a revolution in our thinking about human psychology and about the psychological and moral development of men and women. In her previous book, Gilligan summarized research that supported a supposed moral superiority of men and demonstrated that this was a distorted interpretation of human experience. In her current book, The Birth of Pleasure, Gilligan utilizes mythology, philosophy, literature and experiences from her life and from clinical practice to illuminate an original and pioneering vision of pleasure to again challenge traditional thinking. Gilligan writes movingly about love and shows us how our previous traditions have imprisoned us and have stood in the way of both sexes experiencing pleasure.

Gilligan’s book traces love’s path as she studies children’s communication and couples in crisis, and argues persuasively that a child’s inborn ability to love freely and live authentically becomes inhibited by patriarchal structure. Gilligan demonstrates how parents and patriarchal culture reinforce the loss of voice in girls while simultaneously forcing and shaming sons into masculine behavior characterized by assertion and aggression. Girls or boys who challenge this system and assume the role of the opposite sex are severely punished by the culture.

Gilligan takes us on a journey through dreams, novels, legends and narrative research. She calls forth the plays of Shakespeare, the works of Hawthorne, Michael Ondaatje, Arundhati Roy, Proust, Toni Morrison, and Freud’s clinical cases to illuminate crucial issues that she wishes to investigate. At the center of her work lies the ancient and timeless myth of Psyche and Cupid, an allegory of deception, envy, malice, love and retribution. To briefly summarize the myth, Psyche is so beautiful that she is condemned to death by Venus who envies her beauty and fears being replaced as the most beautiful woman. Venus sends her son Cupid to punish Psyche, but Cupid falls in love with Psyche and takes her to a secret place where they live in bliss. Cupid demands, however, that Psyche promise never to look upon him. Psyche’s sisters become envious of her sensual life and subsequent pregnancy and shame Psyche into breaking her vow. She lights a lamp to gaze upon Cupid while he sleeps. Awakening, he flies home to Venus in a rage of betrayal. Psyche decides that the only means of regaining Cupid’s love is to directly confront Venus, who subsequently repents and assists Psyche in helping all of them “come out of darkness into light.”

Gilligan reinterprets this myth in contemporary terms. She sees Psyche as a libertine and a seeker of truth rather than a woman unable to “follow directions.” Ultimately, Psyche is able to save herself and her unborn child by establishing a relationship with Venus, the mother of Cupid. In the tale, Psyche frees herself from a tragic ending by breaking the cultural taboos on seeing and speaking about love. In order to illustrate the relationship between myth and life, Gilligan analyzes interviews with young girls and couples whose marriages are floundering. She finds that the central problem for both girls and couples in trouble is an inauthentic sense of self. She demonstrates the need for honesty and self-knowledge in relationships between the sexes. The myth of Cupid and Psyche also suggests that envy and anger between women can only be resolved by reformulating the Oedipal triangle, replacing the world of Freud that revolves around fathers, with one in which both men and women awaken to true and authentic emotional maturity.

In spite of liberation movements that have attempted to empower women to find their own voices, the basic underlying patriarchal structure of society remains unchanged. In childhood, children are forced into stringent gendered identities. Boys are encouraged to be “masculine;” and girls are forced to choose between developing an authentic self or becoming skilled at dissociation in order to preserve relationships by covering their vulnerability, resulting in a split at the very core of an authentic self.

This book is a refreshing revisualization of many truths that we hold sacred, particularly the controversy between nature and nurture. In her previous book, Gilligan pointed out that the Oedipal resolution did not lead to an imperfect morality but merely to a different moral voice for girls growing up in the world of Freud and the Oedipus complex. In this book, she interviews girls and finds that their practice of dissociation is not a part of human nature but an adaptation to the cultural landscape of patriarchy. Gilligan travels between the growing pains of Anne Frank, her conflict with her mother and idealization of her father, contrasting this story with the Greek tragedies, and interweaving it with the voices of young girls and marriages in trouble (p. 161).

Gilligan finds that patriarchal cultural norms drain pleasure because hierarchy leads us to cover vulnerability. The symptoms of dissociation such as loss of voice, dizziness, a sense of dislocation, feelings of alienation, of not really living one’s life, are often revealed through the body. Through the experience of sensual pleasure, Gilligan demo-
onstrates how we can come back into associative-relationship with ourselves by rejoining our minds and our hearts. Discovering the sensation of pleasure will allow females to develop an associative relationship with themselves, a reunion of emotion and cognition.

Gilligan investigates the painful choices women feel forced to make. These include the choice between having a relationship versus being in a relationship; choosing oneself or giving oneself up to the other; living in synchrony with another or becoming a mirror of the other. Throughout her book, Gilligan stresses the paradox that in order to move forward, one must be able to sustain loss. Sacrifice and loss are components of all of the stories that Gilligan tells, and throughout she stresses that a person can only change if they are willing to take one firm position and not another.

From her investigation of the male persona, Gilligan explores the unconscious problem that men face in relationships: starting to think about leaving when they truly fall in love. She posits strategies for dealing with this dilemma, illuminating the importance of developing insight into this tension and assisting males in learning to value relationships with others as much as success in sports and business.

In this wonderful book, the reader has to be prepared to feel and to travel with Gilligan through her own childhood and her own initiation into womanhood, sharing her entry into the world of sensuality. Writing about one’s own life and experience is a brave endeavor requiring tact, sensitivity and maturity, all of which are present in this book. The reader attempting to understand Gilligan’s formulations of a life before dissociation might be tempted to reflect upon and write about his or her own life. In her worldly scope, Gilligan helps us realize that all of human-kind goes through similar stages, and that our families, our lovers, our children, and our ancestors will all experience similar losses and are all failed heroes. The solution, according to Gilligan, is to accept the loss of innocence that propels us into adulthood and forces us to make deals with the devil in order to traverse this treacherous terrain.

Finally, the author views the present moment as providing a significant opportunity in human history. She argues for combining contemporary psychological wisdom with cultural history to allow for the repair of long-standing ruptures between peoples and between nations. The myth of Psyche and Cupid is to be read as a way out of the Oedipus tragedy, striving, as Gilligan views it, to end the contradiction between democracy and patriarchy. The solution offered for couples in crisis is similar to the solution for individuals: create the grounds for trust by opening oneself freely to another and to learn to tolerate and repair the inevitable breaks in connection, a process that requires comfort in living with the risk of uncertainty and the inevitability of change.

Marilyn N. Metzl is a psychoanalyst in private practice and is Director of the Kansas City Institute for Contemporary Psychoanalysis in Kansas City, Missouri. Email: marilynmetzl@sbcglobal.net

**EVERYTHING OLD IS NEW AGAIN: ON RE-READING LEO BELLAK’ S Crises and Special Problems in Psychoanalysis and Psychotherapy**

**David L Downing, PsyD**

In 1979, I purchased *Emergency Psychotherapy & Brief Psychotherapy*, by Leopold Bellak and Leonard Small. The first edition was published in 1965, and the second one, in 1978. This earlier book is largely incorporated into the volume that is the subject of this review. I mention it to underscore what my Statistics and Experimental Design professor had noted at the outset of his class in 1979: “There is nothing new.” I think that it is important to note this well; particularly at this juncture in our history, replete with the woes related to so-called empirically supported treatments, or the recently valorized phrase “evidence-based practice.” Naturally, we must also fold into the current admixture of angst, pessimism, and nostalgic yearnings the corporatist dream-come-true/psychotherapeutic nightmare of so-called managed care.

I emphatically do not believe in “the good old days.” These challenges are intimately linked to a variety of social, political, and economical forces, and enfold more than the professional practice of clinical psychology, psychoanalytical psychotherapy, and psychoanalysis. Indeed, they can be understood, in many respects, as outgrowths of the successes of professional psychology and psychoanalysis. These successes also include the ascendancy of the Division of Psychoanalysis within the American Psychological Association, the lawsuit brought against the American Psychoanalytic Association, et al., and the veritable renaissance within psychoanalytical theorizing, writing (as evidenced by the plethora of books, journals, professional conferences), clinical applications (for example, to the psychoses and severe characterological organizations), and extension to cross-cultural populations, with a re-emergence of concern with respect to matters of class, race, gender, and more. Armed with a more internationalist perspective, and the assistance of post-modernistic discourses...
such as deconstructionism; some of the old, divisive, barriers separating and isolating psychoanalysts from one camp to another began to lose their relevance, and there has been ushered in a new era of ecumenical, multi-disciplinary discourse. Additionally, if traditional scientist-clinician, Boulder-model programs in clinical psychology (typically university-based PhD programs) have become more entrenched within a behavioral, cognitive, experimentalist framework; the rise of scholar-practitioner, Vail-model programs in clinical psychology (university-based and free-standing programs, generally offering the PsyD), have been able to maintain a space for psychoanalytically-oriented courses, and an emphasis on training in psychodiagnostic assessment, including a respectable position for projective measures.

While not ignoring the unique nature of contemporary derivatives or denying the especially venal tone of the public and private debates that are shaping contemporary practice and the options available for such practice; nor styling myself as some sage old-timer, who has seen it all, I will now deign to put some much-needed perspective on the face of things to quell the furor for all of the poor, benighted souls out there: I do believe that the life span of this book by the late Dr Leopold Bellak: psychiatrist, psychologist, and psychoanalyst—with the assistance of Dr Peri Faithorn—communicates a great deal about the solidity and integrity of Bellak’s contributions to our field.

We have now been under the sway of a hyper-conservative, rightist political economy for some twenty-three solid years, relentlessly shaping political and public debates, and eroding the socially-conscious, politically liberal discourse and institutional pockets that were always, with respect to certain European counterparts, fairly diluted in the USA. Community mental health centers were already contending with federal funding cut-backs; the impingements of health maintenance organizations and other third-party payors; the rise of various forms of intra- and extra-agency utilization and quality assurance reviews; and so forth, by the late 1970s. These trends were already in full-swing by the early 1980s. Public and private institutions offering psychiatric and clinical psychological care were, accordingly, re-exam-
cooptation of such models by cognitive-behavioral clinicians as their unique invention and property. The fashion for short-term treatments has arisen less from clinical concerns a third-party payor mandated restrictions in the types of practice that would be reimbursed. This makes a bit of a lie out of the notion of a neutral, objective, value-free “science” of psychology.

The multifaceted problem and contradiction that is managed care has been amply documented and written about. Miller (1996), in a series of evocative articles, underscores that it actually constitutes a form of health care access and treatment “rationing.” He also helpfully underscores the peremptory and unethical nature of dictating to qualified and duly-trained professionals (co-opted and de-professionalized into corporatist structures as proletarianized workers, or, as we are popularly and alarmingly termed, “providers”) exactly what they may or may not do, along with suspect reporting and documenting policies that impinge upon the psychotherapeutic space already frayed with the increasing domain of exceptions following upon the Tarasoff decision. Miller (1996a,b,c) sagely reminds us to maintain a professional identity and render clinically determined decisions regarding length of stay, treatment approaches, etc.

This is, it should go without saying, and most certainly what Bellak and Faithorn support. How contemporary the book reads. I will quote from the Introduction:

Psychoanalysis as practiced today addresses itself not only to psycho-neuroses, but also, and in fact increasingly, to character disorders, borderline conditions, and psychoses...[Perhaps] the evolution of our culture, with its greater mobility, faster pace, less traditional concepts of family (“alternative life-styles”) and consequently more frequently interrupted or disrupted human relationships, contributes to producing more of these varied types of emotional disturbances. Matters of a political, social, and professional natures, for example, patients brought to us by third-party payors, or the flood of recent publications on “borderlines,” also undoubtedly have their influence on psychoanalytic practice, both in terms of whom we see and how we view them... Psychiatry, like every other field, has its fads. (p. xi)

Bellak and Faithorn’s work is a solid piece of clinical theorizing and incorporates Bellak’s well-known, extensive researches into ego functions. This is used to great effect in underscoring his adherence to a quintessentially psychoanalytic ethos: securing the psychotherapeutic frame, with a focus on the relationship; an understanding and judicious use of the transference that is mobilized in nascent form; and maintaining an interpretative mode. Moreover, given the modification of parameters that is part and parcel of the new wave of psychoanalytic treatments, Bellak underscores his awareness that “some of my suggested stratagems could be misunderstood or misused, especially by the relatively inexperienced—namely, as inappropriate intrusions into the therapeutic process and the rights of our patients” (p. xiv). He goes on to “make clear...that all other things being equal, the most appropriate and useful attitude of the psychoanalytic therapist...is to observe therapeutic neutrality” (p. xiv), while at the same stroke recommending a non-dogmatic openness to active intervention under appropriate circumstances. All of this, he asserts, will be possible to leverage, if one follows his recommendations and takes exquisite care with respect to the gathering of the patient’s history or life-narrative; and out of this, develops a fulsome, multi-layered assessment and conceptualization of the patient.

In this respect, Bellak offers his work on Ego Function Assessment (refer to Sharp, V & Bellak, L, 1978). The twelve ego functions he articulates for assessment are: 1) Reality testing; 2) Judgment; 3) Sense of reality; 4) Regulation & control of drives; 5) Object relations; 6) Thought processes; 7) ARISE (Adaptive Regression In Service of the Ego); 8) Defensive functions; 9) Stimulus barrier; 10) Autonomous functions; 11) Synthetic functions; and 12) Mastery-competence (Bellak and Faithorn, 1981/1994). The fact that this work was based on empirical research adds a certain cachet—then, as well as now; and also puts to the lie, once again, that psychoanalytic theory and technique has not been based on research. This helpful conceptual frame has also found some resonance, however, with audiences of younger generations of graduate students who are skeptical and questioning; but, unfortunately, tend to be poisoned against all things psychoanalytic; and all-too-often steeped in a concretized, logical positivist, technique-based, objectification of a highly personal, potentially fragile encounter, that does not take into full recognition and account for the centrality of the relationship between the psychotherapeutic pair of patient and psychotherapist.

Bellak and Faithorn (1981/1994) also articulate their mode for working within multi-disciplinary treatment teams. The selective and judicious employment of psychopharmacological adjuncts (used sparingly, to assist in the reintegration of the patient to the extent that a psychotherapeutic process can obtain), the helpfulness of short-term respite or hospital care, environmental supports/interventions (again looking at the unique contributions of constituents of an interdisciplinary team that accrues to the totalistic and coordinated psychological treatment of the patient) are delineated. Such matters scarcely can be stressed enough, especially in the contemporary milieu wherein medications are given hegemonic sway over the talking cure.
Bellak and Faithorn (1981/1994) cover a considerable field of potential difficulties or special situations that can befall the generalist as well as the specialist in their clinical (agency or private) practice. Matters such as treating and managing in a crisis mode clinical issues including panic, acting-out, transference difficulties, counter-transference dilemmas, a treatment that has become stalemated, dissociative phenomena, suicidal and psychotic processes, are instructively covered. The impact of the patient’s facing major surgery, having been a victim of crime, dynamics related to pregnancy and abortion, losses of various kinds, e.g., lay-offs at work, divorce, bereavement and threat of death, and managing third-party involvement, are also discussed.

It has been my experience that these pithy, yet full-some chapters can be quite helpful, instructive, and containing to students who are learning about short-term and crisis psychotherapy. In this book, they scarcely become some damnable, reductive cookbook that absolves the clinician from relating to his or her patient, as well as registering and managing their own internal reactions. Toward that end, the book itself ends with Part IV: “Problems of the Therapist,” including the occurrence of events that impinge upon our personal lives and associated professional lives as well, drawing our attention to the need to be aware of the impact upon the patient the potential meanings of the psychotherapist’s pregnancy, divorce, illness, and so forth. Especially instructive for students, as well as being a fine booster shot for more experienced clinicians, is the chapter on “Problems of Psychotherapy as a Profession.” As someone once noted, they go well beyond hemorrhoids, and this chapter manages to auger for the psychotherapist to recognize the peculiarities of a life in this “impossible” profession, so as to be well prepared to manage its vicissitudes, and thus manage to be a sound clinician. Again, it is most helpful for students to read that periodic returns to psychoanalysis or psychotherapy is helpful, as well as taking part in study/professional groups, attending conferences, and receiving consultations about one’s work. In short, students need to learn to become part of a professional community, yet also maintain a life independent from the voracious grasp of the profession.

In closing, I will note that I continue to use this book in courses that I have taught across time on short-term and crisis psychotherapy. While I obviously sprinkle the course with current journal articles, or chapters of books that may deal with certain issues such as managed care more pointedly, this book tends to occupy a center place in the course. I would also recommend the book by Coren (2001), for some non-psychoanalytic approaches, as well as its excellent appraisal of the contexts and impacts of managed care. Messer’s and Warren’s (1995) exhaustive compilation and analysis of various strains of short-term psychoanalytic approaches is also a veritable must. Here, students get a thorough-going history of short-term treatments and are disabused of many of the fallacies regarding psychoanalysis as well as psychoanalysis and its relation to shorter-term treatments. They also receive detailed, careful expositions on the many systematizers within the field, including Davanloo, Sifneos, Mann, Luborsky, the research supporting their work, outcome studies, and critiques. Finally, in deepening the work of Bellak and Faithorn (1981/1994) with respect to hospitalization, especially given the extreme brevity of stay at this time, I make use of the book by Oldham and Russakoff (1987) that is wholly devoted to the integration of psychoanalytic treatment into hospital wards that are difficult to constitute as true “milieus” owing to the constant admission and discharge (and often readmission) of patients. They elucidate helpful guidelines for structuralizing groups of various kinds and managing, psychotherapeutically, a host of problematic situations and clinical issues, with often highly resistant patients; within an environment that may be ignorant of, or hostile to, a psychotherapeutic ethos, let alone a psychoanalytic one.

Bellak employs a psychoanalytic theoretical frame to short-term and crisis contexts, as this may be related to clinical necessity and appropriateness. His work has been as long-lived as it has become, I believe, it adheres to a quintessentially psychoanalytic ethos, and mode of practice. It is integrative, although clearly more anchored in the ego-psychology realm, and can be appreciated by a diverse array of professionals, while unwaveringly speaking to the psychoanalyst/psychoanalytically-oriented clinician.

REFERENCES
Miller, I.J. (1996a). Time-limited brief therapy has gone too far: The result is invisible rationing. Professional Psychology: Research and Practice, 27, 567-576.
Peter L. Rudnytsky’s *Reading Psychoanalysis*, and Mariano Ben Plotkin’s, *Freud in the Pampas*, are two recent exemplary renditions of critical scholarship that are concerned with tracing the history of psychoanalysis from two divergent yet complementary perspectives—Rudnytsky as literary critic, Plotkin as cultural historian. Rudnytsky’s book is particularly important and timely for revisiting several key issues that beset psychoanalysis today ranging from the scientific versus hermeneutic debate, the role of attachment theory, neuroscience and the psychodynamics of dreaming, and most notably the return to a close inspection of several key figures who were part of Freud’s secret committee designed in the early days of psychoanalysis to secure the promulgation and future of Freud’s movement. Rank, Ferenczi, and Groddeck are given special attention in the context of their burgeoning theoretical developments in response to their swaying relationship to Freud. What is particularly impressive about Rudnytsky’s work is that he reads these psychoanalytic figures in the original German texts and hence provides fresh interpretations against the backdrop of standard expositions that most psychoanalytic theoreticians and clinicians would have hitherto been exposed. Equally impressive is Plotkin’s achievement in providing the first comprehensive historical treatise in the literature on Argentina’s psychoanalytic culture and the exquisite sensitivity he gives to the social, political, and ideological contexts in which it arose. Taken together, both books are fascinating reads in their own right and are likely to appeal to broad audiences in the humanities and social sciences.

As an accomplished literary critic, Rudnytsky is more interested in examining Freud’s relatively early literary contributions to cultural anthropology rather than his mature theoretical and clinical works, focusing instead on the evolving (and deviating) theoretical paradigms of Freud’s contemporaries ending in a current engagement with the debate over the scientific versus hermeneutic status of psychoanalysis with the help of research ranging from phenomenology to physics. Rudnytsky begins by examining Freud’s 1907 analysis of Jensen’s *Gradiva*, a fitting introduction given that Rudnytsky’s book is the 2003 winner of the Gradiva Award, followed by two chapters that examine Freud’s 1909 case of Little Hans. What Rudnytsky primarily focuses upon is Freud’s tendency to read Jensen’s work of fiction like a real case history and how he presents Little Hans’ case history as a writer of fiction. Beneath the crust of the Oedipal themes that preoccupy Freud’s analyses, Rudnytsky offers a relational critique of the attachment and loss, developmental disruptions, and object relations pathology inherent in these texts that arguably find counterparts in the real life histories of Ferenczi, Rank, and Groddeck who were themselves victims of early abuse. I read these chapters as largely critical of Freud—hence pointing out his prejudicial views on women and gender, his phallocentrism, countertransference, and overidentification with his Jewish facticity, thus his tendency to project his own psychic agenda into the intrapsychic lives of his analysts—however a criticism tempered with praise and genuine appreciation for Freud’s genius as an astute clinical observer. For the most part, these criticisms are at times mired in the author’s self-serving (albeit legitimate) critique, hence being selectively attentive to Freud’s androcentrism and personal narcissistic vulnerabilities, apply present day knowledge retrospectively to historically antiquated paradigms, and seems to capitalize on politically correct sensibilities that would surely win the author brownie points amongst many contemporary circles. Notwithstanding, what is novel and noteworthy is Rudnytsky’s perspicacious critique of Freud’s clinical works as literary achievements, and for this reason invites a renewed appreciation of the diverse measure by which we may interpret clinical material.

From my perspective, what is more interesting is Rudnytsky’s explication of Rank, Ferenczi, and Groddeck, each of whom played a pivotal role in the history of the psychoanalytic movement, but for different reasons. As with Freud, he provides a specific critique highlighting a duality or double reading of each analyst he examines, thus showing his commitment to a pursuit of reflexive truth with multiple shades of meaning. Rudnytsky traces the rise of Rank from his unwavering orthodoxy to Freud in the initial years to his renunciation of the primacy of the unconscious and the force of genetic explanation in human motivation for his own predilection for the will predicated on a philosophy of consciousness. What is rather tragic about Rank is how his
early work was so innovative and noteworthy while his later work set out to devalue and repudiate his earlier psychoanalytic allegiances based in part on his embittered reaction to the narcissistic injuries he suffered from Freud and his fellow “brothers,” which eventually ended in Rank being expunged from Freud’s inner circle. The experience must have been sorely humiliating. Before he was excommunicated, whereby experiencing prolonged conflict with Jones, Abraham, Freud, and Ferenczi, he even sent a letters of apology to the members of the committee. In one such letter of December 20, 1924, he showed deference and groveled for their forgiveness with a shameful confession, only to be mistrusted and shunned even more. We get the impression that Rank ascends as the most promising young scholar of the humanities to devolve into a rather rufeful and contemptuous, acting out adolescent who needed to rebel and defile Daddy because he himself was kicked out of the house.

Since the English publication of Ferenczi’s Clinical Diary, Ferenczi’s insights have become more recognized and influential among contemporary circles, only with his atrocious boundary violations left out (one hopes). Ferenczi is given more generosity in Rudnytsky’s sympathetic critique than the other analysts, perhaps in part for his emphasis on preoedipal development and his relational turn away from Freud’s metapsychology, which Rudnytsky clearly favors, thus showing how Ferenczi anticipates many keys elements that preoccupy psychoanalysis today including the role of trauma, love, attachment, and loss, countertransference, mutual analytic co-construction, the primacy of intersubjectivity, empathic attunement, and a general warmth and respect for patients that are often omitted from the caricatures that accompany the staid, classical analyst. Rudnytsky’s analysis of Ferenczi’s Clinical Diary is a humanistic one, showing a vulnerable, emotionally maimed man pining for recognition from Herr Professor, secretly revealing his script of confessions, as well as the revolutionary ideas that Ferenczi developed with regard to theory and technique. It is no accident that Ferenczi placed so much emphasis on trauma and forgiveness since he was himself a victim of childhood sexual abuse, as was Rank and Jung, as well as highlighting the nature of internalization and the role of internal objects on psychic development. Equally, Rudnytsky shows how Ferenczi suffered from his own developmental traumas only to theoretically champion the primacy of love as the proper avenue for analytic healing, a poignant wish that is embedded in his own self-analysis.

Now Enters Groddeck. Groddeck is an odd sort of bird in psychoanalysis: he was the director of a small sanatorium in Baden-Baden, Germany, but ironically had a psychotic break near the end of his life and was hospitalized in Medard Boss’s institution. Groddeck befriended Ferenczi and in fact treated him at his clinic where Ferenczi took extended annual visitations, thus influencing Ferenczi’s own shifting theoretical and technical innovations. We may not inappropriately say that Ferenczi found in Groddeck the maternal tenderness he did not receive from Freud. Once proclaiming to be a “wild analyst,” he is probably most famous for his theory of unconscious forces emanating from “The It” (Das Es), the term Freud appropriated for his mature tripartite theory of mind. The Book of the It is Groddeck’s treatise on unconscious processes; but what is most interesting about this work is that it is written as a novel. Written in epistolary form, Groddeck casts his autobiographical persona in the character of Patrik Troll who writes thirty-three letters to an unnamed lady friend, (mainly a composite of his second wife, a former patient he married, but Freud as well), discussing everything from masturbation to God. Not only does Rudnytsky herald Groddeck’s book to be “by far the most profound and important” (p. 143) counterweight to Freud’s The I and the It (Das Ich und das Es), he argues that it is the “greatest masterpiece of psychoanalytic literature” (p. 163), thus arguably providing the most elaborate reappraisal of Groddeck’s work in English.

Rudnytsky illuminates how Groddeck candidly propounds the centrality of masturbation in human life, the meaning of sexual symbolism in myth, social institutions, and Judeo-Christianity, reinforces the thesis of somatic conversion as compromise formation, offers a feminist critique of Freud’s phallocentrism, and privileges the role of the maternal object in psychic life over the Oedipal father. But in Rudnytsky’s enthusiasm, he furthermore, and in a slightly polemical fashion, professes The Book of the It to be superior to Freud’s The I and the It, and even compares its pre-eminence to The Interpretation of Dreams, an illegitimate, far stretching proclamation indeed. Groddeck’s work hardly comes close in comparison to these two pivotal texts based on Freud’s technical, logical precision wed to clinical observation and disciplined, scientific exactitude. The Book of the It completely lacks systematic rigor and, in my estimate, is more of a work of psychobiography based on self-analysis disguised as literary fiction rather than a formal psychoanalytic treatise, thus revealing Rudnytsky’s bias for the primary superiority of literature over scientific knowledge.

Fair enough: we all have our preferred methods and cherished heroes. But if there is a criticism of this book, it lies in the nature of ambivalence and obsfuscation the author, perhaps quite intentionally, designs to invoke in the reader. In a very Derridaian fashion, there are at certain times a preferred style of juxtaposing binary oppositions then undermining each side by negating its own position, thus leaving an aura of undecidability. This may confuse some readers because it appears that in certain places Rudnytsky does not take a stand, or when he does, he then sets out to undo his previous commitments. This is particularly
evident when he vacillates in his arguments for and against psychoanalysis as science and hermeneutics, thus destabilizing the strengths and weaknesses of both discourses, when in the end he wants to champion a union or consilience between each respective discipline despite having favored particular hermeneutic critiques all along, which is what the book’s central methodology employs—an appeal to interpretation through a literary deconstruction of the text. Such oscillation builds a dialectical tension for the reader, which deserves an applause, but like a good but irresolute novel, leaves the reader pondering the paradox of ambiguity. Like others before him, Rudnytsky can’t help but analyze the analysts and their (unconscious) motives. Anyone interested in psychoanalytic gossip will surely perk up with enthusiasm or contempt when he takes little jabs at flaws in the character of all these men in what might not be inappropriately called a nihilistic hermeneutic critique, but one that is for the most part evenhanded. It is here that Rudnytsky deserves respect for his overall ability to remain neutral when assessing the merits and limitations of each analyst without showing dogmatic loyalties.

Mariano Ben Plotkin’s book, *Freud in the Pampas*, is an entirely different historical exegesis of the rise of psychoanalysis in Argentina, one concerned with illuminating a western audience on the rich breadth and vibrant existence of psychoanalytic sensibility in Argentine culture. Many North American audiences may be surprised to know that Argentina has one of the largest societies—if not the single largest culture supporting a psychoanalytic Weltanschauung—next to cosmopolitan Britain and bourgeois Europe. Unlike the shriveling interest in psychoanalytic treatment among the American public for the lure of psychotropics, superficiality, self-help fads, and solution-focused therapies that boast symptom relief under the illusion of a quick fix cure, Argentinians appear to be a people deeply immersed in the value of self-exploration, insight, and personal development within cultural and political reform.

Plotkin shows in fascinating and comprehensive ways one of the world’s largest psychoanalytic movements that has saturated all forms of Argentine society from the medical, psychological, and mental health communities, to education, institutional politics, and popular culture augmented by a permanent presence in the media including regular newspaper stories and television shows. In fact, psychoanalysis is such a part of Argentina’s identity that it has not only spread through the middle class, but has infiltrated all vectors of society. Plotkin gives a marvelous account of how average citizens prioritize receiving formal psychoanalytic treatment to such a degree that they budget their income, barter their services, and/or incur debt in order to lie on the couch. A colleague of mine recently told me that even an Argentine taxi driver will be able to converse in psychoanalytic discourse. The “psy” universe that dominates Argentine culture is an overdetermined phenomenon that may be attributed to various social, political, and economic contingencies including the history of European immigration and exiles maintaining the retention of various cultural identifications and valuation practices, the lack of autonomous psychiatric and psychological traditions that typically mold disciplinary receptivity, and the multinational and political sensibilities that consolidated within the shifting cultural fabric of the times. Moreover, unlike the Swiss Jungians, British Kleinians, or French Lacanians, Argentine psychoanalysis has not produced a distinctly national psychoanalytic school; and for this reason alone perhaps commands more general appreciation and respect. Plotkin brilliantly shows how psy culture emerged from the beginning of psychoanalysis as a foreign idea to the convergence of social, political, economic, gendered, and scientific institutions in part motivated by the anxieties generated from rapid modernization, thus bringing disruptions to a sense of community with unimpeded social interactions, further brought on by secularization and the emergence of a new sense of subjectivity. Plotkin also explores the politicalization of psychoanalysis itself, the inception and spread of Lacanianism since the ultra-orthodox Kleinian influence of the 1960s, examines the consequences of Argentine psychoanalysis since the 1976 establishment of military dictatorship, and explores how psychoanalysis is practiced in a highly authoritarian political context. He further argues how Argentine society used psychoanalysis as a form of liberation in the face of a highly politically volatile and violent culture, became a secular substitute for religion, and is read, understood, and practiced in many divergent fashions to satisfy diverse aims by competing social groups culminating in the diffusion and dissemination of psychoanalysis as a general cultural belief system having its origins and derivatives from Freudian theory.

This book was a very informative read and is likely to be appreciated by all psychoanalytic traditions. Plotkin makes his mark as an astute psychoanalytic historian and unequivocally shows how past researchers who have focused on the international development of psychoanalysis have virtually ignored Argentina as a world capital of psychoanalysis. What is particularly convincing about this work is how Plotkin illuminates how cultural forces radically shape the receptivity and propagation of ideas, institutional practices, and most importantly, social values. Whether the reader concludes that Argentine society is hopelessly neurotic or profoundly enlightened, one acquires a deep respect for the Argentine psy climate because it largely approximates an intellectual and emotional sensibility that North American popular culture largely lacks—

*CONTINUED ON PAGE 81*
Paul Marcus has made a rich and rewarding contribution to a growing body of literature that is intent on closing the breach that until recently existed between religion and psychoanalysis. One of the more surprising and striking changes over the past few decades, both within psychoanalysis and psychology as a whole, has been a gradual correction to the previous imbalance that kept matters of faith, spirituality, and ethics out of academic and applied psychology, including psychotherapy and psychoanalysis. There were many causes for that separation, and ways to describe its history. Miller and Thoresen (1999) summarize from a broad historical perspective the shift and differentiation in society’s definition of health and healing. Earlier societies possessed a sense of health as not being just an absence of illness but including a subjective quality of life, including the peace and coherence that flows from meaning, and in which the functions of healing were placed in the community’s spiritual leaders. Later, society moved to an emphasis on a biomedical model of disease wherein the function of healing fell to medical-technological specialists. More commonly the split is described in terms of the relation between religion and science. Richards and Bergin (1997) describe the rise of psychology and psychiatry in the late 19th and early 20th centuries when modern science was successfully challenging religious authority and tradition as the dominant worldview and source of truth. They delineate the assumptions of modernistic science and discuss how they conflicted with those of spiritual and theistic traditions: naturalism and atheism vs. theism; determinism vs. free will; universalism vs. contextuality; reductionism and atomism vs. holism; materialism and mechanism vs. transcendent spirit and soul; ethical relativism vs. universals and absolutes; ethical hedonism vs. altruism; classical realism and positivism vs. theistic realism; and empiricism vs. epistemological pluralism.

Recently, there are signs the distance between the two world views is lessening and the conflicts softening. Interest in spirituality is evident in society at large and within psychology and psychoanalysis, as manifest in numerous journal articles and books and even in panels at Division 39 conferences, in which analysts openly comment on their own belief system and how it impacts their work—offerings the like of which seemed impossible only a few years ago. Converse to the causes for the separation between religion and psychology are multiple reasons for the gap closing. Richards and Bergin (1997) cite discoveries in physics, changes in the philosophy of science, research on the brain and consciousness, renewed societal interest in spiritual phenomena, and research on religion and mental health. The result seems to be a more postmodern perspective in which the language and concepts of religion/spirituality/theology, on one hand, and science/psychology/psychoanalysis, on the other, are not seen as contradictory (nor able to be reduced by the other), but rather on different noncontradictory explanatory planes (Paloutzian, 1996).

Marcus’ book can be read effectively within this context. In a previous book (1998), co-edited with Alan Rosenberg, he asked contributors to represent a particular theorist and define their conception of the human condition, psychopathology and its alleviation. Clearly, he is comfortable with a view of psychoanalysis and its aims that includes existential questions of meaning and ultimate concerns. He describes analysis not just as a body of thought and brand of psychotherapy, but, as an “intellectual technology,” which is a narrative of the human condition and of subjectivity. The technology reference is unfortunate since this seems to run counter to his attempts to rescue psychoanalysis from a natural science perspective and reconnect it with hermeneutic, meaning-making disciplines, like religion, which he denotes as the other great narrative of subjectivity. In that framework, analysis offers a way to experience meaning and self-transformation, and the means to cope with the problems of despair, loss, tragedy, and conflict that assail the human condition. And it speaks to fundamental questions that analysands raise: What does it mean to be human? How does one create the good life or good society? What is the meaning of death, especially in terms of how we live our lives? And how do we achieve freedom and happiness in the face of suffering?

He bases the book on three assumptions. First, the spiritual quest, including the quest for self-transcendence, is a fundamental human activity, and one that psychoanalysis has not fully acknowledged or addressed. Second, psychoanalysis is in crisis because it has become alienated from its parental roots in ancient religious wisdom traditions that took up these existential questions and answered them in spiritual and ethical insights and moral philosophy. Third, psychoanalysis has much to gain from constructive engagement with these traditions.

The bulk of the book comprise chapters that present an illustrative text or person from the world’s religious traditions. Since his aim is to explore the positive wisdom for its potential value to the analytic reader, he acknowledges leaving out the dark side of religion. In structuring the book this systematic way there is some thematic repeti-
tion, which he acknowledges. I found this actually strengthens his aim, because it reinforces the concept of the “transcendent unity of religion” and the universal commonalities religions share, and, therefore, their relevance to analytic models of human nature and behavior. This is especially true in his spirited thematic emphasis on transcendence defined as a mode of being of encountering ultimate reality, but which involves a moral transformation in which one gives up an egocentric consciousness and self-centric mode of subjectivity and, in a Levinian sense, embraces an ethic of responsibility to the Other.

Because of the richness of the material and range of traditions presented, in this review I will only highlight some of the specific concepts and practices as Marcus presents them, before turning to Marcus’s distillation of what, in the traditions as a whole, is of value for psychoanalysis. From Hinduism Marcus describes the Bhagavad Gita and views it as an allegory of the human condition, as an ethical text that illuminates humanity’s conflicts between good and evil and between ego-consciousness and selfish desires, on one hand, and a higher, God-inspired, for-the-Other nature, on the other. Three interrelated paths, of knowledge, of action, and of love, lead to a life goal of achieving God-realization in one’s outlook and relations to others. This in turn fosters a life of greater serenity, contemplation, freedom, and contentment.

Buddhism is presented as a “master narrative” of the human condition, a redefinition and reconfiguration of subjectivity, as contained in its Four Noble Truths and Eightfold Path, and which enfolds a doctrine of nonself and a mode of being in the world that has a for-the-Other focus. In addition, the practice of meditation, typified herein by Vipassana or insight meditation, is a powerful and effective tool for freeing oneself from neurotic anxiety and fear, managing depression, and facing physical pain, illness, and death.

In the moral philosophy and anthropocosmic outlook of Confucianism, Marcus discerns a self-knowledge, self-realization, and self-improvement in the service of broadening and deepening one’s human relatedness, sociality, and sense of social responsibility. In it, self is “a center of relationships” and not locked into an autonomous individualism.

In the Chuang Tzu, based on the Tao and written during the golden age of Chinese philosophy, Marcus encounters a philosophy of life that emphasizes personal autonomy, spiritual freedom, the life of the imagination, and a cultivation of calmness and tranquillity. In the principle of “wu-wei,” or inaction, the ideal man renounces action that is occasioned by conventional concepts of purpose or achievement, or aimed at the realization of conventional goals to live and act more on a level of intuitive and spontaneous dimension of being that allows things to follow a more natural course.

In Marcus Aurelius and in the Stoic wisdom and emphasis on the dignity, freedom, and autonomy of the person, Marcus learns the importance of helping analysands to differentiate what they can and cannot control, to live in the present, and to cultivate humility and gratitude in their self-world relation and make responsibility to the Other a central concern in their lives.

Ecclesiastes presents us with “a series of free associations on the meaning of existence, the good that man can achieve in life and the problematics of attaining or creating an enduring sense of personal happiness” (p. 119). Marcus sees in him a writer, like Freud, with intellectual integrity, courage, and a devotion to the truth. Also like Freud, he was trying to reconfigure his subjectivity, was committed to a relentless critique of himself and his world, and ended up advocating an attitude toward life characterized by resignation without despair, combined with an unwavering commitment to striving after joy in life. In this endeavor, he did not oversystemitize a philosophy but respected and valued the complexity, ambiguity, and contradictory character of experience.

In the Confessions, Marcus finds a thinker in Augustine whose view of an ideal life and conception of human virtue these
traditions offer a mode of being in the world of joy and enthusiasm for life that has the potential to be lasting (i.e., to be a life characterized by integrity, wisdom, and transcendence).

Finally, Marcus suggests how some of this wisdom can be integrated into psychoanalysis. Like these traditions, psychoanalysis has a value-informed perspective about what constitutes the ideal human life and of what works against it. As a starting point, analysts need to be clear about their values and those of their theories, and to be informed, knowledgeable, and culturally sensitive to the spiritual and religious values and strivings of patients. Moreover, Marcus suggests psychoanalysis can augment its secular view by cultivating a sensibility that is open to transcendence, and he proposes several themes whereby this could be done. The first is the arts of service, which borrows from religion’s regard for altruism and selfless service as antidotes to fundamental problems in existence to be overcome, viz., selfishness, excessive self-interest, ego consciousness, and inordinate narcissism. While not suggesting directives be used, he is prompting analysts to “develop a more open, inclusive, interdependent non-self-centered subjectivity, in which the needs and desires of others, including one’s fellow citizens and the wider community, become central organizing notions for living one’s life at a higher level of psychological, moral, and spiritual development” (p. 186). In doing so psychoanalysts would go beyond Freud’s “guilty man,” Kohut’s “tragic man,” or Fairbairn’s “mature dependence” to include a view of man living by a different existential orientation characterized by responsibility to the Other.

A second theme refers to problems of control and how to cope with the contingencies with which life besets us. Though analysis has a sense of adaptation to reality, Marcus suggests the spiritual sensibility that includes notions of mystery, forbearance, suffering, finitude, surrender, hope, divine meaning, and redemption, which may possibly be more helpful to some patients. Using Pargament’s (1997) work on psychology and coping, he mirrors the useful distinction that whereas a psychoanalytic view aims to assist people to gain control, a religious/spiritual approach assists people in coming to terms with the limits of control.

A third theme is forgiveness, or, as he cleverly entitles it, “to err is human, to forgive divine.” While taking care to point out many crucial distinctions between how psychology and religion (and distinctions within religions) handle its dynamics, Marcus suggests analysts be open to what a religious perspective adds, viz., that “the process of forgiveness, whether as the offended or the offender, can be enhanced by embracing the notion that we all have done wrong and require forgiveness, and we all need to be forgiving of others, ourselves and if it applies to the analyst, forgiving to God” (p. 194).

The last theme is the quest for transcendence, an overarching framework of ultimate meaning, significance, and purpose. As a discipline, psychoanalysis can develop a less reductionistic spiritual hermeneutics. In turn, analysts can decenter the ego and self for the process of self-transformation and be attuned to the role of values, purpose and ultimate meaning in patients’ lives. And in an inspiring finale, he calls on analysts to be open to the sacred aspect of the work of analysis and to the possibility that the mechanism of change in some cases may include an act of grace connected to the mystery of being or mystery of life itself.

This is indeed a rewarding book and if it is fair to expect a book with wisdom and spirituality in its title to possess some, then Marcus more than meets that expectation. To stay within a religious metaphor, to me as a reader, he is preaching to the converted, for I share his vision of psychoanalysis as a hermeneutic enterprise and a grand one at that—he is willing to take up the ultimate existential questions he defines. As a reviewer, however, and even a believer, I have some caveats I offer to him and other readers to consider. I agree with him that the days of a unified theory or model within psychoanalysis are over, and that there are irreconcilable claims regarding the human condition. Sandler and Dreher (1996), in writing about the problem of aims in psychoanalytic therapy concluded the literature cannot be brought together into a single definition. But I am not sure such diversity constitutes a crisis for psychoanalysis. As much as I appreciate this book, I was uncomfortable with the advocacy aspect of Marcus’s argument, namely, that to make psychoanalysis more relevant in today’s world of spiritual malaise and hunger requires a turn to the religious within the field. Psychoanalysis in its diversity of theory and practice and outlook will stand or fall on its own merits. And just as Marcus and others argue with validity that psychology should no longer approach religion with a reductionistic view, I think that point is valid within psychology itself in honoring the diversity and multiplicity of visions. In other words, the hermeneutic approach is not contradictory to but complementary to an empirical approach that emphasizes reason and is interested in insight or information more than in transformation.

As psychoanalysis and religion are reintroduced to each other, we need to pause and consider what is the most constructive engagement between them. Of four possibilities, conflict, independence, dialogue, and integration under a higher-level conceptualization, I think Marcus in this book draws a compelling illustration of integration. But I take to heart his call, in speaking for a spiritually animated psychoanalysis, that it also remain a “critical, disruptive, and demystifying discourse and practice.” For that to be the case, psychology and religion need to be clear about the distinctiveness of each and to be open to constructive and respectful
dialogue. While Marcus shows what religion can offer to psychoanalysis, psychoanalysis has much to offer in return (e.g., in analyzing the developmental stages of religious belief, in understanding how it functions for an individual or community, and in helping differentiate pathology from authentic spirituality). Nowhere is that more evident than in taking up what he calls the dark side of religion. Given his aims, Marcus justifiably left this out of his book, though he did allude to it in several places, in references to the evil that can be done in the name of religion, to a fundamentalist or literal view, or to absolute notions of truth and morality. In exposing these dangers, psychoanalysis maintains its value not only to analysts and analysands, but also to society as a whole.

At the end of Marcus’ book is a bibliography of suggested readings in the growing literature that addresses the relationship between psychoanalysis and religion. It's a pleasure to report that this is a book that belongs on any such list. I recommend it highly for those already interested in this topic and for those seeking to learn more about what has too long been neglected by the analytic community.

REFERENCES

Robert Kuisis is a psychologist-psychoanalyst in private practice in East Hampton and New York City, NY. He is also an adjunct associate professor at New York University and the training director of the Psychotherapy and Spirituality Institute, a pastoral counseling center in New York City.

BAD FEELINGS: SELECTED PSYCHOANALYTIC ESSAYS,
BY ROY SCHAFER. NEW YORK: OTHER PRESS, 2003, 164 PAGES, $40.00

Roy Schafer has been publishing papers and books on psychology and psychoanalysis for the past 57 years. His most recent book, Bad Feelings, represents a highly successful synthesis and integration of Freudian, ego psychological, and neo-Kleinian theory, each of which Schafer has mastered as an expert in his long career. This slim volume provides the reader with the features experienced when in supervision with a master clinician: deep theoretical understanding, empathy, and clear technique. Schafer manages to distill a range of theoretical knowledge, and with ample clinical vignettes, provides a wise and sophisticated discussion of common states he plainly labels “bad feelings.” This is no small feat given the breadth of theory he is discussing, and his unwillingness to settle for being either a “Freudian” or a “Kleinian.” Instead, the reader is shown a model of integrative thinking, using the concepts of adaptation, defense mechanisms, transference, and countertransference, all located within the Kleinian concept of the paranoid-schizoid/ depressive positions.

Throughout the book Schafer attends to technique, particularly as influenced by countertransference feelings. In the clinical vignettes, he is open about his own countertransference pulls, often critiquing his work as an analyst upon further reflection about material from the session. Each chapter supplies clinical vignettes providing an analysis of the patient’s conflicts and defenses, and location within the paranoid-schizoid/depressive position continuum—as well as self-analysis by the analyst about the timing, content, and motivation for interpretations offered. The openness and scrutiny Dr. Schafer models for us about his work is quite refreshing. Often, clinical writing in our field emphasizes the mutative interpretation. In Bad Feelings, there is a demonstration of analytic reflection about the choice of interpretation: “Why this interpretation and not that one?” Consistently attending to the analyst’s process, Schafer is interested in what moves him away from the transference in the moment to another area of concern. Schafer’s close attention to clinical process is presented systematically throughout the chapters as he considers the predominant mood of the session, the genetic conflicts at work, the defenses in both the analysand and analyst in the moment, transference and countertransference, and the timing and content of interpretations, all of which provide rich instruction for the reader.

Defining “bad feelings” as painful affective states, Schafer cautions his reader that such feelings are not evidence of a moral flaw. Indeed, many bad feelings emanate from what Schafer calls “moralized mental health” where the sufferer inflicts guilt and shame for having painful reactions and feelings in the first place. The range of bad
feelings includes the familiar experiences of shame, guilt, humiliation, envy, abandonment, rejection, mournful loss, sadomasochistic patterns, and disappointment. In the first four chapters, painful affects are examined, beginning with a chapter titled “A Joyless Life.” In this chapter Schafer takes up the role of defenses in managing painful affective states, noting that such defenses may become so rigid as to preclude the experience of positive affects as well. Patients in the predicament of “Ted” may constric all affective experience believing that eventually even positive feelings will deteriorate into intolerably painful suffering.

Chapters two, three and four examine the affects of disappointment, extreme shame and mortification, and envy. In chapters two and three, a theoretical overview of these states and their developmental antecedents is presented, followed by several clinical illustrations. Chronic disappointedness may be adaptive, defensive, and/or morbid. Analysands with this trouble often enter analysis committed to their certainty that analysis and the analyst will prove to be ultimately disappointing. The role of projective identification and defensive idealization of the past are taken up in relation to the creation and maintenance of disappointment.

The following chapter considers the powerful and primitive mental contents contributing to the painful affects of shame, humiliation, and mortification. The role of envy and omnipotence in the transference and the interpretative understanding of these states provided me with a rich opportunity for considering my own practice as a therapist, working with patients who tend to inhabit this region for much of the early phase of the treatment. At the end of this chapter Schafer reassures the reader that feelings of humiliation and mortification and their attendant fantasies are built-in components of being in analysis. Humiliation and shame may contribute to negative therapeutic reactions, or be deployed as defenses against the corrosive experience of envy. The next chapter, specifically on envy, outlines both Freud’s and Klein’s contribution to the understanding of the origins and dynamics of envy as well as the clinical considerations and countertransference difficulties encountered when the analysand is working in the area of envy.

The most difficult chapter for me was “Defenses Against Goodness.” At the end of this chapter, Schafer gives his most compelling thinking about the term goodness and its problematic as well as useful aspects. I think his excellent, concise discussion would have been most helpful at the beginning of the chapter, but this is a minor organizational point. Noting that the term goodness is subject to ethical, cultural, and situational norms, Schafer cautions the practitioner about the potential countertransference construal of goodness as requiring submission or social conformity based on the analyst’s conception of goodness. As a clinical entity, defenses against goodness are related both to feeling envious as well as feeling envied by the other.

Finally, three chapters are devoted to specific clinical situations noted to evoke painful feelings. Chapters on the therapist’s absence, termination, and the negative therapeutic reaction all take up common conflicts, defenses, and countertransference responses evoked by separation, ending, or entrenched bad feeling occurring in the grip of the negative therapeutic reaction. Schafer proposes one way of thinking about negative therapeutic reactions is as deferrals of conflicts that are dreaded or felt to be too dangerous to engage. Empathic in his approach to the patient who refuses to go deeper, Schafer notes “If, during the process, analysands draw back from fresh suffering, if they reverse direction and undo the presumed gains of the clinical work, what warrant has the analyst to consider them as behaving negatively?” The message here is familiar, that the term negative therapeutic reaction carries with it a pejorative stance toward the patient, and as such impedes ongoing empathic understanding.

Schafer has provided us with a model for thinking as well as pearls of clinical wisdom related to technique. Giving the reader an intimate view of the analyst at work, Schafer wrestles honestly with how hard the work can be at times. In the introduction he notes that his integrative efforts across psychoanalytic theorists represent an attempt to bring theoretical harmony to this project, not simply engage an “opportunistic eclecticism.” A minor difficulty, to my reading, is in the organization of the chapters. Several chapters were previously published as papers elsewhere, making the arrangement and order of the papers in this volume challenging at times. In the main, Schafer speaks in the voice of a teacher, an analyst, a supervisor, and a wise colleague. In each chapter, I found myself deepening my understanding of commonly encountered clinical experiences, and admiring Schafer’s clear thinking about the aims and discipline of analysis.

Jane Tillman is a clinical psychologist at Austen Riggs Center and in private practice in Stockbridge, MA. Her research and scholarly interests include impact of patient suicide on the therapist.
DIVISION OF PSYCHOANALYSIS OF THE
AMERICAN PSYCHOLOGICAL ASSOCIATION
INVITES SPRING MEETING PARTICIPANTS
TO ATTEND THE CONCLUDING SESSION: A FILM
AND DISCUSSION OPEN TO THE GENERAL PUBLIC

SECRET LIVES: HIDDEN CHILDREN AND THEIR RESCUERS IN WORLD WAR II

This gripping new documentary shows the courage of those who risked their lives to provide sanctuary to Jewish children who would otherwise have perished. Fifty or more years later, these rescued children and their now aged and aging rescuers were filmed as they relived their lives when they were together and afterwards. The film was produced and directed by Academy Award-winner Aviva Slesin, who was one of the children who were spirited away from a Lithuanian ghetto to live with a Christian family who put themselves at great risk to save her. The film, which is built from archival footage and interviews with survivors, their rescuers, and occasionally their parents, also covers the period after the war and the difficulties of reuniting children with surviving members of their families of origin. There is the resentment of being left behind and the irreparable damage to relationships, not to mention the heartache of foster parents, many of whom came to love these children as their own.

March 21, 2004
10:00 AM - 1:00 PM
Versailles Gallerie
Fontainebleau Hilton
4441 Collins Avenue
Miami Beach, FL

Discussant: Rita Frankiel

After the film, Dr. Rita Frankiel, a psychoanalyst and associate professor at New York University, leading authority of subjects pertaining to attachment, separation, reunion, and loss, will discuss what the rescue meant to the rescuers and the rescued and the emotional price paid for broken attachments and repeated loss.

Reviews

Artfully, even elegantly constructed, Secret Lives skillfully probes issues of conflicting emotions and allegiances in a dark time, yet emerges as a loving affirmation of humanity’s remarkable potential for goodness in the face of pervasive evil.

Kevin Thomas, LA Times

Besides offering moving portraits of courage and resilience, the film also provides a fascinating illustration of the variable meanings of family.

Frank Scheck, Hollywood Reporter

A canticle to compassion, a memorial to those who risked torture and death to save innocents

Jane Summer, Dallas Morning News

“Slesin’s film is a profound meditation on the resilience of children—their ability to take sustenance from whatever love is available—and on the persistent presence of the child hidden within each grown-up

Leslie Camhi, Boston Globe

We are hoping for a large turnout from the community and would like Division members to show their support by attending this special event, with the opportunity to show a favorable “public face” of psychoanalysis.
In a recent therapy session a patient told me that I had taken away the little girl inside of her. During times of decompensation and transient psychotic states this little girl had a name and spoke directly to me. But that was years ago and this patient has made considerable progress since then. Her lamentation in this recent session was that having taken away this prized little girl inside of her I have left her in the wilderness. In a mildly accusing tone she said that I had brought her to this wilderness, and now she was very afraid that I would abandon her. Indeed, the patient’s thoughts and feelings were in part triggered by recent discussions about setting a termination date. For at least a year up to this recent session the patient had talked about how she was on a landing partway up a stairway. She felt that she needed to rest and stay awhile on this landing, and she was angry with me, as she felt that I was trying to push or pull her up to the next set of stairs. At first I believed that this was a good time to rest and consolidate some of the understandings that she came to have about herself, but I think in part this was collusion on my part with her fear about separation and loss. Indeed, much of my countertransference had involved my own conflicts around ending treatment and losing her as a patient. As would be expected with a borderline patient, the lines were often blurred between projective identification and countertransference, what was her and what was me.

Through reading and thinking over the past several years I have tried to listen to this patient with a Lacanian ear. The writings of Jacques Lacan have been unique among psychoanalytic writers in at least one respect. His writing is an impenetrable wall with only the smallest of cracks to see through. To paraphrase his single most famous statement of theory, his writings are structured like the unconscious in their rebus-like quality and reluctance to give up its meanings. Mills (2003) wrote, “…open any text of Lacan’s and you begin to read, you might immediately think that the man is mad. In a word, his writing is psychotic: it is fragmentary, chaotic, and at times incoherent” (p. 30). These observations are apt descriptors for the unconscious as well as Lacan’s notion of the ego (for this paper interchangeable with self).

If understanding Lacan’s theories is a daunting task, gleaning useful clinical applications is perhaps even more challenging. Lacan’s ideas have found their way into my thoughts during clinical hours at a glacial pace. Like many others, however, I have been intrigued enough by the mystery, by the glimpses of radical and brilliant thinking, to keep on looking. This studying and assimilation of Lacan itself speaks to a crucial concept in the Lacanian system—identification. As an analyst, the evolution of a theoretical belief system can be chaotic and fragmented. As a result, the “gravitational pull” to identify with a system, to call oneself a Lacanian or any other signifier has been substantial. This evolution is perhaps a parallel to Lacan’s notion of the ego, born of a primitive identification with an idealized wholeness of a mirror image, an escape from the terror of disintegration in the inchoate human. For Lacan, the infant between six and eighteen months of age looks at mother and internalizes her specular image, the gestalt of wholeness, as the beginning ego, formed through this process of identification but at its most primitive, pre-Oedipal level. This process is “…the assumption of the armour of an alienating identity, which will mark with its rigid structure the subject’s entire mental development (1977, p. 4). Ego theory is at heart the quest for this moment of origin, and for Lacan this is fundamentally an alienating experience, a Faustian pact. It is the desire of the nascent human to escape the disorganized, chaotic, and fragmented experience of the first months of life. The specular image of the other (usually mother) offers the hope, the promise of wholeness, of integration. The fragmentary ego is “captured” by this image but only at the expense of its subjectivity, its own desire, and the process of becoming is forestalled and constrained, shackled by defensive rigidity and the alienation, the otherness, of this “armour.”

Unlike Lacan, Freud endorsed the European tradition of overvaluing the conscious mind. In his early, pre-structural writing, Freud emphasized divisions of the mind based on registers of experience, not unlike Lacan. For Lacan, experience is situated in one of three registers or “orders,” the Real, the Imaginary, and the Symbolic. The Real is that part of human experience that cannot be symbolized or put into language or thought, bearing some semblance to the id. The Imaginary is the playground of childhood fantasy and illusion, while the Symbolic Order is the aggregate of social customs, transmitted primarily through the structuring influence of language. Lacan was greatly influenced by the structural anthropologist Claude Levi-Strauss and his writings on kinship, language, and social behavior. Freud’s structural theory of the ego, however, did not fully emerge until the publication in 1923 of The Ego and the Id. At this point the ego had become for Freud a defined structure, a rational counterpart and indeed a usurper of the irrational, chaotic id (“where id was, there shall be ego”). Although Freud occasionally spoke of the ego as partly unconscious, the legacy of his structural theory has been that the ego is very much who we are and our greatest hope against the disorganizing and destabilizing cauldron of conflicted impulses.

In adult psychopathology borderline personalities offer an opportunity to utilize Lacanian concepts in understanding a therapy experience. Perhaps this opportunity is unique in the sense that there is such a preponderance of
overwhelming fear of the dissolution of the self in the presence of some, even if transient, capacity for a transforming transference relationship. Disorders of the self are the heart and soul of borderline conditions. The core definition of borderline personality revolves around the shifting presence of self-experience. The very notion of a durable and stable sense of self that has temporal integrity is challenged. Lacan’s view of the ego is that it is an illusion, a temporary structure that hinders authentic experience and the emergence of subjectivity unencumbered by the rigidity of conforming to a self born only of the other. The borderline has perhaps failed to develop the thick armor of illusion and therefore is nearer to what Lacan called the inherent fragmentary experience of self. The regression seen in intensive psychotherapy for such patients includes the terror of fragmentation anxiety and with it transient psychotic states. Successful therapy makes a breach into the interior emptiness that isolates the borderline patient from the rest of the world. To effect such a breach patients must come to believe over time that their therapists care about them and are willing to suffer with and for them. This breach triggers aggressive and destructive defensive maneuvers designed to destroy the very thing that the borderline hopes for. The hope is that someone can care about them, but the tentative belief in such hope is too destabilizing to the psychic constructions that had served the patient well up to that point. Once the breach is made, there is a period of extreme vulnerability, fear, and regression that presents a considerable therapeutic challenge. From a Lacanian perspective this breach would be a regression to the moment of origin of the ego, but without the support of the mothering context. Brief hospitalizations are often needed to approximate this context.

In borderline conditions a Winnicottian sense of “going on being” speaks to the unstable nature of internal self-structures as opposed to a singular self or “I” (moi for Lacan, das Ich for Freud). These fluid and warring senses of self are similar to affective states in their temporal instability. The borderline’s worldview evolved as an impermeable barrier to the destructive and hurtful experiences with others. The associated mechanisms preserved the split between the inner protected worlds from dangerous ones without. However, the strong need for attachment—among other things—differentiates the borderline from the narcissistic personality. These conflicts around attachment create considerable strain on the therapeutic relationship and at the same time offer hope. In the beginning phase of Ms. D’s therapy she would sit out in the parking lot after sessions and cry. I would need to walk past her to my car and struggled between stopping to console her or to move on and bring it up the next session. I began to think of the case at the time as “The Song of the Siren” to convey this struggle around separation that both the patient and I experienced.

Although he was regarded as a structuralist, Lacan’s conception of the mind is less integrated and more fluid than Freud’s tripartite model. Freud’s id, ego, and superego are replaced by the Real, the Imaginary, and the Symbolic. These three concepts are for Lacan more fluid fields or registers of experience than discrete entities or structures. There is a continual shifting and blending of all three in ongoing mental life. Underscoring the importance of language it is when the human acquires language that our encounter with the Symbolic Order, the “wilderness,” gathers momentum. By no means is the Imaginary order left behind as all orders or registers of experience operate throughout one’s life. Lacan elevated mental life from biological drives to motivations more psychological and relational, such as the need for recognition. The Real was seen as not a storehouse of memory or the “seething cauldron” of conflicted drives but rather something that exists apart from any individual human consciousness. For borderline patients it is the terror of the dissolution of the self with the resultant chaos of unstructured experience. It is the coming too close to the Real and the consequent annihilation terrors that trigger psychotic and near-psychotic defenses such as self-mutilation and suicide. Muller and Richardson (1982) viewed cutting oneself as a way to mark a boundary from and prevent descent into the psychotic register of the Real.

An important goal of therapy from Lacan’s view is the acceptance of lack and absence. The borderline’s struggle and paradox is that the therapist comes to fill the void, becomes an internal presence, but only in a corporeal form. The identification process is a struggle to utilize the “precipitate” of the abandoned emotional attachment to the therapist to reinstate the process of becoming, closed down at the moment of origin of the ego. Always protected from loss through alienated and strangulated desire, when borderlines become painfully aware of the desire for someone, their inevitable loss is too devastating to imagine. What cannot be imagined by the borderline is that identification, for both Freud and Lacan the mainspring of the psychic apparatus, can be enough. Whether the identification is with the therapist as object or as a self-object does matter to Lacan. To identify with the therapist as object is merely to exchange one misconception for another. Every ego is born out of the fundamental psychical dialectic of oneness and chaos, of unity and disintegration. Clinically, it is not that we make efforts to build up a sense of self within the borderline as much as we help them find the voice of their own desire, their subjectivity.

Early on in her therapy Ms. D would call late at night quite distressed. Such contact outside sessions is a hallmark of borderline conditions. During one such phone call I made a comment to the effect that what I might say would never be enough for her and that we would have to bring the conversation to a close at some point. Without my knowing it, this was a prophetic description of her therapy as well. It was perhaps a less than empathic comment on my part, designed more to
let me go to sleep than to help her. At that point in her therapy I was struggling with managing boundaries, a problem of countertransference especially troubling with a borderline patient. Over the years she would mention this comment to give voice to her pessimism that she could never change. She also used it as a way to attack me by implying that I thought of her as demanding and insatiable. After several years we were able to discuss the shared illusion that was part of this phrase. The illusion was that my caring could be enough to make her whole and bring her out of the wilderness of self-destruction and alienation. The wilderness for Ms. D. was perhaps at times the Real and at times the Symbolic Order. To be abandoned in the wilderness is perhaps her fear of disintegration into the Real while her fear of the Symbolic is about the connectedness in human experience, the inherent nature of disappointment, and the longing in relationships. As Freud once said, the goal of analysis is to turn symptoms into ordinary human unhappiness.

The uncertain and unstable sense of self that Ms. D experienced was at times what Lacan conceived of as the literal gaze of the therapist. The agency of her ego was situated in this gaze and the primitive sense of identification that that gaze afforded. The gaze held together the fluid, disparate senses of her self. In discussing the idea of eventual termination her fear was that I would send her away, and without my gaze and the reflected confirmation of herself, she would not know who she was—or worse, whether she existed at all, the terror of complete lack. Ms. D’s annihilation anxiety was also one of persecution, persecution by the part of her that chastised her for believing in another. In the shifting sands of countertransference, at times I had felt persecuted by her. I wondered whether when I brought up setting a termination date I was striking back at her. However, the clinical utility of applying a Lacanian approach was that termination came to be understood as a signifier to her experience of absence and lack. Moving this experience into a discourse in her therapy became a major goal—as an important purpose of therapy from Lacan’s view is the acceptance of such lack and absence. Being abandoned in the wilderness is that the therapist has filled a void and become an internal presence, and absence. Being abandoned in the wilderness is perhaps her fear of disintegration into the Real while her fear of the Symbolic is about the connectedness in human experience, the inherent nature of disappointment, and the longing in relationships. As Freud once said, the goal of analysis is to turn symptoms into ordinary human unhappiness.

The shared illusion of my caring being enough for Ms. D operated as an ongoing dialectic between projective identification and countertransference. In other words, the illusion fulfilled some of her needs and some of mine. Confusion during sessions involved trying to understand who was doing what to whom at any particular time. Only occasionally did Ms. D have glimpses of this struggle between what each of us wanted, but these glimpses offered hope. She would occasionally refer to therapy as a chess match in which she was determined to protect her pieces and attack mine. However, the deep sense of being bad and evil, common in borderline experience, choked off curiosity and exploration of such internal structures. Her acknowledgment and beginning understanding of this shared illusion was a quantum leap up the stairs.

From a Lacanian view therapeutic progress with borderline patients shares similarities with other theoretical models. For example, the “metabolism” of aggression in the borderline is crucial not only because of suicidal risks but also the danger of the destruction of the therapeutic relationship itself. The naming of internal emotional states is much of the nuts and bolts of therapy as it lays the foundation for the emerging function of language. Language itself is an enemy of borderline experience, a foreign invader to be vanquished. Language represents for Lacan the cut or mark of being human, the entry into the Symbolic Order, which the borderline resists. It is in the Imaginary order that borderline experience thrives in the denial of the border, the limit, the finite. The concept of jouissance for Lacan helps explain the difficulty of the borderline to put words on internal experience, to digest interpretations and understanding. Jouissance is in part the primitive gratification inherent in the experience of boundlessness, of no borders. It has always been one of the more difficult concepts of Lacanian thought. Enjoyment is part of the definition, but pleasure is perhaps more grounded in Lacan’s reading of Freudian drives. For Freud, pleasure followed the laws of discharge and return to resting state, while for Lacan jouissance was not subject to such vicissitudes and hence “beyond” the pleasure principle. By comparison, the acceptance of absence and lack requires a giving up of the gratification that is jouissance, akin to the emergence from the borderline world into the Symbolic Order.

In summary, the borderline’s experience of a dissociated self underscores Lacan’s conception of the ego. The moment of origin of the ego is primarily a defense against fragmentation, simultaneously the terror of abandonment in the wilderness and hope in the journey of becoming.

References
I was asked by the President of the Academy of Psychoanalysis to write this review in order to inform the membership of Division 39 about the experience of the examination process for the American Board of Professional Psychology for Psychoanalysis (ABPP). Toward this end, eight Diplomates in Psychoanalysis, five men and three women, with all of whom I have had previous professional contacts, graciously consented to an open-ended discussion, most often by phone and lasting between 20 and 40 minutes. All of these psychologist-psychoanalysts, as might be expected, are accomplished at a high level and have made contributions to the field through teaching, writing and service to professional organizations. And again, as might be expected, there were areas of significant differences in their attitude and experience of the ABPP as well as some commonality of experience in selective areas. Perhaps the best description is that each dimension of the experience could be located along a continuum.

One such dimension that immediately arose was concern for the anonymity of their comments, which ranged from substantial to insignificant. Less concern with seemed associated with lack of ambivalence about the ABPP while more concern, which characterized the minority, seemed related to either some negative feelings about the exam or some more personal issues, which were stirred up by either the exam or ABPP status itself.

In this group, the modal reason for taking the exam was being directly asked or encouraged to do so. The prevailing feeling among these individuals was that without a fairly strong push, they might not have made the ABPP a priority. At the other end of the continuum, one individual was aware of the effort to establish the ABPP though involvement in professional activities had followed the course of its development without being involved and had developed strong feelings of wanting to support it and feeling obliged to support it as part of a commitment to professional psychoanalysis. Another individual knew others who had taken it and was inspired to follow in those footsteps. An important issue in the decision to pursue the examination was the personal meaning of attaining the status conferred by the ABPP. At one end of the continuum was an affirmative desire for the recognition conferred by the ABPP and a feeling of validation. These individuals expressed the opinion that the ABPP was a meaningful credential for a psychologist–psychoanalyst. At the other end of the continuum was hesitation and conflict about seeking the status of the Diplomate, doubting its having a purpose other than vanity and regarding it, among other things, as having an aspect of competitiveness along with a perhaps unseemly pursuit of the aforementioned “status.” One individual, who also expressed strong support for the ABPP as important to psychologist–psychoanalysts as a professional group, expressed feeling a “little sheepish” when asked to explain the four letters to non-psychologists. Similarly, another, who felt “a little silly” having the Diplomate noted on a business card, also felt taking the exam and belonging to the Academy of Psychoanalysis was an important “political statement.” Embedded in these rationales was at least an allusion to the diminished “status” of psychoanalysis in a wider cultural context. An interesting omission was that no one mentioned and practical benefit as being a factor, for example a discount on malpractice insurance or facilitation of a Certificate in Professional Qualification in Psychology (CPQ) sponsored by the Association of State and Provincial Psychology Boards (ASPPB).

With regard to preparation for the exam, the continuum was clearly weighted to the end defined by relatively less arduous efforts. One individual compared it to the doctoral oral examination: by the time one takes it, one is not only already adequately prepared but also would not be allowed to take it if not prepared. Over half of this group submitted publications in lieu of a case and those who submitted a case reported being careful and thoughtful but not particularly challenged by the requirement. All reported strong reactions to the case they were asked to review and giving thought to it but not undo effort. Only one person described not feeling a need to do a review for the ethics portion of the exam. One reported welcoming the opportunity to review ethics and most devoted some but not a burdensome amount of time to it. Only one individual “was shocked” by the amount of work that preparation entailed. However, this person would “do it again” because it was such a valuable learning experience.

By and large, this group experience little to moderate anticipatory anxiety about the exam. There was some concern about being embarrassed in front of peers but everyone anticipated a successful experience. The fact that each person personally knew at least one of their three examiners in some cases made for more anxiety and in other cases more comfort.

Overwhelmingly, the exam was experiences as friendly and collegial. It was described as “pleasant and...
Reports

There were only a few reported instances of any deviation from this norm and these were reported as unnecessary confrontations and also an occasional reflection of differences of basic analytic position. For the most part the exam was regarded as well constructed and an appropriate test of knowledge and skill. There was some variation regarding the exam as a learning experience. For the most part it was described as provoking thoughtfulness and an opportunity for exchange. To quote on individual: “It was a chance to talk with three senior colleagues about my work.” Another individual described making the choice to present the same case that had been presented to a state licensing board and initially rejected because of the animosity of those examiners to a dynamic point of view (This decision was reversed on appeal). For this person, the contrasting positive reactions of the ABPP examiners were an important validation of professional identity. There was an added sense of importance to having institutional recognition of psychoanalytic achievement because of a perception of the devaluation of psychoanalysis in the culture at large. At the extremes, one individual regarded the examination as ritualistic without intrinsic satisfaction and another as an extremely powerful stimulus for self-analysis.

Reactions to completion of the exam and the award of the ABPP were also defined by a continuum. At one pole was a sense of having achieved a “meaningful credential” and a “validation of identity as a psychoanalyst.” One person described it as a “personal milestone” and another as “helping you realize how much you know.” At the other end of the pole was a concern that the process and exam had now intrinsic value and was an unnecessary “external credential.” There were questions and uncertainty about the present and future use, role and utility of the ABPP.

In conclusion, an informal survey of 8 psychologist–psychoanalysts suggests that the Diplomate is more of a recognition of already established competence than a status achieved through preparing for and passing an examination. The examination itself, at least for this sample, seems more of an encounter between colleagues than a tester-testee situation. Analysts pursue the Diplomate more because of loyalty to colleagues and support for the discipline than for personal rewards such as status. Although validation or consolidation of a psychoanalytic identity also plays a part in the experience, psychologist–psychoanalysts do not have a clear strong sense of the future significance of the Diplomate.

Those interested in learning more about the ABPP Diplomate in Psychoanalysis could contact the President of the American Board of Psychoanalysis in Psychology, Thomas W, Ross, EdD, ABPP at thomaswross@worldnet.att.net.

CONTINUED FROM PAGE 70

namely, a sensitivity to self-actualization, appreciation for the value of interiority, and the cultivated rewards of pursuing self-reflective psychosocial life.

Taken together, Reading Psychoanalysis and Freud in the Pampas are ambitious, sound, and evocative: each delivers an edifying piece of first-rate scholarship. In my opinion, Rudnysky’s book is more engaging, controversial, and novel due to its critical scope and interdisciplinary focus, while Plotkin provides a purely expository project, avoids polemics, and is not that overtly contentious. Although both books are appealing in their own right, neither work is oriented toward a practitioner audience despite having practical relevance for contemporary theory and ensuing shifts in conceptualization by revisiting early psychoanalytic history. Both will appeal to psychoanalytic historians and scholars in the humanities, while Rudnysky’s work may have special interest among relational analysts.

Jon Mills is President of the Section on Psychoanalysis of the Canadian Psychological Association, Editor of Contemporary Psychoanalytic Studies book series, and the author and/or editor of nine books including his most recent forthcoming work, Treating Attachment Pathology.
The fall issue of this column addressed cultural competence in delivering service to culturally diverse patients by highlighting fundamental concepts from the “Guidelines on Multicultural Education, Training, Research, Practice and Organizational Change for Psychologists.” This current issue will further our understanding by exploring the dynamics of working with an immigrant population, focusing on those who have come after 1965, called “New Americans.” We review a conference entitled, Walking the Bicultural Tightrope: Psychoanalytic & Literary Perspectives on the New American, that was presented by the National Psychological Association for Psychoanalysis in conjunction with the Asian/Pacific/American Studies Program and Institute, New York University. Its aim was to explore the impact of the immigrant experience on the cultural self through the perspective of psychoanalytic theory and the literature of immigrant and second-generation writers. Chaired by Alan Roland, an impressive interdisciplinary dialogue was brought forth. Through historical commentary, personal narratives, and emerging analytic theories, panelists discussed ongoing struggles in walking a tightrope between two cultures. The following highlights served as a framework for consideration when working with an immigrant population:

John Kuo Wei Tchen and Salman Akhtar opened the conference. Tchen provided a historical overview on immigration in New York City emphasizing the importance of increasing socio-political awareness of the federal legislation and practices that impact immigration policies. He pointed out that without knowledge of the “collective experience of the historical trauma of immigration,” it is impossible to truly understand how exclusionary immigration laws became the defining factor in shaping the Chinese-American history, culture, and community. Along these lines, Dorothy Yang, in her remarks, stressed that familiarity with the historical context of an immigrant’s experience, such as war or trauma of the homeland, is important to a richer understanding of patients.

Akhtar examined identity conflict and transformation upon immigration. He posited that immigration is a trauma, and leaving one’s homeland in many instances is a hostile aggression towards the homeland. The physical and psychic violence that necessarily accompanies transformation for the immigrant must be appreciated and understood. Akhtar also stated that the nostalgia the patient experiences is for the topography and inanimate objects such as sounds, images and objects of the homeland which is different from what many view as homesickness and nostalgia for the people of their homeland. These emotional memories must be accessed using mementos from the homeland to alleviate the feeling of loss. The concept of cultural neutrality in treatment was also underscored, wherein the therapist maintains a distance from the values, ideals and mores of the patient’s culture as well as those of the therapist thus, avoiding countertransference pitfalls.

Psychoanalytic therapy with immigrants and the second generation was explored in an informative roundtable discussion that included Salman Akhtar, Rosemarie Perez Foster, Nasir Ilahi, Paola Mieli, Loveleen Posmentier and Dorothy Yang, with Alan Roland as the moderator.

Nasir Ilahi argued for paying attention to working within a cultural context of the patient’s experience rather than simply expressing empathy for the patients’ experience. He spoke about pre-verbal and non-verbal communication as a means for the patient to convey meaning. Foster advocated that every psychologist should take an ethnology of the patient and aim to engage in a learning process within the dyad. Therapists should make themselves aware of differences in communication styles exhibited by patient from diverse cultures. Roland emphasized that the understanding of high-context communication styles (indirect communication common in eastern cultures), body language, emotional expression, and customs is integral to developing an alliance and understanding idioms of distress. Roland’s concept of “the contextual self” is key, which states that people can behave differently in different contexts without violating a core self. This was a reminder to us that motivations are not always expressed in the western way.

Foster and Yang discussed the importance of having bilingually balanced therapists in working with immigrants. This bilingual mode refers to the use of heritage and the English language with equal proficiency, and has been correlated with a balanced bicultural identity. Such therapist competence is critical because bilingual patients may possess different experiences of the self, which are organized around their respective languages, where different emotions and psychologies are conveyed.
Akhtar emphasized the dialectical nature of biculturalism, which may not and perhaps should not, lead to a unidimensional identity resolution when exploring questions of belonging and transformation of cultural selves. The developmental stages of cultural identity formation are neither linear nor discrete.

Literary perspectives on biculturalism were discussed in two roundtables with Frederick Feirstein and Luis Francia as the respective moderators. Literature and poetry advance our understanding of diverse populations through a glimpse into the dynamics of having different cultural selves. Novelists humanize “the Other.” What these writers express in their work resonates through the use of metaphors, imagery, and socio-political context, which speaks to the unconscious of the reader, as framed by Salman Akhtar. Through exposure to the literary works of Bharati Mukherjee, D. H. Melhem, Luis Francia, Meena Alexander, Nelly Rosario, Ved Mehta, Frederick Turner and Anncy Baez, the audience was at once an insider and an outsider to a cultural narrative of the immigrant experience. Mukherjee made the observation that contemporary writers have an obligation to probe and challenge stereotypes of first- and second-generation immigrant experience and not affirm them.

This conference was groundbreaking in representing the advances within the psychoanalytic community that embraces multicultural awareness. This one-day interdisciplinary dialogue on contemporary immigrant mental health and literature was an ambitious and admirable effort. Critiques of the conference stem primarily from the scope of the New American theme, as the psychoanalysts and writers were from South Asian, East Asia, Latin American, Mediterranean European, and Middle Eastern origins. Broader inclusion of different ethnicities, including African, may have brought in the aspect of cultural struggles among immigrant groups. As well, expansions of this theme to second and other generation experiences may facilitate dialogues that are multiculturally responsive and address intergenerational conflicts. More opportunities for audience participation and integration of the literary and psychoanalytic dialogue may have further enhanced this significant conference.

Practitioners must strive to better understand the dynamics of having different cultural selves through learning the history of immigration trends and engaging in open dialogues about cultural conflict and identity transformation. As more and more of our patients are impacted by the challenges of living in a diverse society, we must meet them with a sensitive working framework for their unique emotional experiences. The interested reader is encouraged to refer to the following selected bibliography, which explores the history, psychology, and experiences of becoming a “New American.”

References

Winnie Eng is a Postdoctoral Fellow at the University Counseling Service of New York University.
Dolores Morris is chair of the Multicultural Concern Committee.
LIAISON TO CAPP AND IG

This report summarizes the Integration Group (IG) and Committee for the Advancement of Professional Psychology (CAPP) meetings held in May and September. In September I was elected co-chair of the IG (the other co-chair is an elected member of CAPP), thus providing more visibility for the division in APA governance. The IG is a committee of the CAPP. Its membership is representative of the practitioner divisions and of several state associations. Its purpose is to identify practice issues and bring them to the attention of CAPP for study and action. With more members of the division active in APA governance, we can insure that our perspective is represented in APA activities.

I shall utilize some of this report to clarify what the special assessment does for us as practitioners. One section on the annual dues statement is labeled Assessment of Licensed Health Care Professionals. It includes the special annual assessment fee of $110, as well as a Supplemental Assessment based on Net Independent Fee-for-Service Income Only. In general there is good compliance—that is, most practitioners pay this assessment. Yet some people do not pay their fair share to support the Practice Directorate (PD). The fee has been the same for several years. CAPP is beginning to discuss these issues (i.e., non-payment and the amount assessed). In these discussions, consideration is being given to new career practitioners who might be gradually phased in to paying the special and supplemental assessments. These issues were discussed at a CAPP retreat in November.

What does the PD do with the Special Assessment money? (This is an often-asked question.) One thing the PD does not do, and this is a point of much confusion, is work as a direct referral service to individual clinicians. CAPP decides how the money is spent. It represents all components of professional practice of psychology. Thus a very broad spectrum of interest is represented in CAPP—not just the practice of clinical psychology and psychoanalysis.

The public education efforts of the PD are designed to increase public awareness concerning how psychologists can help. As such, the effort is a generic one. The public education campaigns are driven by information obtained in focus groups and marketing studies. It is clear that these campaigns must continue to evolve and change as the public’s perception of psychology changes. Many clinicians noticed that on the Help Center on the PD web page physicians were listed as one source of help. The decision to list physicians on the Help Center was based on information that had been provided by focus groups. Obviously this is something that not all of us are happy about. This education campaign must include ways to direct people to psychological sources of help. It also tells us that we need to market our practices to physicians because people turn to them for help when they have emotional problems.

The PD also spends considerable time and resources on Government Relations; this is not lobbying per se, but educating legislators and their staff. Direct lobbying efforts will be possible with help from the APA Practice Organization (PO). One direct result of the PD’s efforts in the areas of Government Relations was the adoption of six new health and behavior assessment and intervention codes (CPT codes: 96150; 96151; 96152; 96153; 96154; and 96155. These are official CPT codes. Psychologists can use them when billing for services. These codes are appropriate when psychological services (assessment or intervention) are provided to patients with a primary physical health diagnosis. These codes are used when behavioral, social, and psychophysical procedures for the prevention, treatment, or management of physical health problems are the focus of intervention. Thus a mental health diagnosis does not need to be used. For example, one might see a patient with cancer, assess psychological functioning and not make a DSM-IV diagnosis. These new codes will be very useful for those of us that work in medical health centers and see patients with primary medical problems. For example these might include pain patients. If you have trouble getting reimbursed when you use these codes, please contact your State Association or the APA PD for assistance.

The budget was reviewed at both meetings. In general APA has brought expenses in line with income and the budget situation is better in 2003 than it was in 2001 and 2002. The PD and PO are doing well in terms of meeting budget cuts to balance their budgets. Revenues from the HIPAA product are helping balance the budget for the PO in 2003 and will also help in 2004. The PD has done a very good job of meeting budget reductions. Reducing staff and decreasing committee and board expenses accomplished this. The PD staff at the time of the September meeting was down 28%. At other points the staff was down 39%. Restaffing will continue by using a strategic approach. The PD did a marvelous job in 2002 and 2003 despite staff reductions. Certainly, some programs and efforts were reduced.

CAPP is aware of the evidence-based treatments debate and how important this issue is for those of us who practice using a psychoanalytic or psychodynamic model. Jane Darwin is appointing a task force to develop a strategy for the division. It is very important that we get our perspective known, as the PD debates the issue and develops their strategy.

The “Virginia Blues” case has been settled and
Russ Newman has reported the results at our August Board meeting, and in the Practitioner Focus and the Monitor on Psychology. The next step is to appeal one component of the case.

Information on the HIPAA transaction rule has been prepared and distributed (at no cost to those who pay the Special Assessment). This project was supported by special assessment funds.

There are over 2000 psychologists who have been trained and are part of the Disaster Response Network. These are colleagues who have received specific disaster response training through the Red Cross training program. Clearly, as we see from the California fires, disaster can occur at any time and anyplace. Psychological assistance during such disasters is very helpful. Members who wish to be trained and become part of the volunteer APA Disaster Response Network can contact the APA Practice Directorate or their State Association to learn how to get trained and be DNR volunteers.

Legislative efforts are hampered in this session because a lot of attention is focused on the economy and international issues. An important legislation issue for us is parity for mental health disorders. Despite the difficulty involved, this continues to be pushed as part of the legislative agenda.

In August the PO and the Association for the Advancement of Psychology (AAP) signed an agreement to join forces for political advocacy for psychology. Now the PO and the AAP can work together for fund raising. Monies for this effort will be used to promote the legislative agenda for psychology. You can get membership information and an application by emailing Stephen M. Pfeiffer at SMPEIFFER@aapnet.org. Psychology is near the bottom of the list of professional groups in terms of the amount of money we give to political campaigns. With few dollars contributed to the campaigns of legislators we do not have much political effectiveness or access when important mental health issues are before the Congress.

MEMBERSHIP

The following individuals joined the Division between September 1 and November 30, 2003. Please take the time to review the list and be sure to welcome to the Division anyone whose name you recognize.

Paul Adams, MD
Daryll Anderson, MD
Jan Arnow
Deirdre Barrett, PsyD
Scott Bishop, PhD
Elena Bonn, PsyD
Susan Boulware, PhD
Tanya Brown, BA
Susan Calfee, MA
Jennifer Cecchetti, BA
Deborah Clark, PhD
Jeff Clark, PsyD
Terence P. Cochran, PhD
Cheryl S. Cohen, PhD
KathleenColebank, MEd
Julie Cooney, MS
Jeffrey DeGroat, MA
Claudia Diez, MA
Virginia Enrico, PhD
Cecilia Ford, PhD
Jessica Gerson
Patricia Gherovici, MA
Laura Giusti, PhD
Kari Gleiser, PhD
Nada Glick, EdD
Brain Hanna, MA
Hans-Peter Hartmann, MD
Karen Hefferman, PhD
Sarah Heinbach, MA
A. Lynn Heitzman, PhD
Mary-Brigham Herzfeld, MS
Marsha Hewitt, PhD
Louis Hoffman, PhD
Ming-Hui Hsu, MA
Royce Jalazo, PsyD
Dahlia Keen, PsyD
Jacqueline Kracker
Kelly Kulkoski, MS
Ryan LaMothe, PhD
Jody Leader, PhD
Michael Lebow, PhD
Brian Leggiere, PhD
Ellen Lewinberg, MSW
Joanna Lhuiler, PsyD
William Lubart, PhD
Miguel Malagreca, MA
Michael McGuire, MA
Abigail McNally, PhD
Kirsten Michels, MA
Marsha Mintz, MSW
Damian Moskovitz, BA
Mimi Neathery
Lisa Oglesby
Allen Oliver, DMin
Shirley A. Oxidine, PsyD
Laura Pang, PsyD
Deborah Pollack, MA
Ruth Reeves
Jacob Rosenthal, MA
Jonathan Rothwell, BS
Monir Saleh
Felice N. Schecter, PhD
Mandy Schleifer, BS
Andrea Schreiber, PhD
Joyce H. Selter, MSW
Oded Shezifi, MA
Esther Silver, MD, FRCP-C
Susan Siroty, PsyD
Pamela Smith, MSSW
Jane Stageberg, PhD
Jennifer Stevens, PhD
Sharon Gale Stewart, BSN
Delynn Turner
Marion Wachtenheim, MSW
Janice Walters, PhD
Daniel Warner, BA
Goldie Winn, MSW
Ariela Yaari, PsyD
Saadia Talib Zakia
In the spring of 2003, Section V announced an essay contest with a $300.00 prize for graduate students in clinical psychology programs. Contestants were asked to write a 15-page essay exploring the concept and the experience of the unconscious. The deadline was June 23, which for many students was only six weeks after the end of a taxing school year. Nonetheless, the judges, Elgan Baker, Ghislaine Boulanger David Lichtenstein, Henry Seiden, Johanna Tabin were excited and impressed by the number and quality of the submissions they received. It is clear that many graduate programs in clinical psychology continue to foster students who are enthusiastic about the richness of psychodynamic theory and the rewards of psychodynamic treatment. Indeed, the judges agreed that the essays gave them hope for the future of psychoanalysis.

First place in this competition went to Gabriella Serruya, Institute for Graduate Clinical Psychology, Widener University for her essay entitled, "Enchantments and Hauntings: Encounters with the Magic of the Unconscious." The essay can be read in its entirety on the Section V website at www.sectionfive.org.

The following contestants won honorable mention: Kyle Arnold, Clinical Psychology Program, Long Island University, for “The Madness of Crowds;” Sanjay R. Nath, Clinical Psychology Program, Temple University, for “Blood Remembering: Immigration, Trauma, and the Dead Mother;” and Robin Ward, Institute for Graduate Clinical Psychology, Widener University, for “Discontinuity, Lack, and the Talk of the Internal–Other: Freud and Lacan on the Experience of the Unconscious.” And finally, The Unconscious Collective, a group of graduate students in the Clinical Psychology Program at Duquesne University, Pittsburgh won special note for their experiments in group unconscious processes. This is also described on the website.

Ms. Serruya will receive her award in person at the Section V reception in Miami Beach at the Spring Meeting.
LOCAL CHAPTERS: AUSTIN SOCIETY

The Austin Society for Psychoanalytic Psychology is having a successful year. The theme for this year is Psychoanalytic Influences in the Culture. Monthly meeting topics have included a psychoanalytic view of the murder of James Byrd, the real and the imagined Alamo, discussion of folk artist, Eddie Arning, and various literature references illustrating trauma. We brought in Daniel Siegel in October. During his Friday night talk to the public he discussed “Parenting from the Inside Out: Helping Parents Develop Narratives that Promote Secure Attachments.” Saturday, his talk to mental health professionals was entitled “What the Developing Mind Means for Psychoanalysis and Psychoanalytic Psychotherapy.” Both events were very well attended.

On February 27 and 28, 2004, we have invited Neil Altman to be our conference presenter. His Friday night talk open to the public will be “Race and Racism in America 2004: The Meaning of Whiteness in Literature, Culture and the Unconscious.” His Saturday talk to mental health professionals will be “Race and Culture In and Out of the Consulting Room.” For Dr. Altman’s discussion during part of the day Saturday, Alana Spiwak, a training psychoanalyst from the Houston/Galveston Psychoanalytic Institute will present material from an analysis of a patient from mixed cultures.

In preparation for Dr. Altman’s visit, ASPP will offer a three-part course led by Carolyn Bates, Gemma Ainslie, and Sherry Dickey. Dr. Ainslie will lead a discussion on two articles written by Dr. Altman entitled “How White People Suffer from White Racism” and “History Repeats Itself in Transference/Countertransference.” The following week Dr. Dickey will lead a discussion on Toni Morrison’s book, Playing in the Darkness: Whiteness and the Literary Imagination. The third week Dr. Bates will lead a discussion on James Baldwin’s book The Fire Next Time.

The remainder of our monthly programs are as follows: January 14: “Borrowing Time”—an 80 minute documentary film will be shown and discussed by Robert Abzug, who served as a consultant to this film and traveled with the film crew for parts of its filming. It is about a Holocaust survivor, his visit back to Poland for the first time, and the way he has given to society during this life. February 11: “You Don’t Know Me: The Mysterious Otherness of the Other”—Josie Whitley will talk about the dilemma of living in two cultures. April 14: “Born to Light: The Voice of the Film Artist”—Dayna Burnett will discuss her dissertation research on film artists. May 12: “Representing Internal States of Mind in Movies”—Charles Ramirez-Berg, Professor in Radio, Film, and Television at the University of Texas will use various film clips from Pedro Almadovar’s films to illustrate his points.

On the morning of April 17, Glen Gabbard will talk on “Ethical Implications of Boundary Maintenance and Violations in Psychotherapy.” This talk will meet the requirements of the Texas State Board of Examiners of Psychologists for 3 hours of ethics yearly. Dr. Gabbard is a training psychoanalyst at the Houston/Galveston Psychoanalytic Institute and on the faculty of Baylor Medical School. He has consulted with various organizations about ethics and is a scholarly and entertaining presenter.

Joann Ponder, ASPP President-Elect has defined her theme for next year as “Play in the Transitional Space.” In the words of Donald Winnicott, “Psychotherapy is done in the overlap of the two play areas, that of the patient and that of the therapist. If the therapist cannot play, then he is not suitable for the work. If the patient cannot play, then something needs to be done to enable the patient to become able to play, after which psychotherapy may begin. It is in playing and only in playing that the individual child or adult is able to be creative and to use the whole personality, and it is only in being creative that the individual discovers the self.” Dr. Ponder is requesting paper proposals which could include Winnicott’s life and interest in play, play and transitional phenomena across the lifespan, play within the analytic space, and the patient’s inability to play.

Anyone interested in learning more about ASPP programs and events should log onto our website: http://www.austinaspp.org/

LOUISVILLE CHAPTER

The Louisville Sluggers continue to work toward formation of a local chapter of Division 39. We have formally taken the name of the Louisville Psychoanalytic Society. Already we have had four meetings toward formation. At the December 2003 meeting the chapter approved the bylaws that were drawn up and established a program and scholarship committee for the development of continuing education programs which will commence in 2004. Officers elected are: Kathleen Colebank, President, Allen Oliver, Vice-President, and Pamela Smith, Secretary-Treasurer.

The Louisville Psychoanalytic Society has already grown to nine members, and anticipates further growth in the new year. We are excited about requesting formal recognition from Division 39, and will do so in the month of January. The members of the LPS want to extend their appreciation to all other members of the Division who have sent words of greeting, encouragement, and guidance. Allen Oliver and Kathleen Colebank plan to attend the Spring Meeting in Miami Beach and look forward to meeting other members and furthering our connection with Division 39.
ANNOUNCEMENTS - AWARDS AND CALL FOR NOMINATIONS

SECTION V BIENNIAL DIVISION-WIDE MORTON SCHILLINGER ESSAY COMPETITION
The subject this year is Living As A Psychoanalytic Psychotherapist. The first prize is $1000; second prize is $200. Freud found it a valuable exercise, after many hours of listening during the day, to be able to write. We hope that ruminating on this year’s Section V topic will be a fine thing for you to do—and maybe even fascinating to consider. We also hope that the topic allows for a range of interpretations. A personal slant seems right for collegial appreciation among us. The winning essays will be selected by blind review and will appear on the Section V Web Site. The essays may later be published in a print journal, if writers wish to pursue this. Any division member is eligible to compete. Format: One page for identification, including the title of your essay, your name, street address, email address, and telephone number. Six copies of the essay with the title, but no personal information on them. Length: Up to fifteen pages. Submission: Six copies plus the identification page to: Section V Office, 333 West 57th Street, Suite 103, New York, New York 10019-3115. If you have further questions, please contact Johanna Tabin by phone at 1-847-835-0162 or by e-mail at jktabin@juno.com. The winners will be announced by Section V at the Division 39 Spring Meeting in March 2004.

DEADLINE: FEBRUARY 1, 2004

SECTION VIII, COUPLE AND FAMILY THERAPY AND PSYCHOANALYSIS
Section VII announces that one $500 grant to be awarded for the best proposal by a graduate student who is doing doctoral dissertation research in the area of psychoanalytically informed couple or family dynamics and/or psychotherapy. Doctoral candidates who are members of Division 39 are welcome to apply. Applicants must submit three copies of their approved thesis proposal and a letter of support from their advisor. For more information, please contact Gerald Stechler, Ph.D. at stechler@bu.edu

DEADLINE: FEBRUARY 15, 2004

American Psychological Foundation 2004 Harry and Miriam Levinson Award
The American Psychological Foundation requests nominations for the 2004 Harry and Miriam Levinson Award for Exceptional Contributions to Consulting Organizational Psychology. The award is administered by the APA Office of Division Services in conjunction with APA Divisions 13 (Consulting Psychology), 14 (Industrial/Organizational Psychology), and 39 (Psychoanalysis). The recipient receives $5,000 and a certificate of recognition. The Harry Levinson Fund is given annually to an APA member who has demonstrated exceptional ability to integrate a wide variety of psychological theory and concepts, and to convert that integration into applications by which leaders and managers may create more effective, healthy, and humane organizations. Nominations must include (1) a letter of nomination addressing the nominee’s record of accomplishment with regard to the award criteria (self-nomination is acceptable) and (2) the nominee’s current curriculum vitae. All nomination materials must be submitted in electronic format only. For more information, please contact the American Psychological Foundation at: foundation@apa.org

Deadline. March 15, 2004

STEPHEN A. MITCHELL AWARD
Papers are invited for the third 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, 2004, and presentation of the paper will be at the 2005 Spring Meeting in New York City. 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), jreppen@datagram.com

DEADLINE: JULY 1, 2004
**UPCOMING EVENTS**

- **FEBRUARY 19-22:** *Psychoanalysis and Narrative Medicine*, with featured speakers including Jody Messler Davies, Norman Holland, Marlk Solms, and Frans de Waal, a conference sponsored by the University of Florida and American Imago, at Gainesville Paramount Resort, Gainesville, FL. For further information, go to website, http://web.english.ufl.edu/pnm/index.html or contact Peter Rudnytsky by email at: pnr@english.ufl.edu.
- **APRIL 3:** *Treating the Difficult Patient: Clinical and Theoretical Perspectives*, with guest speaker: Stanley J. Coen (Columbia University Center for Psychoanalytic Training & Research). Conference sponsored by Canadian Psychoanalytic Society, Montreal, Canada. For further information, contact Richard Karmel at rlkarmel@muhc.mcgill.ca.
- **APRIL 17:** *History Beyond Trauma*, with Françoise Davoine and Jean-Max Gaudillière, a Spring Conference of Appalachian Psychoanalytic Society, Rothschild’s Catering, Knoxville, TN. For additional information, contact Bill MacGillivray at drmacg@bellsouth.net or the APS website: www.korrnet.org/aps/index.htm.
- **APRIL 29-MAY 2:** *Unpacking the Clinical Moment: Continuities and Discontinuities Between Relational Theory and Other Psychoanalytic Perspectives*, the 2nd Biennial Conference of The international Association of Relational Psychoanalysis and Psychotherapy at The Loews Santa Monica Hotel, Los Angeles, CA. For registration information, contact www.pcmisandiego.com/iarpp04.
- **MAY 21-23:** *Identity, Group Psychology and Violence: On the Emergence of Love and Rage in Human Networks*, with featured speakers Fred Alford, Salman Akhtar, Jim Glass, Virginia Goldner, Paul Hoggett, and Vamik Volkan. George Washington University, Washington DC. For additional information, contact Marshall Alcorn, c/o Washington School of Psychiatry, 5028 Wisconsin Avenue, NW, Suite 400 Washington DC 20016-4118; email: alcornma@gwu.edu.

**EDITORS COLUMN**

One of the interesting things about being an editor is that you end up having contact with a broad range of colleagues around the country. Living in the hinterlands (as New Yorkers so lovingly describe the rest of us) and as someone who doesn’t get out much to begin with, I now have the responsibility, and often times the pleasure, to talk to senior members of our profession. Well, not talk, more like beg them to write for the newsletter and then chide them when they do not deliver as promised (and you know who you are). Then there are those who say, “Call me when I am not busy.” More often, I am met with generous replies and you have seen in this and other issues the willingness of our colleagues to share their thoughts and ideas with Division members. After months of email/phone conversations, I often end up feeling like I know someone quite well, even though we have never, or barely, met. Well, mostly this is a lead-up to noting the deaths of two of such colleagues, Erika Fromm and Esther Menaker. Erika authored a book I tried to have reviewed, only to be turned down by most of those I contacted since they were personally so close to her and felt it inappropriate to write a review. I knew Esther after she promised to contribute a psychoanalytic profile, and she spoke/wrote to me several times about her intention to get on this project as soon as she could. Sadly, they are both gone and our profession is lessened in their passing.

I really cannot summarize the wealth of contributions for this issue. It appears that at least the newsletter is being read, as the letters in the front of the issue attest, if not always with pleasure. I suppose it is at least compensation to be noticed. On a more positive note, Ron Levent’s article from last issue is cited several times by writers for this issue! There are 19 books reviewed in this issue—a record. I hope the authors at least feel understood if not always appreciated as they might wish. Allan Schore continues to “sub” as Research Editor and provide readers with insights into applications of neuroscience to the gritty work of treatment—this time, couple therapy. Bob Lane’s “history lesson” will be helpful to many in the profession who think that BMC (“before managed care”) every therapist had a full, lucrative caseload of 5-times-a-week analytic patients. Laurie Wagner returns to these pages to discuss APA’s strategy in approaching the challenges to privacy and choice by supporting state privacy laws to guard against the inroads of HIPAA, while working with Congress to develop a more comprehensive approach to ensuring privacy.

There is one important piece of business, although it means plugging the competition. Danny Wedding, with *Contemporary Psychologist*, is interested in having more books of interest to psychoanalytic psychologists reviewed in this APA journal. Anyone interested in reviewing a book should register online at www.jbo.com/cpreview/.
### Local Chapter Directory: Representatives and Presidents

<table>
<thead>
<tr>
<th>Appalachian Psychoanalytic Society</th>
<th>Northern California Society for Psychoanalytic Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>William MacGillivray—<a href="mailto:DrMacG@Bellsouth.net">DrMacG@Bellsouth.net</a></td>
<td>Scott Lines—<a href="mailto:slinesdoc@aol.com">slinesdoc@aol.com</a></td>
</tr>
<tr>
<td>Chris Hebb—<a href="mailto:Hebb912@comcast.net">Hebb912@comcast.net</a></td>
<td>Francisco Gonzalez—<a href="mailto:fjg@earthlink.net">fjg@earthlink.net</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Austin Society for Psychoanalytic Psychology</th>
<th>Oklahoma Society for Psychoanalytic Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheryl Armbrust—<a href="mailto:darmbrust@austin.rr.com">darmbrust@austin.rr.com</a></td>
<td>Michael Kampschaefer—<a href="mailto:gmkamp@msn.com">gmkamp@msn.com</a>;</td>
</tr>
<tr>
<td>Sherry Dickey—<a href="mailto:imbared@msn.com">imbared@msn.com</a></td>
<td>Erika Miller—405/842-6529</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Baltimore Society for Psychoanalytic Studies</th>
<th>Ontario Society for Contemporary Psychoanalysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Huganir—<a href="mailto:lhuiganir@earthlink.net">lhuiganir@earthlink.net</a></td>
<td>Marsha Hewitt—<a href="mailto:hewitt@trinity.utoronto.ca">hewitt@trinity.utoronto.ca</a></td>
</tr>
<tr>
<td>Pamela Griffin-Smith—<a href="mailto:pgriffin@toyola.edu">pgriffin@toyola.edu</a></td>
<td>Hazel Ipp—<a href="mailto:Hazeli@rogers.com">Hazeli@rogers.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chicago Association for Psychoanalytic Psychology</th>
<th>Pacific Northwest Psychoanalytic Society</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Rudy—<a href="mailto:drlinda@ix.netcom.com">drlinda@ix.netcom.com</a></td>
<td>Katherine Knowlton—206-621-7007</td>
</tr>
<tr>
<td>Alice Bernstein—<a href="mailto:abernste@midway.uchicago.edu">abernste@midway.uchicago.edu</a></td>
<td>Angela Leja—206-467-6562</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Chicago Open Chapter for the Study of Psychoanalysis</th>
<th>Philadelphia Society for Psychoanalytic Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>David L. Downing—<a href="mailto:ddowning@uindy.edu">ddowning@uindy.edu</a></td>
<td>Joseph Schaller - <a href="mailto:JGSchaller@aol.com">JGSchaller@aol.com</a></td>
</tr>
<tr>
<td>Russell Omens—<a href="mailto:Romens1@earthlink.net">Romens1@earthlink.net</a></td>
<td>Philip Bennett—<a href="mailto:phibennett@aol.com">phibennett@aol.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cincinnati Society for Psychoanalytic Psychology</th>
<th>Rhode Island Association for Psychoanalytic Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carol Lehman—<a href="mailto:carrollehman@earthlink.net">carrollehman@earthlink.net</a></td>
<td>Myra Lall—<a href="mailto:Myllall@aol.com">Myllall@aol.com</a></td>
</tr>
<tr>
<td></td>
<td>Judith Lubiner—<a href="mailto:Jlubiner@ids.net">Jlubiner@ids.net</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Connecticut Society for Psychoanalytic Psychology</th>
<th>San Diego Society for Psychoanalytic Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rita W. McCleary—<a href="mailto:richard.davis@yale.edu">richard.davis@yale.edu</a></td>
<td>Sanford Shapiro—<a href="mailto:sshapiro@ucsd.edu">sshapiro@ucsd.edu</a></td>
</tr>
<tr>
<td>Rosalind Atkins—<a href="mailto:sratkins@snet.net">sratkins@snet.net</a></td>
<td>Wayne Ehrisman—<a href="mailto:Wehrisman@aol.com">Wehrisman@aol.com</a></td>
</tr>
<tr>
<td>Steven Patrick—<a href="mailto:Steve@DrPatrick.com">Steve@DrPatrick.com</a></td>
<td>Tim Zeddies—<a href="mailto:tzeddies@yahoo.com">tzeddies@yahoo.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dallas Society for Psychoanalytic Psychology</th>
<th>San Antonio Society for Psychoanalytic Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah Aberg—<a href="mailto:sarahaberg@sbcglobal.net">sarahaberg@sbcglobal.net</a></td>
<td>Myra Pomerantz—<a href="mailto:pomerantz2@aol.com">pomerantz2@aol.com</a></td>
</tr>
<tr>
<td>Steven Patrick—<a href="mailto:Steve@DrPatrick.com">Steve@DrPatrick.com</a></td>
<td>Polly Young-Eisendrath—<a href="mailto:pollye@adelphia.net">pollye@adelphia.net</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Florida (Orlando) Organization for Relational Studies</th>
<th>Southeast Florida Association for Psychoanalytic Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monica Petith—<a href="mailto:relations@Forsonline.com">relations@Forsonline.com</a></td>
<td>Max Harris—<a href="mailto:maxiii@netzero.net">maxiii@netzero.net</a></td>
</tr>
<tr>
<td>Bill Player—<a href="mailto:relations@Forsonline.com">relations@Forsonline.com</a></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indiana Society for Psychoanalytic Thought</th>
<th>Southern California Chapter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edgar Davis—<a href="mailto:edg2861@yahoo.com">edg2861@yahoo.com</a></td>
<td>Myra Pomerantz—<a href="mailto:pomerantz2@aol.com">pomerantz2@aol.com</a></td>
</tr>
<tr>
<td>Rick Holigrocki—317-781-5000</td>
<td>Vermont Association for Psychoanalytic Studies</td>
</tr>
<tr>
<td></td>
<td>Mel Miller—<a href="mailto:mmiller@norwich.edu">mmiller@norwich.edu</a></td>
</tr>
<tr>
<td></td>
<td>Polly Young-Eisendrath—<a href="mailto:pollye@adelphia.net">pollye@adelphia.net</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Kansas City Association for Psychoanalytic Psychology</th>
<th>Washington Professionals for the Study of Psychoanalysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marilyn N. Metzl—<a href="mailto:marilynmetzl@sbcglobal.net">marilynmetzl@sbcglobal.net</a></td>
<td>Connie Halligan—<a href="mailto:challigan@comcast.net">challigan@comcast.net</a></td>
</tr>
<tr>
<td>Richard Zeiiner—<a href="mailto:rjmjz@juno.com">rjmjz@juno.com</a></td>
<td>Sonya Adamo—<a href="mailto:saadamo@aol.com">saadamo@aol.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Massachusetts Association for Psychoanalytic Psychology</th>
<th>Washington Society for Psychoanalytic Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>Janet Sand—<a href="mailto:DrJanetSand@aol.com">DrJanetSand@aol.com</a></td>
<td>Molly Donovan—<a href="mailto:DrMollyD@aol.com">DrMollyD@aol.com</a>;</td>
</tr>
<tr>
<td>Marjorie Siegel—<a href="mailto:marjoriesiegel@rcn.com">marjoriesiegel@rcn.com</a></td>
<td>Robin Gerhart—<a href="mailto:Rgerhart2@aol.com">Rgerhart2@aol.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Michigan Society for Psychoanalytic Psychology</th>
<th>Western Massachusetts &amp; Albany Association for Psychoanalytic Psychology</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. Barry Dauphin—<a href="mailto:phimnan@aol.com">phimnan@aol.com</a></td>
<td>Montana Katz—<a href="mailto:Montana@ben.net">Montana@ben.net</a></td>
</tr>
<tr>
<td>Etta G. Saxe—<a href="mailto:luckystone34@provide.net">luckystone34@provide.net</a></td>
<td>Joanne Yurman—<a href="mailto:joyurman@earthlink.net">joyurman@earthlink.net</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Minnesota Society for Psychoanalytic Studies</th>
<th>NEW MEXICO PSYCHOANALYTIC SOCIETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane McNaught Stageberg—<a href="mailto:JMS62850@msn.com">JMS62850@msn.com</a></td>
<td>Robert Goodkind—<a href="mailto:Wissel@sprynet.com">Wissel@sprynet.com</a></td>
</tr>
<tr>
<td>Gary Perrin—<a href="mailto:perril010@tc.umn.edu">perril010@tc.umn.edu</a></td>
<td>Helen Stilman—<a href="mailto:hstilman@pipeline.com">hstilman@pipeline.com</a></td>
</tr>
</tbody>
</table>

| New Mexico Psychoanalytic Society | |
2003 BOARD OF DIRECTORS, OFFICERS & COMMITTEE CHAIRS

PRESIDENT
Jaine Darwin, PsyD
1619 Massachusetts Ave
Cambridge, MA 02138-2753
(617) 354-7480 (h/o)
(617) 354-7430 (f)
jldarwin@aol.com

PRESIDENT-ELECT
David Ramirez, PhD
Swarthmore College
500 College Ave.
Swarthmore, PA 19081
(610) 328-8059 (o)
(610) 690-5724 (f)
dramire1@swarthmore.edu

PAST-PRESIDENT
Jonathan Slavin, PhD
98 Athelstane Rd.
Newton Centre, MA 02459
(617) 627-3360 (o)
(617) 627-3019 (f)
jhslavin@aol.com

SECRETARY 2004-2006
Marilyn Jacobs, PhD
921 Westwood Blvd., #227
Los Angeles, CA 90024-2942
(310) 824-8910 (o)
(310) 552-2151 (f)
MJacobsPhD@aol.com

TREASURER 2003-2005
Martin Manosevitz, PhD
PO Box 7976
Aspen, CO 81612
(970) 925-2552 (o)
(970) 920-0106 (fax)
mmanosev@earthlink.net

DIVISION 39 OFFICE
Ruth Helein-Director
Denise Rentz - Conference Planner
740 B2 E. Flynn Lane
Phoenix, AZ 85014
(602) 212-0511
(602) 212-9692 (f)
div39@namgmt.com

WEBSITE ADDRESS
www.division39.org

APA COUNCIL REPRESENTATIVES
Judith L. Alpert, PhD - judie.alpert@nyu.edu
Neil Altman, PhD - neilaltman@hotmail.com
Bertram Karan, PhD - karon@msu.edu
Harriette Kaley, PhD - Dr.H.Kaley@worldnet.att.net
Bryant Welch, PhD, JD - welchfirm@aol.com

TERMS OF OFFICE
2002-2004

MEMBERS - AT - LARGE
Joseph Couch, PhD - jvcouch@aol.com
Mary Beth Cresci, PhD - mberesci@aol.com
Marylou Lionells, PhD - mlionells@psychoanalysis.net
Marsha McCary, PhD - MDMCCary@aol.com
Nancy McWilliams, PhD - nancymcw@aol.com
Karen Maroda, PhD - kmaroda@cs.com
Dolores Morris, PhD - domorris@worldnet.att.net
Henry Seiden, PhD - hmseiden@aol.com
Lawrence Zelnick, PhD - izel@psychoanalysis.net

TERMS OF OFFICE
2004-2006

SECTION REPRESENTATIVES TO BOARD
Section I - Albert Brok, PhD - ABRiver@aol.com
Section II - Richard Ruth - rruth@erols.com
Section III - Ellen Toronto - etoronto@umich.edu
Section IV - Andrea Corn, PsyD - cornpsyd@bellsouth.net
Section V - Harold B. Davis, PhD - HDavisNYC@aol.com
Section VI - Gwendolyn Gerber, PhD - ggerber@jjay.cuny.edu
Section VII - Andrew Eig - aeg@nyc.rr.com
Section VIII - Susan Shimmerlik, PhD - sms@psychoanalysis.net
Section IX - Frank Summers, PhD - FrankSum@aol.com

TERMS OF OFFICE
2004-2006

COMMITTEE CHAIRS, LIAISONS, & APPOINTED OFFICERS

Awards - Maureen Murphy, PhD - Pinc93@earthlink.net
Continuing Education - William MacGillivray, PhD - drmacq@bellsouth.net
Education & Training - Spyros Orfanos, PhD - sdorfanos@aol.com
Ethics & Professional Issues - Arnold Schneider, PhD - sdocazs@cs.com
Executive - Jaine Darwin, PsyD - jldarwin@aol.com
Federal Advocacy Coordinator - Frank Goldberg, PhD - leonoreg@aol.com
Fellows Subcommittee - Norman Abeles, PhD - Norman.Abeles@ssc.msu.edu
Finance - Martin Manosevitz, PhD - mmanosev@earthlink.net
Graduate Student - Karen Rosica, PsyD - krosica@aol.com & Joseph Schwartz, PhD - JMSchwartzPhD@aol.com
Historian/Archivist - Robert Lane, PhD - blblane@cps.nove.edu & Andrea Corn, PsyD
Infant Mental Health - Stephen Seligman, DMH - seligmn@itsa.ucsf.edu
Internet - Lawrence Zelnick, PsyD - lzel@psychoanalysis.net
Liaison to CAPP and IG - Martin Manosevitz, PhD - mmanosev@earthlink.net
Liaison to the Board & Committees of APA, Interdivisional Task Force on Managed Care, & Federal Advocacy Coordinator - Frank Goldberg, PhD - leonoreg@aol.com
Membership - Joseph Couch, PhD - jvcouch@aol.com
Multicultural - Dolores Morris, PhD - domorris@worldnet.att.net
Nominations & Elections - Jonathan Slavin, PhD - jhslavin@aol.com
Parliamentarian - Laurel Bass Wagner - lbwagner@flash.net
Program Committee - Elaine Martin, PhD - esmart@psychoanalysis.net
Psychoanalytic Consortium - Laurel Bass Wagner, PhD - lbwagner@flash.net
Publications - Nancy McWilliams, PhD - nancymcw@aol.com
Public Information - Margaret Fulton - maralyssa@aol.com & Gemma Ainslie - gainslie@realtime.net
Sexual Identity and LGBT Issues - Dennis Debiak, PhD - ddebiak@aol.com
Specialization and Accreditation - George Goldman, PhD - drgdgoldman@aol.com & Nat Stockhamer, PhD - nstockhamer@earthlink.net
FROM THE PRESIDENT
Jaine Darwin .......................................................... 1
Division 39’s View of the Lawsuit
Laurel Bass Wagner ................................................. 4
LETTERS TO THE EDITOR ........................................... 5
PSYCHOANALYTIC PROFILES
My Philosophy and a Bit of History
Robert Lane ............................................................ 8
PSYCHOANALYTIC RESEARCH
Notes From Allan Schore’s Groups
Allan Schore .......................................................... 14
Attachment Theory & Couple Therapy
Sondra Goldstein and Susan Thau ......................... 15
An Approach to Couple Therapy
Stan Tatkin ............................................................ 20
Books by Division Member 2003-2004 ................. 25
PSYCHOANALYTIC BOOKS
Neil Altman, Richard Briggs,
David Gensler and Pasqual Pantone’s
Relational Child Psychotherapy
Barbara Eisold ....................................................... 27
Marilyn Charles’s Patterns
Susan DeMattos .................................................... 30
Howard Schevlin’s Dream Interpreters
Johanna Kroot Tabin ............................................. 33
Barry Magid’s Ordinary Minds
Susan Parlow ........................................................ 34
Geoff Goodman’s Internal World & Attachment
Susan Grostephan .................................................. 37
Polly Young-Eisendrath & Melvin Miller’s
Psychology of Mature Spirituality
Jeff Fine-Thomas ................................................. 38
Michael Kahn’s Basic Freud
Walter Beckman ................................................... 41
Mary Jo Peebles-Kleger’s Beginnings
Fonya Helm .......................................................... 44
Willy Apollon, Danielle Bergeron &
Lucie Cantin’s After Lacan
Charles Turk ........................................................ 45
Frank Yeomans, John Clarkin, &
Otto Kernberg’s Transference-Focused
Psychotherapy
Louis Rothschild .................................................. 49
Lorna Smith Benjamin’s Interpersonal
Reconstructive Therapy
Annie Lee Jones .................................................... 51
Joseph Lichtenberg, Frank Lachmann
& James Fossingham’s A Spirit of Inquiry
Estelle Shane ....................................................... 55
Rochelle Rainer’s The Collapse of the Self
David Downing ..................................................... 60
Carol Gilligan’s The Birth of Pleasure
Marilyn Metz .......................................................... 63
On Re-Reading Leo Bellak
David Downing ..................................................... 64
Peter Rudnytsky’s Reading Psychoanalysis
Mariano Ben Plotkin’s Freud on the Pampas
Jon Mills ............................................................... 68
Paul Marcus’s Ancient Religious Wisdom
Robert G. Kuisis .................................................... 71
Roy Schafer’s Bad Feelings
Jane Tillman .......................................................... 74
Borderline Experience and the Lacanian Ego
Greg I. Nove ....................................................... 77
The Experience of the Diplomate
Examination in Psychoanalysis
Robert Prince ........................................................ 80
COMMITTEE & LIAISON REPORTS
Multicultural Concerns
Dolores Morris and Winnie Eng ......................... 82
CAPP and IG
Martin Manosevitz ............................................ 84
Membership .......................................................... 85
SECTION REPORTS
Section I
Stephen J. Miller ................................................ 86
Section V
Ghislaine Boulanger ......................................... 86
LOCAL CHAPTER REPORTS
Austin—Sherry Dickey ..................................... 87
Louisville—Kathleen Colebank ......................... 87
ANNOUNCEMENTS ............................................... 88
UPCOMING EVENTS ............................................. 89
EDITORS COLUMN .............................................. 90
LOCAL CHAPTER DIRECTORY ............................. 90
BOARD DIRECTORY ............................................ 91

Division of Psychoanalysis
American Psychological Association
750 First Street, NE
Washington, DC 20002-4242

NON-PROFIT ORG.
U.S. POSTAGE
P A I D
Washington, DC
Permit No. 6348